EAC NEWS

2nd EAC Development Partners Forum held in Arusha

By EAC
23rd Oct 2018

East African Community Headquarters, Arusha, Tanzania: The 2nd East African Community Development Partners Consultative Forum aimed at promoting better coordination of development support to the EAC by various development partners was held today at the EAC Headquarters in Arusha, Tanzania. The forum sought to foster synergies and leverage available resources while avoiding duplication of efforts in financing EAC programmes and projects.

Addressing the forum, the EAC Secretary General, Amb. Liberat Mfumukeko said over the last five years, Development Partners had committed about $500 million direct and technical support to various aspects of the EAC integration. “With this revamped collaboration, the EAC has been able to progress the integration agenda with remarkable speed,” said the Secretary General.

He disclosed that the main contributors to the EAC Development Programmes include Germany, the USA through USAID East Africa, European Union (EU), and the African Development Bank. The total German contribution to EAC amounts to €286,541,354.42; USAID $237,823,555; and the EU Euro 65,000,000.
Amb. Mfumukeko expressed EAC appreciation for the approval of the African Development Bank Regional Integration Strategy Paper for Eastern Africa (EA-RISP 2018-22), in which EAC Projects worth about US$2 billion have been considered in the RISP indicative operational programme. This includes loans to the EAC Partner States for regional programmes and grant to the EAC.

The Secretary General said that the EAC has transformed itself from a loose co-operation framework into a fast-emerging, solid and dynamic regional economic bloc. He added that the EAC has evolved strong institutions and vigorous programme delivery, which are already making an impact on the economies of the region.

Amb. Mfumukeko disclosed to the participants that the EAC has been ranked as first among the eight (8) Regional Economic Communities (RECs) from the recently Africa Regional Integration Index Report launched in Addis Ababa through the collaboration between the UN Economic Commission for Africa (ECA), the African Development Bank (AfDB) and the African Union Commission (AUC).

He however called for more partnerships with the business community and, in particular, the East African Business Council in industrial development through investment in private sector development, improvement of doing business environment and finally an enhance.

On his part, the head of Delegation of the European Union, Amb. Roeland van de Geer, said the forum is valuable for Development Partners to ensure an alignment of their respective cooperation programmes with those of the EAC.

He appreciated the willingness of the EAC Secretariat to engage on sector specific priority areas particularly on key regional priorities given the wide and ambitious portfolio of EAC.

Amb. Roeland emphasized the need for involving all EAC institutions and representatives of key regional non-state actors including the private sector in the forum to share their valuable experience of regional integration.

Amb. Roeland assured the EAC that all Development Partners are willing to support the key priorities of as EAC articulated in the 5th Development Strategy endorsed in February 2018.

In his remarks, Mr. Marcellin Ndong Ntah, the lead Economist from the African Development Bank said the Development Partners Consultative Forum promotes the principle of ownership of the development assistance that may be availed to the EAC and its Partner states to drive Region’s development agenda. Mr. Ndong hailed the EAC for establishing the forum noting that it would enable better coordination of development assistance by Development Partners to the Community.
The 2nd EAC Development Partners Consultative Forum was attended by: Ambassadors accredited to the EAC; Members of the Proposed EAC Development Partners Group; Other EAC Development Partners and Representatives from EAC Organs and Institutions among other.

**Locals praise founder of cancer centre Nakuru Hospice**

OCT 20, 2018
By Daily Nation

To some people, cancer is a death sentence, but survivors who have had encounters with Ms. Elizabeth Wambui Ndung’u, 56, do not necessarily hold this view as she always finds ways to ease their suffering.

Ms. Ndung’u has dedicated her life to serving the terminally ill. Many know her as the woman behind the Nakuru Hospice, next to Nakuru Level Five Hospital.

“If you see the kind of sacrifices she makes for cancer survivors ... it is just awesome. She is the unsung heroine in Nakuru County and beyond,” says Ms. Catherine Waweru, a former nominated member of the Nakuru assembly.

Mr. Edward Wahome adds: “When she floated the idea of starting the hospice, nobody gave it a second thought. However, because of her resilience and commitment, it’s now in existence.”

**AWARENESS**

For patients battling cancer, Ms. Ndung’u is their face of hope. Not only has she managed to take cancer services closer to the people, but she has also stepped up the awareness against the disease.

She welcomes visitors to the hospice with a smile and listens to their medical problems as if they are her close relatives.

“She deserves accolades,” says Mr. Michael Musembi of Tracom College. “She has been handling cancer patients with a lot of care for nearly 10 years.”

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*Ms. Elizabeth Wambui Ndung’u. She is the founder of Nakuru Hospice, a cancer treatment centre*

**In Summary**

- Ms. Ndung’u has offered her services voluntarily despite the financial challenges.
- Ms. Ndung’u was elected president of the Rotary Club of Nakuru in July.
He notes that Ms. Ndung'u has offered her services voluntarily despite the financial challenges.

To raise money for her work, she has reached out to donors and organised golf tournaments.

“It’s not an easy job but she has never tired. Her zeal to create awareness has helped give hope to many cancer patients,” says Mr. Musembi. “It is a tough job but she has kept going.”

**ROTARY CLUB**

Ms. Ndung'u recorded another milestone in her charitable work when she was elected president of the Rotary Club of Nakuru in July.

This is also a volunteer service organisation that is making a difference in the lives of Nakuru residents.

Ms. Ndung'u has been championing projects by the club, including rehabilitating street children and supporting education.

“I have never seen a club president in Nakuru with great passion to serve other Kenyans like Ms. Ndung'u does,” she says.

**Tanzanian Scoops Award in Nutrition Competition**

20th OCTOBER 2018

By Tanzania Daily News (Dar es Salaam)

Ms. Neema Lugangira has emerged one of five Small and Medium Enterprises (SMEs) winners to be awarded and receive an investment capital to the tune of 3,500 euros in the first edition of Scaling up Nutrition Pitch Competition.

Ms. Lugangira, who runs a company called 'Healthy Maisha' which is located in Dar es Salaam, Tanzania, said she was happy that with just a four-month old company she was able to get the award, calling for more Tanzanians, especially women, to search for such opportunities. "It is a huge shock to me, I did not expect this, and I am so happy. We are only four months old, so I did not believe it when I heard that we had gone to finals," said Ms. Lugangira shortly after the award ceremony held here.

Ms. Lugangira who runs nutritional awareness workshops in hospitals, centres, gyms and offices as a means to cut medical bills for the customers, also runs 'Healthy
Maisha Clubs' in primary schools, raising awareness on the importance of nutritious food such as vegetables and fruits, and pupils being given home work after school hours. So far the company carries out training in three private schools.

The company also engages in preparation and sale of natural fruits and vegetable packs, cold pressed juices, healthy office lunches as well as 'lishe' markets. The winner unveiled that her company was responding to the call for healthy eating by providing consumers with a range of nutritious supplies.

"The company has segmented clientele in three main groups in Dar es Salaam; anaemic children, overweight women and anaemic women, including pregnant women in the city," she said.

