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Tanzania: Sanitary Pads' Prices Still High in Tanzania despite Vat Exemption

27th April, 2019
By The East African (Nairobi)

Tanzanian deputy Minister of Finance and Planning Ashatu Kijaji has complained that the prices of sanitary pads remain high despite the government removing duty on them.

Dr. Kijaji told parliament on Tuesday that they had received many complaints by users that the pads are still too expensive, meaning the VAT exemption was only benefiting traders at the expense of women and the government.

"We are looking for the best options that will yield positive impact for the women and the government," she said, adding that reintroducing VAT could be one of them.

Dr. Kijaji said Tanzania was looking to emulate countries like Canada, Nigeria, Australia, Lebanon, India and Kenya, which do not tax sanitary pads to enable women and school girls to access them at affordable prices.

"We went to Kenya to study how they had been undertaking the issue for the underprivileged especially those in rural areas at a fair price," said the minister.

She said the government was studying the best modalities for supplying the crucial items.

VAT on sanitary pads came into effect in July 2018, after the passing of the 2018/2019 budget.

Early this year, Health Minister Ummy Mwalimu said her ministry had received letters urging her to ensure the prices came down.

Women in Tanzania were expected to save a minimum of Tsh7,000 ($3) per year after the removal of the VAT.

Prices

Quality sanitary towels are sold between Tsh3,000-Tsh3,500 ($1.30-$1.50) while low-quality ones cost between Tsh1,500-Tsh2,000 ($0.60-$0.90), but these prices are still beyond the reach of many poor women and girls.

Prices of reusable products range from Tsh10,000 ($4.33).

Kenya has been supplying state schools with pads, in accordance with the Basic Education (Amendment) Act, 2016, which has been credited with keeping a big number of girls in school.

A 2016 Unesco report estimates that one in 10 girls in sub-Saharan Africa is absent from school during their menstrual cycle.

Dr. Kijaji said Tanzania is looking into the possibility of buying pads for schoolgirls.

An official of Malkia Investment, a manufacturer of hygiene products and cosmetics said the high prices were due to the high cost of importing raw materials, plus the high income and excise duties.

"Reducing excise duty would have a significant impact on pricing, since we have to import our raw materials at a cost," she said.

Most of the sanitary pads in Tanzania are imported. One of the brands, Human Cherish Pads, is from China and costs Tsh2,800 ($1.212) a packet.

Tanzania: The Untold Story of Anaesthesia Care Challenges in Tanzania
28th April, 2019
By The Citizen (Dar es Salaam)

Medical experts at the newly launched Simulation Lab for Anaesthesia and Critical Care at the Muhimbili University of Health and Allied Sciences gather for a briefing session after training.

Dar es Salaam — For decades, Mpoki Ulisubisya, one of the first Tanzanian doctors to be trained as an anaesthesiologist, has witnessed the highs and lows of anaesthesia care in the country.

Recently in Dar es Salaam, as he stood up to address a conference room full of health experts and senior government officials on anesthesia, it was all silence. Participants waited with bated breath for his remarks. You could hear a pin drop.

With a sense of humour, coupled with oratory experience, he was emphatic as he raised the curtain with his speech: "A story needs to be told..."

As he detailed the realities behind worrying statistics on maternal and newborn deaths in Tanzania, he further explained how this is connected with anaesthesia care, while comparing the situation in Africa and the rest of the world.

Dr. Ulisubisya was speaking on the day Tanzania witnessed the inauguration of the country's first Anesthesia and Critical Care Simulation Laboratory at Muhimbili University of Health and Allied Sciences (Muhas).

As the president of the Society of Anaesthesiologists of Tanzania (Sata) and diplomat, he had joined the Muhas community and high ranking government officials to unveil the new skills lab, supported by a US-based technology company, Gradian Health Systems to
improve anaesthesia care in the country's neediest regions.

As an expert with hands-on skills in anaesthesia care and a leader, he was better positioned to elucidate what the newly inaugurated skills lab means to Tanzania's health system.

**In the operating room**

Mid his speech, he recalled his gloomy moments in an operating room at a rural hospital in his country, where medics hadn't seen a vital pain-relieving medication known as pethidine, for years.

In that hospital where he had gone to provide services, treatment options—even in critical procedures as major surgery—were entirely dictated by stock out/availability of basic medical supplies—not by standards.

A well-travelled doctor, Ulisubisya now recalled that eventful day when—as an expert in anaesthesiology—he was flown to a health facility, located in Southern Tanzania—a trip that would turn out to offer him lessons on the anaesthesia care situation in Tanzania.

"I once had the privilege of flying on an Amref plane to Nachingwea," he began. "[I was] in the company of my friend [a gynaecologist/obstetrician]... [when we arrived there], we reviewed patients and we decided that those qualify for surgery," recalls Dr. Ulisubisya.

