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Kampala — On November 30, 2019, the East African Community (EAC) will be celebrating 20 years of existence. Lest we forget, it was on November 30, 1999 at Sheikh Amri Abeid Memorial Stadium in Arusha, Tanzania that three heads of state of the Republic of Uganda, the Republic of Kenya and the United Republic of Tanzania, put pen to paper to sign the treaty reviving the EAC.

Again, to jog our memory, the EAC had earlier been established from 1967 and it collapsed 10 years later in 1977.

The current EAC 20-year journey has been remarkable, the inevitable challenges notwithstanding. The framers of the Treaty establishing the EAC envisaged a community that would be anchored on four pillars. This is aptly captured in Article 5 where, the Partner States undertook “to establish among themselves, a Customs Union, a Common Market, subsequently a Monetary Union and ultimately a Political Federation”.

The Partner States have signed and ratified three protocols in line with these pillars. Implementation of these protocols is at various stages with a commendable degree of success. The pillars are very crucial forerunners to the ultimate goal of Political Federation.

Thus, in 2017, the EAC heads of state agreed on Political Confederation as a transitional model to full East African Political Federation. All the Partner States have, accordingly, nominated experts and set up a team that is currently working on the confederation constitution. Uganda’s former Chief Justice Benjamin Odoki and Makerere University’s Prof Murindwa Rutanga are part of this team.

When asked to highlight the salient achievements of the 20-year EAC integration, one is spoilt for choice. Nonetheless some do stand out. The most outstanding being that the community is now six partner states with Rwanda and Burundi acceding to the EAC Treaty in 2007 and the Republic of South Sudan becoming a member in August 2016.

The EAC now covers a land area of more than 2.3 million square kilometres, with a population more than 170 million people and a combined GDP of more than $170 billion. And this is not mere expansion in figures.

The progress registered has endeared the EAC to its neighbours with basically all of them applying to join, including Somalia, Ethiopia and the Democratic Republic of Congo.

While the EAC has up to 19 areas of cooperation as envisioned in the the Treaty, it is in the area of intra-EAC trade that big strides have been made.

In a December 2018 press statement, the United Nations Conference on Trade and
Development (UNCTAD) noted that, "intra-EAC trade, while low compared to regions outside Africa, is the highest among regional economic communities in Africa at 19.35 per cent of exports".

The same observation was also aptly made by Finance minister Matia Kasaija in this year's National Budget speech. The minister pointed out that during the 2018/2019 financial year, "the East African Community (EAC) continued to be the largest destination for Uganda's exports.

Total goods exported to the EAC amounted to $1,469 million compared to imports of $911 million, thus registering a trade surplus of $557 million".

He added that "Trade with our East Africa Community partners has significantly improved, generating a surplus of $557 million last year."

He also said, "The EAC region is the fastest growing economic bloc in Africa, with growth projected at 6.2 per cent in 2019, increasing from 5.9 per cent in 2018".

The EAC is also recognised globally as an epitome of a successful regional economic bloc (REC).

In February, the ambassador of Brazil to Tanzania, Antonio Cesar, presented his credentials to the Secretary General of the EAC, Liberat Mfumukeko, to also serve as ambassador to the EAC.

Ambassador Cesar assured the secretary general that the EAC should "Count on Brazil support because the goals of the Community are excellent for the prosperity of the people in the region".

He also hailed the EAC as one of the fastest growing RECs in the world and said Brazil and the Southern American Common Market (MERCOSUR) of which Brazil is a member, had a lot to learn from the EAC.

All said and done, the EAC integration process has not been smooth sailing all the way. There have been notable disagreements and challenges along the way. Chief among these is the existence of Non-Tariff Barriers (NTBs).

Non-tariff Barriers are laws, regulations, administrative and technical requirements other than tariffs imposed by a partner state, which impede trade. This ultimately hinders the full realisation of a seamless business environment as envisaged in the Customs Union Protocol and the Common Market Protocol. Political conflicts have also slowed down the integration process. (NMG)

Africa: Tz Majors in Africa in Eliminating Malaria By 2030 End - Nmcp
7th July, 2019
By Tanzania Daily News (Dar es Salaam)
TANZANIA has been cited as one of the African countries to have set up a strategy to eliminate Malaria by the end of 2030 to 1 percent by establishing a 'Zero Malaria starts with me' campaign.