The first award was scooped by a Nigerian company - Kennie-O Cold Chain Logistics from Kwarah State who were crowned champions of the competition. The award was received by the founder and Chief Executive Officer (CEO) of the company, Mr. Ope Olanrewaju, who said the company, was established in 2014 to provide reliable cold chain solutions for Nigeria's food industry, thereby reducing post-harvest losses.

"Winning the pitch competition is so exciting! I am delighted to see recognition for companies working to reduce post-harvest losses. This experience has been wonderful, the training has added value to my business," he said after receiving the award.

The competition showcased investment opportunities presented by SMEs working to improve access to nutritious food. Out of more than 450 outstanding entries, 21 SMEs were shortlisted from national pitch competitions in Nigeria, Tanzania, Mozambique, Malawi, Ethiopia, Kenya and Zambia.

Mr. Fokko Wientjes, the Vice President, Nutrition in Emerging Markets of Royal DSM, a purpose-led, global science-based company active in nutrition who participated in the initiative, said that with 130 deal room discussions involving 20 investors and more than 20 companies, they could call the first ever Nutrition Africa Impact Forum a success.

**Tanzania - OPINION: Imagination, ambition needed in fighting TB**

OCT 21, 2018

By The Citizen
A modern TB care system will include a much better TB vaccine, and recent trials show great promise for new vaccine candidates.

I recently had the chance to attend the first-ever United Nations high-level meeting on tuberculosis. It was an historic opportunity for heads of state to acknowledge the enormous burden of tuberculosis (TB), the world’s leading infectious killer, and to show their commitment to eradicating it by 2030.

When given the opportunity to intervene from the floor at the meeting, I pointed out that the biggest problem is not money or science but a lack of ambition.

The 2014-2016 Ebola outbreak in West Africa, for example, caused an estimated 11,000 deaths and yet it resulted in a phenomenal amount of innovation around Ebola — including a brand new vaccine and new, rapid diagnostic tests. These innovations were rapidly deployed during the recent Ebola outbreak in the Democratic Republic of the Congo (DRC).

During the same two-year period, TB killed more than three million people. And yet we are still using a TB vaccine that dates back to the 1920s.

The front-line diagnostic tool for TB dates back to German bacteriologist Robert Koch who identified the TB bacteria under a microscope in 1882.

Patients with drug-resistant TB have to endure a prolonged (up to two years) and toxic treatment with multiple drugs (more than 14,000 pills) — including painful daily injections that can make people deaf.

The fact that we are still using century-old tools to tackle the biggest killer infection betrays a complete lack of ambition. So, before we can eliminate TB, we must end our lack of ambition. Only when we become more ambitious will our heads of state come around, rally and support us.

A realistic dream

A modern TB care system will include a much better TB vaccine, and recent trials show great promise for new vaccine candidates.

For those who develop TB symptoms, we will offer a rapid, simple triage test. Those with positive triage test results will get a point-of-care molecular diagnosis, followed by confirmatory drug-resistance testing using sequencing.

People diagnosed with TB will receive a short four-month course of oral medicines. Such short regimens are currently in trials with promising early results. In fact, shorter treatments for latent TB infection are already available.

Patients will have access to digital technologies that can help them stick to their treatment plan and allow them to make money transfers.

A modern TB service will be free of paper. And, thanks to cloud-based information and communication technologies, TB program staff will be able to monitor the epidemic
locally and nationally, as well as offering patients the personalised care and support they need.

Is this modern TB service an unrealistic dream? I don’t think so, because many such tools and solutions already exist, in some form or fashion. They have just failed to come together to serve those who need them the most. And, for some tools such as a better vaccine and a shorter drug therapy, new investments are urgently needed.

Yes, developing new tools is going to cost money — an additional $1.3 billion per year. But if the global health community can find a way to fight Ebola with modern tools and technologies, I see no reason for the TB field to be unambitious.

We need to “science the shit” out of TB and this is possible if we make the investments. If each country spends 0.1 per cent of its annual gross domestic expenditure on research and development (GERD) on TB research, the funding gap can be bridged.

TB care is more than just new tools. We also need to improve the quality of care that we give to persons with TB. Patients suffer high costs and long wait times while seeking care and receiving treatment.

As I have argued earlier, the field urgently needs to develop new tools, as well as adopt and implement the science of quality improvement.

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**Tanzania: Step Up Efforts in Fighting HIV/AIDS - Public Urged**

21 OCTOBER, 2018

By Tanzania Daily News (Dar es Salaam)

The Kagera Regional Commissioner (RC), Brigadier General Marco Gaguti has appealed to residents in the region to increase efforts on fighting HIV/AIDS, warning that in spite of some achievements made so far, the killer disease was still a major threat.

Mr. Gaguti elaborated that records indicate that HIV new infections decreased from 1.6 per cent recorded last year to 1.1 per cent by June, this year.

"In spite of the achievement recorded, the regional HIV prevalence was still high at 6.5 per cent compared to the national average which stood at 5.0 per cent," he said.

Prime Minister, Mr. Kassim Majaliwa launched the National HIV awareness
campaign on September 16, this year, appealing to Tanzanians to take a holistic approach by testing their health status, saying that people who tested and are found to be HIV positive should not hesitate to start using ARV drugs.

Mr. Gagutī also urged men to be bold and test their HIV status, adding that experience shows that men were a bit shy when it comes to voluntary testing compared to their female counterparts.

He appealed to the youth not to relax in the fight against HIV/AIDS, warning that the disease was killing millions of people worldwide, saying that youth, especially those in secondary schools and colleges should take a holistic approach in educating people on how to avoid contracting the disease. He said AIDS is the leading cause of death among adolescents aged 10 - 19 years old, claiming the lives of young people at an alarming rate.

To end the HIV epidemic affecting young women and girls, he said governments and their development partners must continue investing in broad programmes that look at the totality of the lives of adolescent girls and young women.

He said that these efforts must go beyond providing treatment and prevention and focus on the overall development of this group, adding that they must reach adolescent girls and young women with broader services that span across health and education while offering them social protection, including awareness campaigns to help fight stigma.

About 37 million people globally are living with HIV, out of whom 19 million are in Eastern and Southern African regions. UNAIDS 2015 report revealed that Tanzania had succeeded to reduce new HIV/AIDS infections among adults from 72,000 cases during 2013, 69,000 cases during 2014 down to 48,000 cases during 2015.

Also, new infections among children dropped from 67,000 cases during 2010 to 56,000 cases during 2015. The report also indicated that about 1.4 million Tanzanians were living with HIV while those under Antiretroviral (ARVs) were about 800,000.

Mother-to-child HIV infections drop by 86%

October 21, 2018
By The Observer
Mother-to-child HIV infections in Uganda have fallen to an all-time low of 4,000 in 2017 up from 25,000 in 2011, First Lady and Education minister Janet Museveni has said.

At the launch of the ‘Free to Shine’ campaign, an initiative by African first ladies aimed at ending childhood HIV/AIDS at Imperial Royale hotel, Ms. Museveni also said new HIV infections have declined by 125,000 since 2013.