"Having worked at the national hospital, I had expected that at least the basic minimum was available, so [during the operation], I shouted that I needed a strong analgesic (pain-relieving drug) pethidine because during [such a procedure] tissues were to be cut and there would so much pain."

"...so, I told the surgeon that let's wait for the drug [pethidine] to be provided. Thirty minutes went by; there was no pethidine, 45 minutes! And, I realised we had limited time because in next few hours, we were to fly back." It would never come!

**Any alternative?**

"I told the surgeon [mentions his name] that, please go ahead and [operate]... using Ketamine, and then, once the surgery is over, we should be able to give the patient the analgesic [that was required].

"... four hours down the line, then somebody came over and told me that you know what, to say the truth, it's about six years since we last glanced at the drug that you asked for. So, what do you do?" I asked, says Dr. Ulisubusya. The response to him was, "... we simply give the patients diazepam."

Left amazed, Dr. Ulisubisya says: "I didn't learn in my training in anaesthesia that diazepam could [suit that kind of service in theatre] so, that's how [challenging it has become]... when it comes to learning appropriate skills..."

To him, the best way to ensure quality healthcare is to consider three pillars-- the right infrastructure, health commodities and human resource for health.

"... what I am trying to say here is that no system is strong without the plans that are implemented to make it deliver for the whole system. That's why we say that the human resource must be trained appropriately and adequately."

He reflected on the gap which would be addressed by the new Simulation Lab training at Muhas, in which a certified team of instructors from the university are training physicians across the country as part
of a $3 million project to boost anaesthesia care.

Currently in Tanzania, there is one anaesthesiologist per million people—meaning that most surgeries are performed by non-physicians with a year or less of training.

This happens at a time when rural parts of the country, where health facilities are ill-equipped, healthcare providers end up managing patients with less effective, riskier methods of care.

Dr. Ulisubisya says the situation is largely to blame for high levels of maternal and newborn deaths, based on research evidence and the on-site assessment he has done when he was a key leader at the Health Ministry. Due to high population and geographical challenges, coupled with lack of essential health services, the Lake Zone has been reported to have high levels of maternal mortality, compared to any other part of Tanzania.

"I also had a privilege of doing a survey in the Lake Zone. We were looking forward to establishing critical care facilities, so my duty was to do it in Kagera Region, so I went to Bukoba..." says Dr. Ulisubisya.

"[Upon arrival] I enquired from the then district medical officer if there was a critical care hospital [for assessment]... He [the district medical officer] said no problem, "You better go to Ndolage, and they have one."

"So, he drove me all the way to Kamachumu [in Bukoba]. While in that place, I enquired to go to the ICU [intensive care unit] and I was taken to the room that was referred to as an ICU. What did I see there?... Five patients... an oxygen concentrator... with three outlets, distributed among three patients and you see, after one patient has had sufficient amount of oxygen, then an outlet is moved to another patient..."

However, he believes that the shortages and the resulting mortality outcomes are not restricted to Tanzania alone, referring to recent studies that have assessed the situation in Africa and the globe.

He referred to a study titled 'African Surgical Outcomes', which he says despite having a patient-low-risk profile and low complication rates, patients in Africa were twice as likely to die following surgery when compared to the global average.

The study provides the most comprehensive data on surgical outcomes in Africa, comprising 25 countries, 247 hospitals, and data from over 11,000 patients.

Importantly, it says, 95 per cent of the deaths in occurred in the period after the surgical procedure, suggesting that many lives could be saved by effective surveillance amongst the patients who developed complications.

The death rate among women undergoing Caesarian-section to deliver a baby is about 50 times higher in Africa than in most wealthy nations, researchers say.

One in 200 women perished during or soon after a caesarean in a sampling of nearly 3,700 births across 22 African countries, says a study in The Lancet Global Health.

By comparison, maternal mortality is approximately one woman per 10,000 operations in Britain. Death rates related to C-sections are roughly the same across most developed countries.
Deaths related to C-section mostly stemmed from a ruptured uterus, in mothers who had pre-existing complications in their placenta, bleeding before birth or during surgery, and problems related to anaesthesia.

In his speech, Dr. Ulisubisya reflected on the deaths likely to occur at the hands of those who are not adequately trained as physicians in the provision of anaesthetic services.

"... the number combines physicians that have not been trained and non-physicians that offer the services of anaesthesia... which is not very different from previous systematic reviews that were done... but indicated that anaesthesia contributed to 2.8 per cent of all maternal deaths."

What do numbers say in Tanzania?

"When you look at the numbers in our country," says Dr. Ulisubisya, "552 women out of 100,000, die out of these [C-section deliveries]... "

'[However], because of various interventions, the number of women who are dying in the country, could be much lower, thanks to the dedicated men and women in the field... who have decided to carry the burden of this job... to ensure that quality services are delivered... "

"... when you use the 552, it means that 11,000 women die every year. When I was working in the Ministry of Health, I did some follow-up, we asked ourselves, how many women are dying literally from every health facility--every week, every month?.."