Speaking during a media capacity building workshop in Morogoro Region, recently the National Malaria Control Program (NMCP), Mobilizer, Ms. Theresia Shirima made the observation.

Adding that though with successful plan, malaria is still a killer disease especially in African and continues to affect the society.

She said the campaign coordinated by African Union (AU) and RBM is aimed at bringing together different stakeholders including government and religious leaders, and media experts and the society in general to fight the disease.

Statistics indicate that new malaria cases have decreased from 295 in 2017 to 112 last year out of every 1,000 people tested every time.

According to NMCP research under the Ministry of Health, Community Development, Elders and Children in 2008-2017, deaths caused by malaria have decreased by 73 percent out of 1,000 people tested to 33 in 2008 and further to 9 in 2017.

"In places where new malaria infection is prone, it has decreased by 60 percent from 18.1 percent (THMIS -2008) to 7.3 percent (MIS-2017).

Whereas in low malaria prevalence (10 percent) it has increased from 39 cases in 2007-8 to 68 percent in 2017," she stated. However, areas with high prevalence infections have realized decrease from 61 percent in 2008 to 32 percent in 2017.

"The success is brought by the government in collaboration with malaria stakeholders together with the community to ensure that plans and strategies set are implemented," said Ms. Shirima.

On her side, NMCP Head of Social and Behavior Change Communication (SBCC), Ms. Leah Ndekuka said that new Malaria infections depend on weather and environmental changes, which support the life of mosquito to breed.

Kenya: 10 Students Admitted After Hepatitis a Outbreak At Embu School
11th July, 2019
By The Nation (Nairobi)

In Summary

- The boys were rushed to Tenri private hospital after complaining of stomach pain and general body weakness.
- The boys were diagnosed with hepatitis A, which results from consuming contaminated food or water, Tenri Medical Superintendent, Dr. George Kimani, confirmed.
- County Health Chief officer, Grace Muriithi, said she held a meeting with Health executive Dr. Joan Mwende and established that the situation was under control.
- County Director of Education James Kariuki said education officers were sent to the school for an assessment.

Ten students were hospitalised on Thursday following a hepatitis A at Moi High School Mbiruri in Embu County.

The boys were rushed to Tenri private hospital after complaining of stomach pains and general body weakness.
When the Nation visited the hospital, nurses were busy attending to students who had been put on drips.

**DIAGNOSIS**

The boys were diagnosed with hepatitis A, which results from consuming contaminated food or water, Tenri Medical Superintendent, Dr George Kimani, confirmed.

As news of the outbreak spread, shocked parents flocked Tenri for reports on their children.

"I was at home in Manyatta when I was informed that my grandson had been admitted. I immediately travelled to the hospital to see him. I'm a happy he is talking," said Mr. James Kinuthia.

Dr. Kimani said the students were stable and responding well to treatment.

"The disease is being managed. It will clear without complications. The boys are out of danger ... there is no cause for alarm," he said.

**RESPONSE**

County Health Chief Officer, Grace Muriithi, said she held a meeting with Health executive Dr. Joan Mwende and established that the situation was under control.

"We are taking the matter seriously. Public health officials were dispatched to the institution," she said.

County Director of Education James Kariuki said education officers were sent to the school for an assessment.

County Assembly Health committee chair Muturi Mwombo told the school administration to ensure cleanliness to prevent such cases.

"Children are supposed to live in hygienic environments so they [do not contract] contagious diseases," he said.

Uganda: Contraceptive Shortage Hits the Country

11th July, 2019

By The Monitor (Kampala)

In Summary

- Up to 80 per cent of reproductive, maternal, newborn, child and adolescent health (RMNCAH) commodities, including contraceptives in the country, are funded through donor programmes.

Kampala — Women and adolescent girls risk getting unwanted pregnancies as the country grapples with scarcity of contraceptives.

Dr. Placid Mihayo, the family planning focal person at the Ministry of Health, acknowledged the shortage.

"Yes. We have a shortage and we are redistributing [contraceptives]. I want to stop
at that,” Dr. Mihayo said in a telephone interview on Tuesday.