“Estimates from the ministry of Health indicate that the number of new HIV infections fell to an all-time low of approximately 5,000 in 2017 down from 130,000 in 2013. The vertical mother-to-child new HIV infections among HIV exposed babies also continued to fall and reached approximately 4,000 in 2016, building on the 86 per cent reduction in new vertical HIV infections during 2010-2015,” she said.

The first lady added that Uganda’s amount of HIV/AIDS related deaths declined in the same time period, reaching a milestone in 2017.

“In the same vein, Aids-related death continued on a steady decline, reaching an all-time low of approximately 22,000 in 2017. It is clear that Uganda is on course to control the HIV epidemic and to end Aids as a public health threat by 2030,” she said.

Much of this development, Janet attributed it to the Elimination of Mother to Child Transmission (EMTCT) program which has given more mothers treatment, secured less new infections in newborns, and averted new infections.

“We moved from 52 per cent of the HIV positive pregnant and breast-feeding women living with HIV receiving lifelong ART to 97 per cent. We achieved an 86 per cent reduction in new HIV infections among children, meaning that hundreds of children were born without HIV. And we averted over 120,000 new infections and saw infections in children reduce from 25,000 per year to about 4,000 currently,” she said. Though Uganda has improved in bringing down the amount of people with HIV/AIDS, the goal has not yet been reached.

“In spite of these gains, the burden of HIV and Aids remains significantly high. Information from the ministry of Health indicates that approximately 1.3 million people are currently living with HIV and AIDS in Uganda,” she said.

Sarah Opendi Acheing, the state minister for Health (General Duties) said, the launch aimed at improving relations with different leaders in society and the new campaign aims at ending HIV/AIDS. Opendi said, the Antiretroviral Therapy (ART) enrolment was at a 97 per cent but were suffering from a client drop in the antenatal and breastfeeding periods of its participants.
“Our data indicate that two months post ART enrolment, our programs are not able to account for at least 20 per cent of women in the critical antenatal and breastfeeding phases. This is probably due to factors in society such as stigma or lack of support,” she said.

“This is a health seeking behaviour problem which could result from factors including inadequate support from male partners, non-disclosure of HIV status to spouses because of stigma and fear of violence, lack of finances to travel for care, and long distances,” she added.

Tanzania government releases status of malaria prevalence in councils
OCT 22, 2018
By The Citizen

In Summary

- The government has issued a list of ten councils in Tanzania Mainland with higher malaria prevalence led by Kakonko DC.
- They come from Regions with high malaria prevalence include Kigoma (24.4pc), Geita (17.3pc), Kagera (15.4pc) and Mtwara (14.8).

Dar es Salaam. The government has released a list of ten district and township councils with high malaria prevalence and 14 others with prevalence below 0.1 per cent.

The list was released on Monday, October 22, 2018 by the health minister Ummy Mwalimu during the second phase of the launching of the Tanzania Malaria Indicator Survey (TMIS) for 2017.

The first launch of the report was done in Kigoma Region on April 25, 2018 during the World Malaria Day.

The survey of the National Bureau of Statistics (NBS) indicates that the malaria disease prevalence rate dropped from 14.4 per cent in 2015 to 7.3 per cent in 2017.

Speaking during the event today, Ms. Mwalimu named the councils with high prevalence and their percentage in brackets as Kakonko (30.8), Kasulu DC (27.6), Kibondo DC (25.4), Kigoma DC (25.1), Buhigwe (24), Geita DC (22.4), Nanyamba TC (19.5), Muleba DC (19.4) and Mtwara DC (19.1).

"But 14 ,councils with malaria prevalence less than 0.1 per cent include Mbulu TC, Mbulu DC, Hanang, Siha, Hai, Moshi MC and Mwanga DC," she said.

Others are Kondoa TC, Meru DC, Arusha, Arusha DC, Monduli, Ngorongoro DC and Rombo DC."

Ms. Mwalimu said the government will allocate enough resources in the areas with high prevalence rates to ensure the prevalence is reduced by 2020.

"In this regard, the health officials at the council levels are directed to intensify inspection in households, instead of regular
inspections at the butcheries and markets where they might have personal gains, in the country’s efforts to improve general cleanliness," she said.

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

Earlier, the NBS director general Dr. Albina Chuwa said; "This is evidence based decision making which will take the country to the expected destination in terms of malaria control as compared to opinion based decision making," she said.

She called upon councils reported to have underperformed in this year's survey to work hard and bring the figures down because higher prevalence negatively affected implementation of the country's industrialisation agenda.

For his part, the chairman of the parliamentary committee on social services and community development Mr. Peter Serukamba called upon councils to pass by-laws that will force households to own and use mosquito nets across the country.

**Jacintah Njeri during the interview at Nation Centre, Nairobi**

**In Summary**

- When I was 15, I started feeling a lump growing on my right breast.
- I assumed it was normal because I was at the peak of adolescence and my breasts were still growing.
- I went for my first check-up in July 2015 and the doctors recommended surgery.
- But I felt a lump on the same breast again in January 2016. It was bigger than the first one.

Jacintah Njeri, 26, first felt a lump on her right breast when she was 15. She underwent two surgeries. After the second surgery, she was told that the mass was cancerous and she had to undergo a mastectomy. Today, she is vocal about cancer awareness on her social media.
platforms. Jacintah, a sales agent, shares her story with Nation.co.ke.

“I was born and raised in Kakamega in a family of five. When I was 15, I started feeling a lump growing on my right breast. I assumed it was normal because I was at the peak of adolescence and my breasts were still growing. I thought it would disappear with time because there was no pain associated.

“I joined Jomo Kenyatta University of Agriculture and Technology in 2013 to study Biochemistry and Molecular Biology.

“I decided to go for my first check-up in July 2015 while in my third year of university. The doctors did a palpation (physical examination done using the fingers and palm to feel for texture, tenderness or size) and sure enough, they felt a lump. They said it was a benign tumour, meaning it was not cancerous. Unlike a malignant tumour, which is cancerous and invades nearby tissue or spreads to other parts of the body, the benign one does not.

“They advised that I should undergo surgery to have it removed. I had it done a month later in August, and that was it. No biopsy was even done to determine if it was cancerous.

ANOTHER LUMP

“I went on with my normal routine thinking that the worst had passed. But I felt a lump on the same breast again in January 2016. It was bigger than the first one. I went to a hospital in Eldoret for a check-up. Another surgery to remove the tumour was scheduled and done that same month; only this time the tumour was taken to Lancet for tests.

“The results showed that the tumour was phyllodes, which are large, fast-growing masses that form from the periductal stromal cells of the breast. Many phyllode tumours are benign. The doctors told me that if the tumour reoccurred, I would have to undergo a mastectomy.

“Three months later in April, the tumour was back, and this time, there was redness on the breast, itchiness, rashes and visible veins. But I postponed a visit to the doctor because I really wanted to finish my fourth year of studies without any distractions.

“Luckily, I was not so far away. I went for an appointment after I completed my attachments and was told that I needed a mastectomy.

“A classmate of mine encouraged me to see a Dr. Githaiga, who is a breast cancer specialist. After tests, they found out that the tumour was malignant. I was told that the tumour was so big that it had replaced the normal tissue cells of the breast. The shock finally came; eleven years after I first felt the lump.