"I am going to tell you that the National Bureau of Statistics is going to be the final on the actual numbers but we were not losing any more than 100 women every month in the country. That divide by four is about 24 in a week, it's not a day, not even an hour...

"I am sure, with the interventions that the government has put in place, the upgrading of health centres that has just taken place, the numbers should be much lower, so in a sense, we [can] celebrate the great role that the Society of Obstetricians and Gynaecologists have been doing in the country, what the Society of Anaesthesia is doing...

Tanzania: Roaring Success As Malaria Deaths Drop By 70 Per Cent

28th April, 2019

By Tanzania Daily News (Dar es Salaam)

Deaths caused by malaria are down by 68.3 per cent, thanks to the government's dedicated efforts in tackling the disease.

Speaking on World Malaria Day recently, Minister for Health Community Development, Gender, Elderly and Children Ummy Mwalimu that malaria-related deaths
had dropped from 5,368 in 2014 to 1,701 last year.

She said the development was due to the improvement in the health sector, especially on malaria diagnosis whereby the number of patients being screened using malaria rapid diagnostic test (MRDT) and microscope had increased from 16,290 in 2014 to 22 million in 2018.

The minister noted that malaria incidence had continued dropping from 7.4 per cent in 2014 to 6.2 per cent last year.

"Statistics collected from health facilities indicate that the number of patients and deaths resulting from malaria has significantly dropped in the last decade," Ms. Mwalimu noted.

She said the government had been implementing various strategies to combat malaria, including those recommended by the World Health Organisation (WHO).

Ms. Mwalimu said the strategies included mosquito control by using treated mosquito nets, indoor residual spraying and larval source management.

She said diagnosis and treatment of the killer disease had been done by increasing the number of patients, who went for MRDT and microscope and the use of antimalarial drugs and provided expectant mothers with treated mosquito nets and Sulphadoxine Pyrimethamine in special duration to prevent them from contracting malaria.

"Most of the citizens are currently benefiting from these strategies and other important services for combating malaria," she added.

She noted that the implementation of the strategies had been possible due to joint efforts between the government and the Ministry of Health, Community Development, Gender, Elderly and Children, the President's Office (Regional Administration and Local Government Authorities) and development partners.

Ms. Mwalimu added that her ministry had continued ensuring that every citizen was protected against the deadly disease by using treated mosquito nets provided free of charge.

Uganda: New Malaria Drug Introduced in Uganda
28th April, 2019
By The Monitor (Kampala)

Kampala — Scientists have developed a new anti-malaria drug to boost the fight against malaria.

Pyramax which was developed by Shin Poong Pharm, a Korean company, stays in the body for a long time thus protecting the patient for an extended period.

Mr. Bob Peter Okello, the country manager of Shin Poong Uganda, said that a number of
clinical trials were carried out and proved that the drug is efficient in the treatment of uncomplicated malaria.

"The clinical trials have captured so far over 9,000 people. The drug is very tolerable to most patients who took it. If you look at the studies and compare it with other drugs on market in terms of clearing the parasite in the body that is causing malaria, it's actually faster," Mr. Okello said.

The drug comes in granules for oral suspension for children weighing five to 19 kilogrammes and tablets for adults. It is child friendly, taken once a day and can be taken with or without meals.

The drug can work as a first line and second line to do re-treatment.

Speaking at the launch of the drug on Friday, in Kampala, Dr. Jimmy Opigo the programme manager at the National Malarial Control programme at the Ministry of Health, said the launch does not mean they are abandoning other options but rather adding on the available ones.

"We have learnt that 17 years have been invested in developing this product. It is in the interest of the anti-malaria community to constantly develop alternatives. Mosquito parasites have constantly changed and therefore, we need to develop new tools to match their ability to change," Dr. Opigo said.

Dr. Opigo said his department together with National Medical Stores have examined the effectiveness and safety of the drug.

Malaria prevalence in Uganda has reduced markedly from 42 percent in 2009 to the current level of 19 percent. A 2013/2014 report by the Parliamentary Committee on Health showed that 50 percent of deaths caused by malaria in Uganda are among children below five years.

Tanzania: Govt to Disburse Sh6 Billion to Mwanza Health Centres
29th April, 2019

By The Citizen (Dar es Salaam)

Dodoma — In a fresh bid to cut maternal mortality rate, government has disbursed some Sh6 billion for construction of 14 health centres in Mwanza Region.

The amount was dished out during the 2017/18 and 2018/19 fiscal years.

This was revealed Monday, April 29 by deputy minister for State in the President’s Office (Regional Administration and Local Government) Josephat Kandege.

He was responding to a question by a Special Seats lawmaker Maria Kangoye (CCM), who sought to know the government’s plan to reduce maternal deaths which was mainly due to lack of emergency surgery services in some Mwanza-based Heath centres.

Minister also said during the current financial year, the government has disbursed Sh3 billion for construction of Ilemela and Buchosa District Hospitals in Mwanza Region.