Redistribution means that the contraceptives are taken from those health facilities that may have surplus to those which do not have.

According to a source privy to the situation, a meeting of the technical working group on family planning composed of ministry officials and civil society sat last week to update the status of family planning in the country and lack of funds was given as cause for the shortage.

The contraceptives, including sayana press (self-injectable), Jadelle implants, implanon implant, and emergency pills, have been scarce since May.

"The ministry officials were asking partners who fund family planning commodities in the country to help them with funds so as to secure the situation," the source told Daily Monitor on condition of anonymity.

Mr. Denis Kibira, the executive director of HEPS- Uganda, a health rights organisation with a special focus on working to increase access to essential medicines, blames the recurrent problem on over dependency on funders.

Contraceptives

Scarcity. Up to 80 per cent of reproductive, maternal, newborn, child and adolescent health (RMNCAH) commodities, including contraceptives in the country, are funded through donor programmes.

The National Population Council (NPC) also last week revealed that the country will not be able to meet the family planning 2020 targets within the next five months remaining to the deadline.

Kenya: Migration Driving Shortage of Medics in Kenya - Aga Khan CEO

11th July, 2019

By The Nation (Nairobi)

In Summary

- A 2015 report captured the shortage of medics in Kenya, whose doctor to patient ratio is 1:16,000.
- Aga Khan University chief executive Shawn Bolouki explained on Monday that the shortage was partly driven by migration of medical workers to countries in the West.
- Regarding technology, Mr. Bolouki complained that vendors sell products that are difficult to operate and support services are offered after long periods of time, meaning medical staff are kept waiting.
- Erik Gerritsen, Dutch Vice-minister of Health, Welfare and Sports, said patients must be empowered with “the right tools, information and knowledge” in order to take better care of their health.
Kenya is facing a shortage of at least 370,000 nurses and 149,000 doctors, Aga Khan University chief executive Shawn Bolouki has said, noting the effect of brain drain.

Health workers usually most commonly migrate in search of better work and study opportunities.

"A good number of our doctors and nurses are taking up jobs in medical facilities in Western nations. We need to train more medics and find ways to retain them," Mr. Bolouki told a delegation of Dutch healthcare business executives who visited AKU's main campus in Parklands, Nairobi.

As part of efforts to curb the shortage and ensure the country has competent medical personnel, he said the institution was in the advanced stages of a plan to expand its college in order to train more people.

**REPORTS**

A 2015 report captured the shortage of medics in Kenya, whose doctor to patient ratio is 1:16,000.

The report titled 'Kenya Health Workforce Report: The Status of Health Care Professionals in Kenya' was by the Ministry of Health, in collaboration with the Nursing Council of Kenya, the Kenya Medical Practitioners and Dentists Board, the Centre for Disease Control and Emory University.

Some reports on health facilities paint the picture - during a Public Accounts committee meeting at the National Assembly on Monday, County Health Chief Officer Washington Makodingo admitted that Mama Lucy Kibaki Hospital had hired only 468 medical staff against the required 752.

Mr. Makodingo further noted that Dandora Health Centre had just 47 health workers instead of the recommended 107.

**EQUIPMENT**

Mr. Bolouki also addressed the issues of medical supplies, technology use for diagnosis and equipment.

He said AKU will only buy products that have passed rigorous certification tests, stipulated by internationally recognised regulatory bodies such as the Food and Drug Administration (FDA) in the United States.

Regarding technology, Mr. Bolouki complained that vendors sell products that are difficult to operate and support services are offered after long periods of time, meaning medical staff are kept waiting.

"We need to purchase affordable, sustainable technology that can be supported by appropriate and timely after-sale services. Sometimes we install new technology and then have to wait up to two months before we can get proper technical support," he said.

**DIAGNOSIS**

On the use of artificial intelligence for diagnosis, the CEO noted caution in universal adaptation without proper vetting for suitability in practical applications within hospital settings.

He asked, "A 2015 study by the University of Davis in California showed that a group of pigeons could read a breast exam or mammogram with an accuracy level of 95 per cent. Another research is now using dogs to sniff out cancer in patients. Who would want their results read by a pigeon or a dog?"

The AKU boss further pointed out that Chinese companies had acquired an advantage over their European competitors by providing easily serviceable products.