“I had gone for the results alone, so you can imagine how lonely it was for me – my parents were in Kakamega and I had told none of my friends that I was unwell. The
oncologist advised a mastectomy, followed by radiotherapy sessions. I wondered how a young woman like me was supposed to live without a breast. It got to a point where I told my mother that I would not undergo the mastectomy.

“I underwent surgery six months later in October at the Kenyatta National Hospital. It took a long while to be performed because of the many cancer cases at the hospital. They also performed a breast reconstruction after the mastectomy. I underwent radiotherapy for a week after the surgery. Radio-therapy is brutal because I became weak, lost appetite and lost a few kilogrammes.

“I was to have a nipple reconstructed on my breast a few weeks after being discharged but the doctors’ strike made it impossible. I have not gone since.

SUPPORT

“In November, a month after the mastectomy, I felt a lump on my breast again and my heart sank. I told my mother about it, and after a check-up, the doctors told me that it was only a fluid accumulation which would end.

“My parents were such a great source of both financial and emotional support at this time. They never left my side. My friends, after I finally told them about my illness, also stuck by my side, encouraging me and praying for me.

“I only became vocal about my story earlier this year. I realised that sharing my story across my social media platforms encourages others going through a similar predicament, and educates at the same time.

“I started looking for a job immediately after getting discharged, something that surprised my mother. She was more afraid that the cancer would recur, but I still have faith that it will not.

“The only lifestyle change I was advised to make was watching my diet and avoiding alcohol. This was because the cause of the cancer has not been established. No one in my family lineage has ever been diagnosed with cancer.

“My diagnosis made me realise that cancer can attack anyone at any age. I always asked myself why I was diagnosed at such a young age, but now I feel that it happened for a reason – but I am yet to know why.

“It’s my greatest hope and prayer that the cancer will not recur. I also hope to use my knowledge to do more research on cancer and spread its awareness. I really would like to have a family of my own too. (Laughs).

“It is important for both men and women to know that prevention is better than cure. Screening is important and it can be done for free in some facilities.”
Kenyan nurse charged with raping elderly patient in US
OCT 23, 2018
By The Nation

A 44-year-old Kenyan nurse has been charged with raping an elderly woman in the United States. Thomas Kamau Nganga was reported by his colleague who caught him forcing himself on a 72-year-old patient. An administrator at the nursing home where Mr. Nganga worked, Lexington Rehabilitation and Healthcare in Richmond, Virginia, said the suspect was fired after he was arrested. Mr. Nganga was detained at Henrico County Jail with no bond and is due in court in December. According to court documents, Nganga is married and with children, ABC 8News reported.

President Kenyatta to launch UHC pilot programme on December 1
October 23, 2018
By Capital News

The UHC pilot will be rolled out in the four counties of Isiolo, Kisumu, Nyeri and Machakos before it is finally scaled up to cover the rest of the country/PSCU
The UHC pilot will be rolled out in the four counties of Isiolo, Kisumu, Nyeri and Machakos before it is finally scaled up to cover the rest of the country.
The decision was arrived at Tuesday morning when President Kenyatta met with the UHC Inter-Governmental Committee at State House, Nairobi.
The committee co-chaired by Health Cabinet Secretary and Isiolo Governor Mohammed Kuti briefed the President on their preparations ahead of the pilot programme launch.
The success of the pilot programme in the four counties will give clearance for full scale
role out of UHC ushering in a new era of public health services provision in the country.

Governors Mutahi Kahiga, Prof. Anyang Nyong’o and Dr. Alfred Mutua represented the other counties in the pilot namely Nyeri, Kisumu and Machakos.

The President gave the committee his approval to finalize the launch plans and also come up with respective Memoranda of Understanding (MOUs) between the Ministry of Health and the four counties.

The Head of State encouraged the governors to actively participate in an intensive sensitization exercise in the month of November before the pilot project is launched.

The new UHC package will benefit at least 3.2 million Kenyans in the four pilot counties and is expected to contain a new bouquet of services accessible to Kenyans in public health facilities.

According to the Government, the decision to pilot the programme in the four counties was evidence-based considering their disease burdens.

Kisumu was identified because it leads in the infectious diseases category especially for HIV/AIDS and tuberculosis while Machakos records the highest numbers of injuries mostly from accidents occurring along the busy Mombasa-Nairobi highway and the many winding roads in the county.

Nyeri is part of the pilot because it leads in the non-communicable diseases segment especially diabetes while in Isiolo, the Government will seek to establish how the package is well suited for nomadic and migratory populations.

“Piloting the package in a controlled population ensures less chances of failure and we can minimise the risks when the programme is later scaled up to cover the entire country,” said CS Kariuki in an earlier statement.

World AIDS Day which is observed every year on December 1 has been marked since 1988 and provides an opportunity to draw attention to the HIV epidemic around the world.

“Know your status” is the theme of the World Aids Day 2018.

Kilifi County, hospital staff to pay girl Sh500, 000 in damages

OCT 23, 2018

By Daily Nation

Judge Korir said the superintendent, who is listed as the first defendant, failed to take
due care and diligence while offering Intravenous Therapy (IV).

**In Summary**

- Malindi Resident Judge Weldon Korir said on Tuesday that the three parties are equally liable for the injury the minor sustained during treatment at Malindi Sub-County Hospital.

- He noted that the child, who did not make any proposal on the amount to be awarded, suffered a soft tissue injury resulting in a scar on her head, where hair did not grow.

- In her testimony, Ms. Wanjohi said the IV line was wrongly inserted in her year-old baby’s scalp and resulted in swelling.

- In his ruling, Justice Korir noted that the child may also become a self-conscious woman due to the pain she suffered.

The High Court has ordered the Kilifi government, its secretary and the Malindi hospital superintendent to pay a six-year-old girl Sh500,000 in damages due to medical impropriety.

Malindi Resident Judge Weldon Korir said on Tuesday that the three parties were equally liable for the injury the minor sustained during treatment at the facility.

**INJURY**

Justice Korir said the superintendent, who is listed as the first defendant, failed to take due care and diligence while offering intravenous therapy (IV). The judge added that the child suffered pain due to the joint negligence of the defendants yet they proposed a payment of Sh200,000.

He also noted that the child, who did not make any proposal on the amount to be awarded, suffered a soft tissue injury resulting in a scar on her head, where hair did not grow.

“The medical superintendent failed to apply the proper medical standards in the circumstances,” Mr. Korir said, adding “this court cannot turn a blind eye on the scar it saw on the minor’s scalp”.

“Considering that the wound took long to heal, the ugly scar left after the healing and the psychological impact it will have on the plaintiff, I find an award of Sh500,000 ideal as general damages,” he said in his ruling.

**WRONG TREATMENT**

The child, through her parents Goko Kimani and Lucy Wanjohi, filed a case in 2015 against the hospital employee, the county and its secretary, saying she was wrongly treated in November 2012 at the then Malindi District hospital.

In her testimony, Ms. Wanjohi said the IV line was wrongly inserted in her year-old baby’s scalp and resulted in swelling.

She said that upon the removal of the line, her daughter lost vision for five days and that a festering wound developed on her scalp, leading to complications. Ms. Wanjohi further said that she sought treatment at
various hospitals in the country, thereby exhausting her funds.