"The hospitals will provide emergence surgery services to pregnant mothers in the process improve health services in the region," said Mr. Kandege.

Mr. Kandege added that government will continue with its efforts to construct health centres and raise the number of experts, to cut maternal deaths.

Official data show that in Tanzania, one woman dies every hour from complications.
of pregnancy or childbirths because of living far from adequate services, according to Maternal and Health Reproductive Program report.

Mwanza Region has six hospitals, 35 health centres and 231 dispensaries, according to Mr. Kandege.

Kenya: Crisis As Kemsa Cuts Off Nairobi Drugs Supply
29th April, 2019
By Nairobi News (Nairobi)

Narok, Murang’a and Nairobi counties have been barred from drugs from the Kenya Medical Supplies Authority (Kemsa) for non payment as four other counties stop seeking drugs from the agency.

Data from Kemsa reveals that Nairobi, which has a debt of Sh84 million, Murang’a (Sh21 million) and Narok (Sh104.5 million) have been denied fresh supplies over the past three months because of the unpaid bills.

The drugs agency says Kwale, Kericho, Kilifi and Makueni counties have not ordered fresh drugs from Kemsa in the three months.

The four counties have a combined debt of Sh113 million.

PAIN TO RESIDENTS

This signals pain to the residents of seven counties who had relied on low cost State hospitals for medicine.

Kemsa chief executive Jonah Manjari says the counties in debt had breached repayment agreements that demanded partial clearance of the bills as a condition to reopen supplies.

Nairobi had committed to pay Sh30 million monthly while Murang’a promised to pay Sh5 million monthly until their debt was cleared.

"Some say they have not been given funds by the Treasury to sort the matter while others like Narok maintain that this is old debt which they have to authenticate yet nothing has been forthcoming," he said.

Counties tapped for State driven universal health coverage plan have been spared from the blockade because the national government is making direct payments to Kemsa for medicine.

UNIVERSAL HEALTH COVERAGE

Nyeri, Kisumu Machakos and Isiolo were in December selected for the pilot phase of the universal health coverage--whose residents receive affordable healthcare by paying little to nothing for certain services.

Nyeri has a clean book, but Kisumu, Machakos and Isiolo owe Kemsa Sh77 million, Sh34 million and Sh2.3 million respectively.

Dr. Manjari said the three counties with debts, but selected for the UHC pilot, receive
supplies from Kemsa within seven days despite the unpaid bills.

"Under the UHC the money is sent to us directly from the Ministry of Health and so the counties are not using their money and are not paying their debt either," he said.

The medical agency has sought help from Senate to recover a total of Sh2.3 billion debts from various counties after efforts to recover the debt through intervention of Council of Governors (CoG), the Treasury and the Controller of Budget (CoB) bore no fruit.

Kenya: Yet another Family Links Under Fire Hospital to Death of Pregnant Kin
29th April, 2019

By Nairobi News (Nairobi)

A second family has emerged to accuse staff at St Theresa Hospital, Kiambu, of negligence after their kin died at the facility during child birth.

The complaint comes less than a week after police arrested two hospital staff over a botched Caesarean section at the hospital that led to the death of Helen Wanjiru.

The family of 22 year-old Sharon Nyambura claims she died on June 2018 after being rushed to the hospital to give birth.

Her mother claims Sharon arrived at hospital in good health for admission to the maternity ward. She tried to reach her daughter the following morning but all in vain as her mobile phone went unanswered.

The family was told that their kin started bleeding and fainted as staff were looking for the doctors to attend to her. Later they were informed that mother and child did not make it.

Her mother added that it took them five months to obtain Sharon’s death certificate after being taken in circles by the hospital.

The two families now want police to intervene. The hospital is yet to issue a statement on the deaths.

Rwanda: New Law to Reduce Cost of Medicine - Health Ministry
30th April, 2019

By The New Times (Kigali)

The Lower House on Monday approved the new draft law governing Rwanda Biomedical Centre, that seeks to give autonomy to Medical Procurement and Production Division.

According to the Ministry of Health, the move will eliminate delays in delivery of drugs to hospitals and health, guarantee steady supply and reduce the cost of medicine.
"Most importantly, the new law will give all Rwandans an assurance that there will be no such cases of stock out anymore," Patrick Ndimubanzi, the State Minister of Public Health and Primary Health Care said, adding the proposed law will address the long period it takes to import drugs from abroad.

Dr. Patrick Ndimubanzi, the state minister for public and primary healthcare, addresses MPs on the new law governing Rwanda Biomedical Centre (Sam Ngendahimana)

The Minister cited scenarios where it takes government long duration to important drugs for curing tuberculosis drugs.

Medical Procurement and Production Division has been working under Rwanda Biomedical Centre.

Members of Parliament follow the presentation of the report

Under the new arrangement, Medical Procurement and Production Division will be run as a private entity, which will in turn ensure flexibility in its procurement process.