"When supplying to local clients, please ensure you match the available technology to
availability of resources and the technical capability in the region. This is an area where Chinese companies have recently gotten an advantage," he said.

He also appealed to pharmaceutical companies to provide drugs at "affordable and sustainable costs".

**MOBILE SERVICES**

The delegation of representatives from 22 Dutch healthcare firms was headed by Erik Gerritsen, Dutch Vice-minister of Health, Welfare and Sports.

Mr. Gerritsen said patients must be empowered with "the right tools, information and knowledge" in order to take better care of their health.

"I do not think lack of vision is the problem when it comes to empowering patients to take better care of [themselves]. We already have the technology in place but the main challenge is implementation, which can be achieved by getting medical staff and patients to adopt technological solutions," said Mr. Gerritsen.

The Dutch minister gave an example of the M-Tiba, the Safaricom-powered medical services app, which he said was a major step for the country in provision of mobile health solutions.

"Kenya may not have as many health facilities as The Netherlands but it has a robust mobile applications service sector, which The Netherlands does not have. Use it to provide better services in the Universal Health Coverage programme," he said.

He also said Kenya does not have to use the expensive technology West countries do as it can tap into all of its available resources and develop "low-technology but high-impact" products.

"M-Tiba is an example of a low-technology, high-impact healthcare product that uses the short message service (SMS) technology but is based on block chain technology principles," he explained.

**M-TIBA**

M-Tiba allows the user to save funds and pay for healthcare at facilities that carry the app's logo.

It is also possible to transfer funds from one's M-Pesa account to M-Tiba.

Among services available on the app are patient information and self-care services provided by the Afya Pap app, developed by UK-based tech firm Baobab Circle.

According to Afya Pap chief executive Dr. Precious Lunga, the app "caters for diabetes and high blood pressure patients by offering lifestyle and self-care tips to help them manage their condition".

"Our service enable patients to take a more active interest in their health and quality of care from physicians. It enables them to engage with us on a regular basis and get information on better lifestyle and healthcare choices. This includes daily blood sugar tests, alerts and personalised medical advice," said Dr. Lunga.

**Ugandans Shun Government Hospitals**

12th July, 2019

By The Monitor (Kampala)

**In Summary**

- Wealthier citizens (39 per cent) and those with secondary or higher education (37 per cent) are more likely to turn first to a private health
facility compared to three out of 10 (29 per cent) of the population as a whole.

Only 50 per cent of Ugandans seek treatment from government facilities as the first option, new research has revealed. The current population of Uganda is 45,727,832 as 2019, based on the latest United Nations estimates.

While presenting a Sauti za Wananchi research brief titled, Ugandans Experience and Opinions on Health Services, Ms Marie Nanyanzi, the programme officer at Twaweza, a non-governmental organisation, revealed that the number of those who go to government facilities has remained stable since 2017 but the number who first seek assistance from private facility has risen slightly.

"The number of those who first seek assistance from a private facility has risen from 24 per cent in 2017 to 29 per cent in 2018," Ms. Nanyanzi said yesterday.

The findings were released by Twaweza are based on data collected from 1,913 respondents across Uganda in October 2018.

The research brief further explains that citizens in rural areas (53 per cent), poorer citizens (50-60 percent), and those with lower levels of education (57 per cent) are more likely to use government facilities compared to half of the population.

Wealthier citizens (39 per cent) and those with secondary or higher education (37 per cent) are more likely to turn first to a private health facility compared to three out of 10 (29 per cent) of the population as a whole.

However, the research brief does not clearly indicate reasons as to why patients have shunned government health facilities, but states the most common problems are with the facilities.

Some of these include lack of medicines or other supplies (78 per cent), absent doctors (44 per cent), long waiting time/queue (81 per cent), and dirty facilities (29 per cent) among others.

Mr. Aggrey Ssanya, the general secretary of Medical and Health Workers Union, has urged government to change some of the health policies and increase funding to address some of the issues.

The research findings indicate that one out of three patients attending government facilities, are given prescription but not medicine, one out of five children under five do not receive their entitlement to free treatment, a similar proportion of patients aged over five (60 per cent) are charged for treatment.