“The incident greatly affected my daughter since she could not regularly attend school and whenever she did, she had to put on a cap. Other children kept on touching the affected part so the child became aware that she had an issue," she said.

EFFECTS

Mr. Kimani told the court that he was once advised to take his child for specialised treatment in India but opted for the local hospital for lack of funds. The girl recovered there but her father said that despite the treatment, she remained affected and could not sleep properly at night.

Mr. Kimani further said his daughter underwent a lot of suffering and that his businesses collapsed.

“No hair grows at the affected area. I blame the defendants," he said in his court documents. In his ruling, Justice Korir pointed out that the child may also become a self-conscious woman due to the pain she suffered and the resultant scar.

“The minor may require further treatment, more so in the cosmetic aspect, but expenses such as special damages must be specifically pleaded and proved,” he said.

Immunise children against polio, save lives

OCT 23, 2018

By Daily Nation

A child receives a polio vaccination in Kajiado County on July 11, 2018. Failure to eradicate polio could result in as many as 200,000 new cases yearly, within 10 years, worldwide.

In Summary

- The risk of a polio outbreak in Kenya is quite high due to inability to vaccinate 20 per cent of the targeted 1.5 million children.
- Many infected children do not show signs of the disease, so they easily pass it on to others undetected.
- Ensure every eligible child is vaccinated during this campaign that ends Wednesday.

Since 2014, Kenya has been free of any wild poliovirus (WPV) circulation. Routine environmental surveillance by the Ministry of Health has, however, revealed traces of the polio virus Type Two in Eastleigh and Kamukunji in Nairobi County.
WPVs are naturally occurring isolates known or believed to have circulated persistently in the community and may be infectious.

PARALYSIS

In the early 1950s, before vaccines were available, outbreaks of polio, then one of the dreaded diseases, caused more than 15,000 cases of paralysis yearly in the United States. But as a result of the global effort to eradicate it, more than 16 million people have been saved from paralysis.

Although cases of polio have decreased by over 99 per cent since 1988 globally, a few countries still grapple with it.

Among the factors at play is that the virus can easily be imported into a polio-free country and spread rapidly among unimmunised populations. Failure to eradicate polio could result in as many as 200,000 new cases yearly, within 10 years, worldwide.

NATIONWIDE

The risk of a polio outbreak in Kenya is quite high due to inability to vaccinate 20 per cent of the targeted 1.5 million children — that is, approximately 300,000 children routinely yearly.

This has spurred the Ministry of Health, the Kenya Paediatric Association and other partners to launch a nationwide campaign to vaccinate all children under five years. The campaign targets 12 high-risk counties — Nairobi, Kajiado, Kiambu, Kitui, Machakos, Meru, Isiolo, Tana River, Lamu, Garissa, Wajir and Mandera.

Health workers will employ a house-to-house strategy for eradication of the disease, which is based on preventing infection by immunising every child until transmission stops and the world is polio-free.

MUTATE

Polio can paralyse and even cause death. It enters the body through water or food that is contaminated with infected stool. And since it spreads very easily throughout communities, every child is at risk.

There is no cure for polio but there are safe and effective vaccines to prevent it. In instances where children are not properly immunised, the weakened vaccine virus can change its genetic structure or mutate in their intestines before being removed through human waste as a wild or naturally occurring virus.

DETECTED

The virus can attack non-vaccinated children who may come into contact with the stool or respiratory discharges of the infected person such as cough sputum. Many infected children do not show signs of the disease, so they easily pass it on to others undetected.

It is recommended that all children receive at least three doses of polio vaccine by the time they are a year-old. Additional vaccine doses are recommended when there is a
virus detected in the community or in the environment, such as now, in order to give children additional protection against the specific type of virus that has been detected.

**LIFELONG**

The vaccine is safe and harmless, even when given multiple times. In fact, the higher the number of times children are vaccinated, the more they are protected from the disease. It may cause mild side effects such as fever, mild rash, vomiting and poor feeding.

Ensure every eligible child is vaccinated during this campaign that ends Wednesday. Success of polio eradication will mean that no child will ever again endure the misery of lifelong polio paralysis.

**Tanzania: Over 300 Professionals Employed in Health Sector in Six Regions**

23 October, 2018  
By Tanzania Daily News (Dar es Salaam)

A TOTAL of 335 professionals have been employed as medical practitioners, data clerks, nurses and laboratory technicians in six northern and central regions.

The government and the United States Agency for International Development (USAID) implemented a project called USAID Boresha Afya to improve health care.

The project is implemented by Elizabeth Glaser Pediatric Aids Foundation (EGPAF) and EngenderHealth in Arusha, Dodoma, Kilimanjaro, Manyara, Singida and Tabora.

Following the recruitment, government health facilities have been able to improve human resource capacity in HIV / Aids testing, monitoring viral count among HIV /Aids positive clients and integrate TB and HIV /TB and family planning services.

According to EGPAF Country Director Nelson Ojanji, to improve human resource capacity is crucial to viral monitoring through modern HIV /Aids testing laboratories at regional referral hospitals in Dodoma, Kitete, Mt Meru and Kilimanjaro Christian Medical Centre (KCMC).

He was speaking in Dodoma last week during the handing over of medical equipment to the President’s Office (Regional Administration and Local Governments) and signing of an agreement with local government authorities, where the project is implemented.

"We have also facilitated the establishment of the centre of excellence treatment for
multidrug resistant TB at Dodoma Regional Referral Hospital. We hope this will bring services closer to many people and reduce travel costs," he said.

Before the Dodoma MDR TB ward patients with such cases had to be transferred to Kibong’oto Hospital. In her remarks Deputy Permanent Secretary, Dr. Zaynab Chaula, commended the project and wanted it to be sustained.

"By supporting the human resource and health infrastructure in terms of equipment you are keeping abreast for PO RALG priorities. You should continue doing this," she said, adding that there was still a need to renovate health facility infrastructure.

How lack of pharmacists is hurting healthcare
October 24, 2018
By The Observer

Sometime in 2017, National Medical Stores (NMS) announced it would need at least Shs. 500 million to destroy expired drugs in health centres.

Around the same time, public health facilities had been hit by a massive stock-out of medicines and other supplies, especially those used to assist mothers deliver. Drug shortages or stock-outs, expiry and wrong procurement are not new. While NMS blames hospital administrators for poor planning, the drug distributor has received a backlash from both legislators and the public over how it handles procurement and distribution of drugs.

Now pharmacists believe the problem could be due to insufficient professionals in the field. According to the Pharmaceutical Society of Uganda (PSU), there is a problem of adequate know-how.

Samuel Opio, the secretary general at PSU, explained at last week’s gathering of fellow professionals that there are only 50 pharmacists working in government facilities.

“It is high time more pharmacists are recruited both at the ministry of health, national referral hospitals and even health centre IVs. Uganda needs at least 500 pharmacists but we only have 50; this is too small, we would have saved the Shs. 500m needed for destroying drugs if we had

A Guardian Health pharmacist in private practice
pharmacists,” he said. Opio said in Uganda, dispensing drugs has been left to nursing assistants, nurses and doctors.