However, Ndimubanzi also said that despite being a private organisation, the body is wholly owned by the Government of Rwanda.

Officials at Rwanda Biomedical Centre said that making Medical Procurement and Production Division independent will improve on its accounting systems

MP Ignatienne Nyirarukundo supported the proposed law, saying that close co-ordination of services between the newly approved independent body and Rwanda Biomedical Centre was necessary.

MP Christine Muhongayire presents the report as MP Frank Habineza looks on at the Parliamentary Buildings yesterday (Sam Ngendahimana)

MP Christine Muhongayire emphasized that there will be an optional placement of employees to the two entities.

"Those who may not feel like working with a private company there should be a mechanism of placing them in different jobs through the Ministry of Public Service and labour," she said.

Rwanda Biomedical Centre owes Rwf4.8 billion to the Medical Procurement and Production Division stemming from unpaid dues for drugs supplied.

Under the changes in the draft law, Muhongayire said, RBC will oversee the implementation of health related policies on behalf of the ministry part from the procurement of drugs.

Africa: International Partners Meet in Kampala to Discuss Ebola Preparedness and Response
30th April, 2019
By World Health Organization (Geneva)
The Meeting on Strengthening Partnership for Improving Ebola Virus Disease (EVD) opened in Kampala yesterday with a call to delegates to undertake frank discussions to unearth critical risk factors and challenges in the response and suggest feasible solutions to register concrete results.

"The increasing complexity of the current EVD outbreak in North Kivu and Ituri provinces in DRC presents a major risk of spreading of EVD within DRC and neighbouring countries. This outbreak is therefore not a problem of the DRC alone," said Dr. Jane Ruth Aceng Uganda's Health Minter, while opening the meeting.

Organized under the theme "Outbreak Preparedness and Readiness" the meeting is intended to further engage partners for a better coordinated and comprehensive preparedness and response efforts to accelerate and achieve sustained EVD readiness.

Specifically, delegates from the nine countries attending the meetings will try to establish a common understanding by providing an overview of the strategic readiness, capacities and capabilities for EVD. The delegates are sharing information between countries and key partners and providing updates on the key achievements, major challenges, lessons learned and best practices. At the end of the meeting, delegates will renew stakeholder’s commitment by developing a joint road map for sustained EVD preparedness.

As the EVD outbreak continues to escalate in the Democratic Republic (DRC), public health workers across the region are realizing that if the outbreak is not contained in DRC, it is probably a matter of time before it spreads to neighbouring countries. The data and conditions on the ground seem to back up this realization.

As of 24th April 2019, a total of 1307 cases with 824 deaths had been confirmed in the densely populated Beni and Butebo provinces of DRC. The confirmed cases include 90 health workers of whom 33 have died indicating that there are enormous challenges with Infection Prevention and Control in health facilities.

Many deaths have also occurred in the communities which is a public health concern because that is confirmation of many contacts and sustained spread of the infection in communities. Most worrying is the precarious security situation in the affected areas that has constrained the implementation of the response activities. According to a presentation from DRC, there are about 30 armed groups in the affected areas some of which have attacked Ebola Treatment Units (ETUs) in the recent past.

There are also pockets of resistance and hostility in some communities which has constrained the contribution of community engagement in the response. In some instances, patients have escaped from ETUs and gone back to communities which has perpetuated the outbreak. In addition, the terrain and road network have also challenged community responders from reaching all affected areas.

Therefore, the countries neighbouring DRC have reason to worry. They share long porous borders with DRC compounded by high population movements. It is a unique outbreak with complicated underlying factors which calls for sustained cross-border collaboration and international support.
"Your efforts and specifically your leadership are critical in ensuring that adequate capacities and capabilities are effectively implemented in your areas of jurisdiction and your countries, to timely prevent and contain EVD," noted Dr. Matshidiso Moeti the WHO Regional Director for Africa in a speech read for her at the opening event. She called for the urgent commitment of financial and human resources to facilitate smooth preparedness operations. "I urge the ministries of health here today to increase investment in epidemic preparedness in line with the national contingency plans," she added.

From the country presentation, it is clear that all countries are in heightened response mode implementing many capacity building activities. Many have set up multi-sectoral committees that are leading the preparedness and response. In DRC for instance, this committee is led by the Prime Minister who convenes different government sectors to contribute to the response.

The delegates concurred that the battle against EVD in DRC will be won or lost in the community. They, thus, agreed on more action and investment in community engagement so as to build ownership and leadership by communities. It was also clear that countries have national and in some cases district operational readiness to deal with EVD. While this readiness is not sufficient, it should, however, be maintained and rolled out to the high-risk areas in all countries and to maintain the momentum and interest of all people.

At the end of the two-day meeting, delegates will come out with a roadmap that will further guide the implementation of the EVD readiness interventions in all the 10 countries.

As Dr. Moeti noted: "We should continue to act together to overcome the gaps identified so that countries are prepared for the potential threat of Ebola!"