Mr. Ssanya advised government to change to pull policy rather than the push policy to address the issue of lack of medicine.

"The biggest problem is our policy, initially health units used to get allocation from Ministry of Finance or Health, to buy their drugs, this is what is called the pull system, but the policy changed that all medicine must come from National Medical Stores (NMS)," Mr. Ssanya said.

"But NMS is not big enough to handle all the units in the country because there are many, now what they have resorted to is push system, this has caused problems.

In the process some medicine is not used and will expire, but pull policy you get priority," he added.

He also urged government to increase the health sector funding to 15 per cent as per the Maputo protocol, for the units to purchase
the drugs that they want to avoid rationing of drugs.

Mr. Emmanuel Ainebyoona, the senior public relations officer at the Ministry of Health, welcomed the findings but said they needed time to internalise them with the actual data at the ministry.

**Kenya: Shock as 11 Newborns Die at KNH of Suspected Infection**

12th July, 2019

By Nairobi News (Nairobi)

Eleven babies died at the Kenyatta National Hospital’s newborn unit last week, and a drug-resistant bacterium known as Klebsiella is suspected to be the cause, the Nation has learnt.

The situation was aggravated by lack of the most basic products for taking care of babies.

Sources at the hospital, who did not want to be named for fear of reprisals, said the neonates -- a medical term for babies under one month -- died last week due to Klebsiella and other factors, compounded by the poor state of the ward.

Nurses, the Nation observed, have had to improvise feeding tubes and syringes, which cause bruises and bleeding in the babies' noses and mouths.

The babies are still fully breastfed, so the mothers express milk every three hours, which is fed to the babies through the nasogastric tube that can either go through the nose or mouth.

The milk is drawn into a syringe and then injected into the tube in drops, as the nurses wait on gravity to take it down the babies' throats.

**OUT OF STOCK**

But with the tubes perennially out of stock, the nurses are forced to use syringes and other tubes used to aspirate -- suck fluids -- for feeding the babies. These are inappropriate and hurts them.

A clandestine spot check at the facility on Tuesday and Wednesday showed that up to three children share a cot, putting them at risk of infecting each other with bugs like Klebsiella.

By Thursday evening, KNH had not responded to our 16 calls and one email sent over two days.

Klebsiella is a species of bacteria that occurs naturally in the environment, but studies have shown that its subspecies, such as Klebsiella pneumoniae, are capable of causing a large number of infections, such as septicaemia (a form of blood poisoning), urinary tract infections and pneumonia.
WHO updates global guidance on medicines and diagnostic tests to address health challenges, prioritize highly effective therapeutics, and improve affordable access

New essential medicines and diagnostics lists published today
9th July, 2019
News release by WHO

“WHO’s Essential Medicines List and List of Essential Diagnostics are core guidance documents that help countries prioritize critical health products that should be widely available and affordable throughout health systems.

Published today, the two lists focus on cancer and other global health challenges, with an emphasis on effective solutions, smart prioritization, and optimal access for patients.

“Around the world, more than 150 countries use WHO’s Essential Medicines List to guide decisions about which medicines represent the best value for money, based on evidence and health impact,” said WHO Director-General Dr. Tedros Adhanom Ghebreyesus.

“The inclusion in this list of some of the newest and most advanced cancer drugs is a strong statement that everyone deserves access to these life-saving medicines, not just those who can afford them.”

The Essential Medicines List (2019)

Cancer treatments: While several new cancer treatments have been marketed in recent years, only a few deliver sufficient therapeutic benefits to be considered essential.

The 12 medicines WHO added to the new Medicines List for five cancer therapies are regarded as the best in terms of survival rates to treat melanoma, lung, prostate, multiple myeloma and leukemias cancers.

For example, two recently developed immunotherapies (nivolumab and pembrolizumab) have delivered up to 50% survival rates for advanced melanoma, a cancer that until recently was incurable.

Antibiotics: The Essential Medicines Committee strengthened advice on antibiotic use by updating the AWARE categories, which indicate which antibiotics to use for the most common and serious infections to achieve better treatment outcomes and reduce the risk of antimicrobial resistance. The committee recommended that three new antibiotics for the treatment of multi-drug resistant infections be added as essential.