“We need a technical person to help quantify and do drug analysis. For instance, somebody who can plan for both regular diseases like malaria but also for diseases like cholera,” he said.

Opio described a pharmacist as a dynamic, patient-oriented professional committed to fulfilling the health care needs of patients.

“When a pharmacist receives your prescription, they analyse the prescription and give appropriate treatment,” he said.

“A pharmacist manages medications, whether these are taken in pill form, creams, syrups, or injections. They supervise the pharmacy’s technicians in preparing your prescriptions according to established standards and procedures.”

The PSU meeting heard that there are only 150 students who graduate with bachelor’s degrees in pharmacy annually.

“Only 150 graduate in pharmacy each year, imagine 70 per cent go to private practice, the rest go to organisations like NMS, National Drug Authority, ministry of Health, non-governmental organisations while others become industrial chemists. This has denied the public a chance to have pharmacist,” Opio said.

Currently, Uganda’s health care services face a staffing shortage of 370 unfilled positions, leaving the 40 pharmacists in place overwhelmed at their work places.

Ministry’s take

A ministry of Health official at the same meeting agreed that there is need to recruit more pharmacists, a process government has started.

“The process of recruiting critical human resource of which pharmacists are one of them is ongoing; we are also recruiting community health extension workers but that will also depend on the budget we have,” said Emmanuel Ainebyoona, the senior public relations officer at the ministry.

City Hall begins Kemsa debt audit, hopes for steady drugs supply

OCTOBER 24, 2018
By Daily Nation
City Hall has begun auditing its debt to the Kenya Medical Supplies Authority (Kemsa) with the hope for a resolution that will end lack of drugs at county facilities.

Acting Health executive Charles Kerich said a team of county government auditors will submit its report in two weeks, on the debt of about Sh285 million.

**SUPPLY**

Delays in settlement of the debt and the resultant refusal by the state agency to supply drugs have been blamed for deteriorating medical services in the city.

Some county hospitals went days without medicine, with poor patients forced to turn to private facilities as Kemsa cut supply mid last year.

Mr. Kerich said the organisation restored supply and that drugs worth Sh120 million were delivered in October.

“We recently paid them Sh25 million in addition to the Sh58 million paid in August,” he also said, before the Health Services committee on Tuesday.

“We have tasked our own auditors with looking into the debt and saying exactly how much it is. After that, we will know [what to do next].”

**CHALLENGES**

Mr. Kerich cited understaffing and pressure, due to poor staff to patient ratios, as hospitals' main challenges.

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*In Summary*

- Acting Health executive Charles Kerich said a team of county government auditors will submit its report in two weeks.

- Delays in settlement of the Sh285 million debt and the resultant refusal by the state agency to supply drugs have been blamed for deteriorating medical services in the city.

- Mr. Kerich cited understaffing and pressure due to large numbers of patients as hospital's main challenges.

- To cure congestion, he said Governor Mike Sonko's administration is mulling upgrading 79 satellite health centres to fully-fledged hospitals.
Nairobi needs more than 1,736 new employees in different cadres to achieve optimal staff levels, he said, adding the county has only 3,464 health workers yet the requirement is 5,200. Some 253 retired.

“The county urgently needs the positions filled so the Public Service Board made advertisements. We could make a case on why we need to hire even more. Shortlisting is currently going on but the process will have very little impact as we still need more,” he said.

On Tuesday, members of county assembly asked Mr. Kerich to explain deteriorating health services in the capital. Health Services committee chair Peter Warutere said the service delivery was in a "sickbed and in need of urgent intervention to be resuscitated".

Mr. Warutere accused the executive of hiring inefficient staff, with most serving in acting capacity and others not reporting to work, "a disservice to Nairobi residents".

“The department is in the intensive care unit and we need to get it out. Why are inefficient people given opportunities to lead the department? How I wish competence would be the yardstick going forward,” he said.

UPGRADES

To cure congestion, Mr. Kerich said Governor Mike Sonko’s administration is mulling upgrading 79 satellite health centres to fully-fledged hospitals.

He noted that City Hall already asked heath centres to determine what needs to be done and the amount of money needed to upgrade the facilities.

Mr. Kerich said Nairobi will also upgrade six high volume health centres and four comprehensive primary health care centres to hospitals this financial year.

This is besides the planned upgrade of Mbagathi and Mama Lucy Hospitals to decongest Kenyatta National Hospital.

“We have started a needs assessment of all the satellite health centres in Nairobi. Once this is done, we will know what needs to be done and the budget. This will ease congestion in the four county hospitals and improve service delivery," he said.

Kenya wins accolades for effective HIV fight

OCT 25, 2018

By Daily Nation
Kenya’s HIV prevention strategies are among the best and most workable in Africa, third International HIV Research for Prevention Conference in Madrid, Spain, says.

In Summary

- Kenya is the first country on the continent to put its prevention road map together.
- It is also the second African country, after South Africa, to have pre-exposure prophylaxis guidelines.

MADRID

Kenya’s HIV prevention strategies are among the best and most workable in Africa, a global forum says.

Speaking yesterday at the third International HIV Research for Prevention Conference in Madrid, Spain, various experts gave presentations on the performance of selected countries.

Dr. Linda Gail Bekker of the Desmond Tutu HIV Foundation in Cape Town, and immediate president of the International Aids Society, said Kenya’s response to HIV prevention should be supported.

MAPPING

"Kenya's response and approach to HIV prevention is the best in Africa. It is the first on the continent to put its prevention road map together, which is something we can't fail to mention," Dr. Bekker said.

She said that despite resource constraints, Kenya had ensured that pre-exposure prophylaxis drugs were available.

"There is a lot we can learn from Kenya. It has taken the hotspot mapping approach to ensure that those who need the drugs are not left out," she said.

TREATMENT

Kenya is the second African country, after South Africa, to have pre-exposure prophylaxis guidelines.

Pre-exposure prophylaxis (PrEP) drugs join other prevention and treatment methods already in use. Other strategies include giving anti-retroviral (ARV) drugs to people who are not infected with HIV, but are at high risk of infection. These drugs reduce the chances of HIV infection.

APPROVED

In 2014, the World Health Organisation recommended offering PrEP to men who have sex with men, and in September broadened its recommendation to include all people at substantial risk of HIV infection as an additional prevention choice.

PrEP was first approved by the USA Food and Drug Administration (FDA) in 2012 before other countries followed suit.

The Kenya Pharmacy and Poisons Board approved use of oral PreP in December 2015.

INFECTIONS
In April last year, oral PrEP, the anti-retroviral drug Truvada, which is a combination of tenofovir and emtricitabine, was approved by the drug regulatory authority for use in the country.

When taken daily and consistently, the drug reduces new infections by 95 per cent.

According to data from PrEP Watch, the number of PrEP users in Kenya stands at 26,000 against 37,000, which is the overall target from all projects (planned and ongoing) being carried out in the country.

Clinical sciences and embryology dissected by Dr. Moses Obimbo

OCT 26, 2018

By Daily Nation

Dr. Moses Obimbo in a laboratory during one of his many research engagements

In Summary

- I am a professional clinician-scientist with 12 years’ experience with basic science training in Anatomy and clinical training in Obstetrics and Gynecology.