The meeting is attended by delegates from Angola, Burundi, Central African Republic, Democratic Republic of Congo, South Sudan, Tanzania, Uganda and Zambia.

**Kenya: Pumwani Maternity Hospital's Milk Bank a Big Hit with New Mothers**

30th April, 2019

By Nairobi News (Nairobi)

Kenya's first breast milk bank at Pumwani Maternity Hospital is doing well just weeks of its launch.

According to the facility's administrator Geoffrey Mosiria, the hospital is now receiving about 10 litres of human milk daily from donor mothers.
Each day close to 20 mothers visit the facility to donate milk.

"We are doing well, we collect those milk from donors, screen them, test HIV and hepatitis disease, we pasteurize them and store before feeding newborns at the nursery," Mosiria said.

**FIRST BENEFICIARIES**

According to Mosiria, the first beneficiaries of the breast milk are mothers within the hospital who cannot produce enough milk for their newborns.

"We are also giving the human milk we collect to children homes that have requested but we have to ascertain before we give them the milk," he said.

In a month’s time, Pumwani will be launching the outpatient services to increase the milk capacity.

**SAFETY STANDARDS**

Pumwani has installed a pasteurizer that can hold 9.4 million litres, two fridges and four freezers with a 240-litre capacity.

The milk is heated at 60.5 degrees Celsius for 30 minutes then suddenly cooled. It is packaged and stored, usable for six months.

A technical team will always be on standby to run the machines once in a while to ensure high safety standards.

**Tanzania: Govt Says No to Extension of Maternity Leave**

30th April, 2019

By The Citizen (Dar es Salaam)

Dodoma — The Health, Community Development, Gender, the Elderly and Children deputy minister, Dr. Faustin Ndugulile, says the government has no plan to extend maternity leave limits.

According to him, mothers, who give birth to one baby will continue enjoying 84 days of maternity leave while those with twins are entitled to 100 days.

Dr. Ndugulile made the statement on Tuesday, April 30, 2019, when responding to a question by MP Grace Tendega (Chadema).

The lawmaker had wanted to know whether government had plans of maternity leave extension for mothers who give birth to premature babies.

Dr. Ndugulile clarified that the lactating mother is supposed to be given two hours per day for breastfeeding.

He said the government will continue to implement the 2007 health policy on provision of free health services to special groups, including pregnant women.

"The ministry is striving to improve various child delivery services. We are now
implementing phase two of a strategy to improve the health of infants including premature babies," said Dr. Ndugulile.

However, the deputy minister admitted that medicines for premature babies are expensive, saying the government is looking forward to address the issue to make it affordable for all citizens.

**Tanzania: PM Implores Dodoma Residents to Donate Blood**

2\(^{nd}\) May 2019

By Tanzania Daily News (Dar es Salaam)

PRIME Minister Kassim Majaliwa has asked Dodoma residents to volunteer in donating blood to serve lives of patients who are in need of the life serving liquid.

The prime minister gave the plea on Tuesday when addressing hundreds of residents at Mwalimu Nyerere Grounds in Dodoma at the climax of tenth anniversary celebrations of the Universal Communications Service Access Fund (UCSAF).

He said the government will continue with its campaign to ensure that all health facilities have enough blood banks to serve the needy patients.

"We request people to turn up in big numbers to donate blood so that we can have enough blood reserve and when patients loose blood during surgeries, they can easily get help from the available reserve," he said.

The premier added: "Today, we have Benjamin Mkapa Hospital (BMH) and several health centres like Makore, which need enough blood, which is why we directed that wherever there are many people attending a particular function, there should be a tent for blood donation."

Mr. Majaliwa further asked all Tanzanians especially men to appear on HIV voluntary Testing to know their health status.

"I am an ambassador of men in HIV testing, because majority of them rely on their wives when they are pregnant... if the wife tests negative, the husband also conclude that he is ok," he said.

**Uganda: Health Workers Lack Skills to Handle Cancer, Diabetes - Survey**

2\(^{nd}\) May, 2019

By The Monitor (Kampala)
Kampala — Many workers in health centre IIs and IVs cannot diagnose or treat non-communicable diseases, a survey has indicated.

Conducted in 10 districts by the Uganda Non-communicable Disease Alliance (UNCDA), a non-governmental organisation, the survey found that other than lacking the necessary skills, the health workers were also not exposed due to lack of basic screening equipment.

Mr. Christopher Kwizera, the chief executive officer of UNCDA, stated that 67 per cent of the health workers lacked the capacity to treat NCDs and more than 50 per cent do not know how to treat NCDs, according to the study conducted between September and December.

"Health centres don't have even basic equipment to screen people with NCDs such as blood pressure machines, weighing scales, stethoscopes and glucometers [that measure sugar levels]," Dr. Kwizera said in Kampala on Tuesday during a breakfast meeting to disseminate the survey findings.