Dr. Moses Obimbo’s education background is impressive. At 37 years, he has a bachelor’s degree, postgraduate diploma, two masters, PhD and has undertaken two postdoctoral fellowships.

Tell us a little bit about yourself... how old are you into the profession and how you got into it?

I am a professional clinician-scientist with 12 years’ experience with basic science training in Anatomy and clinical training in Obstetrics and Gynecology.

Currently, I work as a senior lecturer in the Department of Human Anatomy, Obstetrics and Gynecology at the University of Nairobi, Kenya and as an attending clinician at the Nairobi IVF centre. I am also a postdoctoral scholar under the Preterm Birth Initiative-University of California San Francisco.

What inspired you into this career path?

Growing up, I wanted to study medicine or a career related to it- our preclinical training at the medical school exposed us to an array of basic science courses and I was particularly fascinated by how the human body develops from a single cell (zygote) and eventually a mass of cells that form the full structure of a human being and the placenta.

Our tutors, in particular, were very inspiring and made my experience worthwhile with
developmental anatomy commonly referred to as Embryology, being my favourite.

But to get here, I have had to undergo a lot of training. In 2006, I obtained a Bachelor of medicine and surgery, then residency in Obstetrics and Gynecology from the University of Nairobi. In 2009, I graduated with Master of Science (Human Anatomy), Master of Science (Obstetrics and gynecology) in 2016, PhD from the same institution in 2014 and postdoctoral fellowship from the University of California Global Health Institute as NIH Fogarty fellow in 2017.

My previous work has focused on the adaptation of blood supply to the womb (uterine vascular biology) in and out of pregnancy in both humans and domestic pigs (Sus scrofa domesticus).

At the moment, I am focused on fertility, assisted reproductive technologies including what is commonly referred to as in vitro fertilization (IVF) and the impact of HIV and antiretroviral treatment on the biology of the placenta.

**There are just a few clinicians performing in vitro fertilization (IVF) and embryology in the country. Why?**

For one to perform IVF, they ought to have trained in Obstetrics and Gynecology and get advanced training in embryology (developmental biology).

Unfortunately, our current undergraduate training at the medical school or in biological sciences does not qualify one to become an expert embryologist-one has to seek advanced training outside the country.

At the end of the training, one can pursue a career path on fertility, andrology, research or teaching.

These experts work in hospitals, fertility centres, and academic institutions as lecturers or researchers.

For those interested following in my steps, they need to excel in sciences, math and languages. Also, the ability to pay attention to details, make proper records and patience is essential.

**What’s your typical day like as a clinician scientist?**

As I earlier mentioned, I wear many hats and for that reason, no single day is similar to the previous in terms of what needs to be done. Sometimes, I will be in the laboratory carrying out egg retrieval, assisting in vitro fertilization, sperm injection into the egg (ICSI) and other times, I will be maintaining clinical records or holding lectures.

However, my typical day starts at around 5 am and ends at 1 am the following day.

One of my most important tasks every day is to drop my children off to school. After dinner with my family, I dedicate time to read and create priorities for the following day.
What is the most interesting aspect of your work as a Clinician-Scientist? What gives you fulfilment?

I love my career. My training as both a clinician in Obstetrics and Gynecology and as a scientist gives me a very deep sense of purpose and fulfilment. Giving hope to couples struggling to achieve fertility and have children of their own is a blessing.

Also, training the next generation of clinician-scientists, doctors, and hopefully embryologists make me consider myself very fortunate.

I am determined to lead a translational science effort in Africa focused on infertility, placental biology and complicated pregnancies.

I am currently supervising a number of graduate and PhD students in different universities studying various aspects of Reproductive Medicine.

Tell us of your experience and perhaps what a young person entering the field today can expect of the job market.

Over time, I have learned that the only way to keep moving and breaking new grounds is by enjoying what you do.

I remind my students that this career path and life, in general, is not a rosy ride and for one to succeed, they must be willing to put efforts.

The job market is still unadulterated- there are many opportunities in the field of reproductive medicine and embryology. As it is, very few people in Kenya have a training in clinical embryology.

What is work/life balance like?

Although my work as a clinical scientist can be somewhat engaging because of the number of patients I see and my work as a lecturer, I still get time for family, friends and play.

I rejuvenate by going out for road trips and I am an aspiring golfer.

What’s the worst part of your job/challenges?

As a clinician, having undesired clinical outcome can be somewhat devastating as we always hope to have the best outcomes for our patients. In addition, sometimes, our experiments fail. I have vivid memories of quite a number of times when I almost gave up on the research due to failed experiments.

Uganda’s Prime Minister lauds WHO for the support during disease outbreak emergencies

WHO, 26 October 2018

The Prime Minister of Uganda the Right Honorable Dr. Ruhakana Rugunda has praised the World Health Organization (WHO) for its timely and effective efforts that have so far protected the country from importing the Ebola Virus Disease (EVD) that
is currently affecting some parts of the Democratic Republic of Congo (DRC) near the border with Uganda.

"Uganda, with support from WHO and other partners, is ensuring that no case crosses into the country undetected. We must thank them for that", said Dr. Rugunda in remarks read on his behalf by the Minister in Charge of General Duties in his office Hon. Mary Karoro Okurut at the commemoration of the 2018 United Nations (UN) Day held at Kololo Airstrip in Kampala.

Dr. Rugunda highlighted the EVD preparedness activities being implemented by the Ministry of Health with support from WHO and other partners particularly in the high-risk districts of Bundibugyo, Bunyangabu, Kampala, Kabarole, Kasese, Hoima, Kikuube, Ntoroko and Wakiso.

These include coordination of preparedness activities; training health workers on infection control and prevention; setting up and running Ebola Treatment Centres; community and health facility-based surveillance; identifying alert cases especially at border crossings; collection, transportation and testing of alert blood samples; risk communication; logistics supply.

Turning to the UN Day that was in commemoration of its 72nd anniversary under the theme: 'Promoting the SDGs, Good Health and Well-being #UNisUs', Dr. Rugunda commended the UN in general for the support rendered to the government of Uganda in the various sectors of social economic development.

"The UN and the government have a close working bond, the immense support is highly appreciated", he said.

The UN Resident Coordinator in Uganda, Ms. Rosa Malango highlighted the successes of the UN in Uganda singling out health, agriculture and industry as "key areas for development and youth empowerment."

She appreciated the support of the government that enables the UN to meet its mandate and pledged even closer working relationships.

The UN day was activity-filled with staff from the different UN agencies engaging in sports activities such as soccer, basketball, tug of war, cardiovascular exercises and dancing aimed at promoting healthy living. Screening for Non-Communicable Diseases such as hypertension, diabetes, cancer as well as HIV testing were also provided.