The meeting was attended by Members of Parliament and Health ministry officials. The common types of NCDs are diabetes, cancers, cardiovascular diseases, chronic respiratory diseases and sickle cell anaemia.

"Government must ensure that health centres are well resourced. They are not just lacking skills but also lacking manpower. We want to have enough health workers to give them skills to be able to detect and refer people with NCDs and also continue with sensitisation," he added.

Other experts during the meeting asked government to impose high taxes on sugary drinks, alcohol and tobacco, which are the leading causes of the top three NCDs of cancer, hypertension, and diabetes.

Dr. David Okello, the director of NCDs and healthy ageing at African Centre for Global Health and Social Transformation (ACHEST), said though government cannot treat all NCDs, there are measures to prevent them.

"The best thing we can do is stop aggressive marketing for sugary drinks and foods such as beer, soda and other alcohol," Dr. Okello advised.

Dr. Gerald Mutungi, the commissioner for NCD prevention and control at the Ministry of Health, acknowledged the staffing problem, saying government is putting emphasis on prevention.

"NCDs are now seriously with us but we can avoid them. So these sugary drinks, processed foods are not healthy and we should stop them," Dr. Mutungi said.

NCDs are increasingly becoming common in Uganda due to unhealthy lifestyles.

Kenya: Sanofi Unveils New Digital Diabetes Patient Support Program
2nd May, 2019
Sanofi Kenya has launched a digital patient support program in Nairobi, in partnership with CheckUps Medical Center to offer remote diagnostic services and education programs for patient with chronic diseases.

The program branded SPEED - Sanofi Patient Enlightenment and Empowerment Drive - seeks to promote safe and effective use of medicines, especially for patients with Type 2 Diabetes who are on insulin treatment.

Peter Munyasi, Country Chair for Sanofi Kenya said S.P.E.E.D will enable patients to get adequate information, support care and medicines at affordable rates.

At the Launch of the patient support program Munyasi said, "This program is going to change the life of many patients. It will help to adjust their lifestyle as it will enable them to improve and have enjoyment in the journey of the treatment."

Dr. Moka Lantum, CEO of Sagitarix Ltd the parent company of Check-Ups noted that patients who join voluntarily get a six session 6 month program and are given a digital monitoring device GlucoME.

Dr. Isabella Njoki Medical Science Liaison for Sanofi said GlucoME, a digital device that allows the patient to be monitored, will assist in increasing patient engagement through education, monitor and adhere to the insulin treatment and improve patients experience health outcomes.

"We want the patients to have a healthy discussion about their disease, we don't want them to view diabetes as a death sentence they should be confident and not be ashamed of their disease," Njoki noted.

S.P.E.E.D will support 1000 patients with Type 2 diabetes in Nairobi and its environs so as to reach as many patients as possible.

"SPEED in Nairobi, Kenya will enable Check Ups to expand the program to other under-served towns in Kenya and across East Africa," Noted Njoki.

Patients will visit the Check Ups Medical Centre for the installation and registration of the GlucoME App and also have the initial conversation with the nurse educator.

"The initial visit has to be face to face so as to explain and guide the patient on how to use the application. The app is friendly since you don't have to carry documents, medication and food when going anywhere as it provides all the information required," She added.

Check-Ups will monitor the program to ensure the app is beneficial to the patients and also to enhance and even upscale it.

Tanzania Needs 200 Pain Medics for Surgery

2nd May, 2019

By The Citizen (Dar es Salaam)
The executive director of the Muhimbili National Hospital, Prof Lawrence Museru briefs journalists during the sixth Society of Anaesthesiologists of Tanzania (Sata) Annual General Meeting in Dar es Salaam yesterday. Left is Sata president, Dr. Mpoki Ulisubisya.

In Summary

Tanzania is facing a shortage of 157 anaesthesiologists, experts say, noting that the current number only meets only about 22 per cent of the country's demand. The Society of Anaesthesiologists of Tanzania (Sata) said in Dar es Salaam yesterday that among other factors, the shortage is attributable to a tendency of the majority of students pursuing medical professional education opting to study other medical courses such as pharmacy and medicine.

Dar es Salaam — Tanzania is facing a shortage of 157 anaesthesiologists, experts say, noting that the current number only meets about 22 per cent of the country's demand.

The Society of Anaesthesiologists of Tanzania (Sata) said in Dar es Salaam yesterday that among other factors, the shortage is due to the tendency by most students pursuing medical profession opting for other health sciences.

Sata president Mpoki Ulisubisya said at the sixth Sata Annual General Meeting yesterday that currently, Tanzania only has 43 anaesthesiologists, further noting that the number would increase to at least 50 at the end of this academic year.

An anesthesiologist administers patients with medication so they do not feel pain during surgery.

They are also involved in a range of other medical procedures, including carrying out assessments in critical care units, dealing with emergency situations, and giving advice about pain management.