Eighty-one (81) Civil Society Organizations (CSOs) displayed products they produce with support from various UN agencies. These included food products, crafts, energy conserving items, environmental-friendly products, publications and services for maternal care, child welfare, HIV/AIDS counselling and many more. All UN agencies resident in Uganda were represented at the function.
Tanzania: 'We Are Finalising Universal Health Care Law for All Citizens'
26th Oct 2018
By Tanzania Daily News (Dar es Salaam)

THE government is finalising enactment of law on universal health care that would provide framework for compulsory health insurance for all citizens in the country.

Making the revelation here on Wednesday, the Minister for Health, Community Development, Gender, Elderly and Children, Ms. Ummy Mwalimu (pictured), said compulsory health insurance would be vital to ensure all citizens are covered in healthcare countrywide.

"We are finalising the enactment of a law on universal health care to enable every member of the public to access health services," added the Minister, while opening 50th National Health Conference and Annual General Meeting here.

Presiding over by medical doctors across the country, the three-day meeting was organised by Medical Association of Tanzania (MAT) to discuss issues pertaining to medical professionalism.
Ms. Mwalimu further informed the meeting that the government also plans to introduce a single exam for all medical students in medical colleges in the country.

"Medical students will now sit for a single exam in all medical colleges in the country," she stressed.

On his part, MAT President, Dr. Obadiah Nyangole, urged the government to introduce an induction course to all fresh medical graduates before starting to work to enable them work as professionals once confirmed.

"The training would provide medical graduates with a platform to get hints on their roles, before embarking fully on their job career," he added.

Uganda: Hospitals Exposing Patients to Infections, Says Official
26 OCT, 2018
By The Monitor (Kampala)
Kampala — Chances of a patient getting an infection once they set foot in Ugandan hospitals are high owing to the perennial shortage of health workers and equipment, a top Ministry of Health official has revealed.

Dr. Jackson Amone, the Commissioner for Clinical Services, said having few staff in the health facilities means they over work, leading to mistakes, especially in the theatres.

"When you go to the lab, you take the specimens that carry the germ. If you do not handle them very well, then you are going to transfer them from one person to another, but if you can protect yourselves, then you can cut the transmission," he said.

Dr. Amone was speaking yesterday at the closure of a three-day technical workshop that had representatives from different African countries discussing infection prevention and control organised by the World Health Organisation (WHO).

Solutions

In order to combat the problem, Dr. Amone said there is a need to invest in human resource, train and sensitise people to change their attitude towards quality control. Neonates and new mothers who have undergone caesarean section are said to be at a higher risk, he said.

Uganda currently grapples with a 30 per cent staffing gap in public health facilities. Coupled with absenteeism, the gap even increases to 40 per cent.

Although WHO recommends doctor-patient ratios of 1:1,000 and 1:600 by 2020, the Health ministry estimates that the ratio in Uganda currently stands at 1:24,000.

The staff shortage is also worsened by the inadequate equipment, including sterilisation machines, gloves and aprons.

Dr. Sharms B. Syed, the WHO coordinator for quality systems and resilience, indicated that
universal health coverage is an empty promise unless specific attention is paid to quality of care in hospitals.

"The services that are provided at times can be unsafe, so the health facilities that are supposed to heal can harm and the care is not as effectiveness as it should be..., we understand that one in 10 people who walk into the health facility on the planet will be harmed," he noted.

Minister orders RCs, DCs to stop detaining Doctors without hearing

OCT 26, 2018
By the Citizen

The Minister of State in the President’s Office responsible for Regional Administration and Local Government, Mr. Seleman Jafo, told a packed hall of doctors in Dodoma that his office would write to all RCs and DCs insisting on why procedures should be followed in dealing with medical professionals.

Dodoma. The Minister of State in the President’s Office responsible for Regional Administration and Local Government, Mr. Seleman Jafo, was at pains to explain to doctors what action he would take against political appointees who have been faulted for detaining doctors without following due procedures.

Mr. Jafo told doctors during the 50th National Health Conference in Dodoma that his office would now write to all political leaders at regional and district levels, insisting why existing procedures should be applied in taking disciplinary measures against medical practitioners instead of just punishing them publicly.

“It doesn’t make sense to me that a political leader calls a public meeting and a relative of a patient complains; and based on one-sided story, the leader punishes a doctor who handled the patient. This is not right. Principles should be followed,” said Mr. Jafo.

The minister’s move comes after the Medical Association of Tanzania (MAT) decried the decision by Iringa Regional Commissioner Ally Hapi to publicly suspend a medical doctor manning Kitуча Health Centre, Dr. Andrew Kitwanga, without a hearing.

In Summary

• The Minister of State in the President’s Office, Regional Administration and Local Government, Mr. Seleman Jafo, told a
MAT president Obadia Nyongole said during the National Health Conference in Dodoma that the RC’s action and other actions that have been committed by politicians against doctors were undermining the efforts of medics in serving the people.

Speaking on the sidelines of the conference in Dodoma, doctors who spoke to The Citizen suggested that for this trend to come to a complete stop there was need to increase the level of awareness among politicians about the healthcare system and how it works.

During the opening of the conference on Wednesday, the minister for Health, Community Development, Gender, Elderly and Children, Ms. Ummy Mwalumu, also backed the doctors’ concerns.

She said if a medic has been accused of malpractice, the Medical Council of Tanganyika (MCT) has well-established procedures of handling the matter but not at public meetings, and based solely on the patients’ complaints or their relatives.

She warned that if the trend continued, it would create animosity between health professionals and the government and the general public.

On the Iringa saga, Mr. Jafo said: “I would like to apologise, on behalf of the Iringa RC for the decision. Perhaps he did so by mistake.” He told a packed all of doctors in Dodoma.

### Aga Khan performs over 100 free plastic surgeries

OCT 26, 2018

By The Citizen

In Summary

- Aga Khan Hospital Dar es Salaam has performed at least 102 plastic and reconstructive surgeries on women and children resulting from violence, burns and accidents. The hospital on November 27 will offer a free medical screening camp as it prepares to perform other 40 similar plastic surgeries on women and children.

**Dar es Salaam.** The Aga Khan Hospital Dar es Salaam (AKHD) through Women for Women Programme has performed 102 free plastic and reconstructive surgeries to restore physical organs and appearances on women and children who had deformities resulting from burns, violence and accidents.
The programme is a collaborative effort between AKHD, Muhimbili National Hospital (MNH) and the Reconstructing Women International.

The programme was initiated in January 2016 with the aim of providing plastic and reconstructive surgeries to poor women and children with deformities.

Briefing journalists during the launch of the fourth phase of the programme at the hospital, Aga Khan Hospital Dar es Salaam’s plastic surgeon Athar Ali revealed yesterday that the Reconstructing Women International team would be travelling to Dar es Salaam in November, this year, to once again perform similar surgeries on select 40 women and children.

He further revealed that the medical screening camp will be held at AKHD tomorrow from 8am to 2pm, as well as at the Aga Khan Health facilities in Dodoma, Morogoro, Mbeya, Iringa, Mwanza, Tabora, Bukoba, Tanga and Kahama.

“We women and children with deformities resulting from burns, violence and accidents are invited to attend these screening sessions for assessment by well-trained experts in plastic and reconstructive surgery,” he said.

He added: “Candidates meeting the screening criteria will be required to attend a surgery camp scheduled for November 27 to 30, for further evaluation.”

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