"For a country like Tanzania, there should be at least 200 anaesthesiologists to ensure sustainable delivery of anaesthesiology services," said Dr. Ulisubisya.

This year's Sata AGM was graced by the executive director of the Muhimbili National Hospital (MNH), Prof Lawrence Museru.

The participants shared knowledge and experience on improving anaesthesia services, particularly to survivors of road accidents. The event also featured an exhibition of various anaesthesia machines.

In a fresh bid to address the shortage of anaesthesiologists in the country, the government on April 7 in partnership with Gradian and Kasmedics companies launched Anaesthesia and Critical Care Simulation Laboratory at the Muhimbili University of Health and Allied Sciences (Muhas) focusing on generating competent anaesthesiologists.
Furthermore, the government is set to establish other two anaesthesia laboratories at KCMC College of Health and Allied Sciences in Moshi and Bugando University College of Health Sciences in Mwanza, said Sata president.

"The aim is to equip the medical students in the colleges with necessary skills and competencies in health laboratory sciences so as to address the shortage of human resources for health," said Dr. Ulisubisya.

For his part, Prof Museru said, "It is true, for many years, the shortage of anesthesiologists has continued to persist in the country."

He further said that there was a great demand for the service regarding the fact that the number of patients who require preoperative care was increasing in the country due to road accidents.

**Uganda: Fake Family Planning Pills Found On Market**

3rd May 2019

By The Monitor (Kampala)

Kampala — Sexually active women using Postinor-2, an emergency contraceptive pill, are at risk of getting pregnant following the fake pill that has hit the market, government has warned.

Dr. Medard Bitekyerezo, the chairperson of National Drug Authority (NDA), revealed yesterday that they have collected about 400 boxes of fake Postinor-2.

"We have a fake Postinor that is actually counterfeit that has entered Uganda illegally and we have caught people with it," Dr. Bitekyerezo said.

Dr. Ruth Jane Aceng, the Minister of Health, said they were not sure how much fake Postinor-2 stock had entered the market.

"I do not know how much has come into the country and I don't know how much is being displayed. What we can only assure you is NDA is doing its best to ensure this fake Postinor-2 is gotten out of the market," she said.

She added: "So it is important that you get Postinor-2, you share the samples with NDA so that we confirm whether it's fake or not."

Dr. Bitekyerezo said the fake Postinor-2 is a little bit pink and the normal one is more pronounced. He said the Cover of the fake one is smooth whereas the genuine one is a little rough and the fake pill has no clear coding of the batch number.

The discovery followed a joint operation by the National Drug Authority, Uganda Police Force, and Health Monitoring Unit on illegal drug dealers, substandard drugs and counterfeit medicines, among others.

Government impounded drugs valued at more than Shs500m from the operation between March and April this year.
"We would like to report that as a result of the two months’ operations, the joint teams impounded 981 boxes of assorted medical items valued at Shs491m of which 165 boxes had medicines intended for public health facilities," Dr. Aceng told journalists yesterday.

She said the operations started in eastern region and will be extended to other parts of the country.

Four operations carried out in Kampala intercepted three heavy-cargo trucks with 716 boxes of assorted medicines suspected to be unauthorised or medicines labelled Government of Uganda which were being taken to the neighbouring countries.

Operations in four districts of Bukedea, Soroti, Bulambuli, and Serere impounded 31 boxes of medicine while 19 suspects were apprehended.

Court sentence

Arrests. On Wednesday, a court in Kampala convicted a Chinese national, Mr. Weiliang Liu, for selling expired drugs and ordered his deportation.

Following the operation, other six culprits were arrested, namely George Makubuya being held at Old Kampala Police Station, Frank Namanya and Onesmus Nimuhwezi being held at Nansana Police Station, among others.

Kenya: Hospital Linked to Botched C-Section Birth Closed

3rd May, 2019

By Nairobi News (Nairobi)

St Teresa hospital in Kikuyu where a patient died last week during a botched Cesarean Section has been closed.

The Kenya Medical Practitioners and Dentists Board on Thursday revoked the facility’s license and that of its director Dr. Moses Mwaura.

Board chairperson Dr. Eva Njenga, in a statement, said glaring gaps were found during an inspection of the facility which need to be addressed before it can be reopened.

"The CEC Health Kiambu County is directed to coordinate and ensure smooth transfer of all the affected patients to government facilities within the next 24 hours.

"The acting Chief Executive Officer, National Hospital Insurance Fund (NHIF) is directed to ensure that any of the affected patients who are covered under the NHIF are facilitated appropriately," wrote Dr. Njenga.

The board said it acted after public outcry following the death Hellen Wanjiru and her baby on April 24 at the facility.

Wanjiru's family said she died because of negligence by hospital staff who left her unattended for hours.

Two hospital staff have arrested in connection with the death but police were still hunting for the doctor who performed the C-section.
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For more info Kindly visit: https://www.eahponline.net/storage/documents/AHBS%20IV%202019%20Brochure%20V1D_155591977.pdf

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