Other updates to the medicines list include:

- New oral anticoagulants to prevent stroke as an alternative to warfarin for atrial fibrillation and treatment of deep vein thrombosis. These are particularly advantageous for low-income countries as, unlike warfarin, they do not require regular monitoring;
• Biologics and their respective biosimilars for chronic inflammatory conditions such as rheumatoid arthritis and inflammatory bowel diseases;
• Heat-stable carbetocin for the prevention of postpartum haemorrhage. This new formulation has similar effects to oxytocin, the current standard therapy, but offers advantages for tropical countries as it does not require refrigeration;

Not all submissions to the EML Committee are included in the list. For example, medicines for multiple sclerosis submitted for inclusion were not listed. The Committee noted that some relevant therapeutic options currently marketed in many countries were not included in the submissions; it will welcome a revised application with all relevant available options.

The EML Committee also did not recommend including methylphenidate, a medicine for attention deficit hyperactivity disorder (ADHD), as the committee found uncertainties in the estimates of benefit.

The List of Essential (in vitro) Diagnostics

The first List of Essential Diagnostics was published in 2018, concentrating on a limited number of priority diseases – HIV, malaria, tuberculosis, and hepatitis. This year’s list has expanded to include more noncommunicable and communicable diseases.

Cancers: Given how critical it is to secure an early cancer diagnosis (70% of cancer deaths occur in low- and middle-income countries largely because most patients are diagnosed too late), WHO added 12 tests to the Diagnostics List to detect a wide range of solid tumours such as colorectal, liver, cervical, prostate, breast and germ cell cancers, as well as leukemia and lymphomas. To support appropriate cancer diagnosis, a new section covering anatomical pathology testing was added; this service must be made available in specialized laboratories.

Infectious diseases: The list focuses on additional infectious diseases prevalent in low- and middle-income countries such as cholera, and neglected diseases like leishmaniasis, schistosomiasis, dengue, and zika.

In addition, a new section for influenza testing was added for community health settings where no laboratories are available.

General test: The list was also expanded to include additional general tests which address a range of different diseases and conditions, such as iron tests (for anemia), and tests to diagnose thyroid malfunction and sickle cell (an inherited form of anemia very widely present in Sub-Saharan Africa).

Another notable update is a new section specific to tests intended for screening of blood donations. This is part of a WHO-wide strategy to make blood transfusions safer.

“The List of Essential Diagnostics was introduced in 2018 to guide the supply of tests and improve treatment outcomes,” said Mariângela Simão, WHO Assistant Director-General for Medicines and Health Products. “As countries move towards universal health coverage and medicines become more available, it will be crucial to have the right diagnostic tools to ensure appropriate treatment.”

Note to editors

The updated Essential Medicines List adds 28 medicines for adults and 23 for children and specifies new uses for 26 already-listed products, bringing the total to 460 products deemed essential for addressing key public health needs. While this figure may seem high, it corresponds to a fraction of the
number of medicines available on the market. By focusing the choices, WHO is emphasizing patient benefits and wise spending with a view to helping countries prioritize and achieve universal health coverage.

The updated List of Essential Diagnostics contains 46 general tests that can be used for routine patient care as well as for the detection and diagnosis of a wide array of disease conditions, and 69 tests intended for the detection, diagnosis and monitoring of specific diseases.

The List is divided into two sections depending on the user and setting: one for community settings, which includes self-testing; and a second one for clinical laboratories, which can be general and specialized facilities.

Both WHO lists are models for countries to develop their own national lists. National lists based on local disease burden and existing healthcare delivery infrastructure provide an excellent framework from which countries can plan and implement the laboratory services and the medicines they need.

Access to these health products requires good procurement practices, effective supply chains, quality management protocols and qualified health care workforces. The delivery of effective diagnostic services, because they are based on technologies, also depends on robust technical specifications, the availability of carefully designed laboratory networks, adequate supporting infrastructure and appropriate education of users (patient or health worker) to ensure safety.

Uganda Village Joins Forces to Fight Ebola
11th July, 2019

By World Health Organization (Geneva)

5 July, 2019. Bwera, Uganda - When Godfrey and his wife Jennifer fell sick with vomiting and fever, their first thought was Ebola. Their neighbours in Muhindi, a small village in Kasese District of Uganda, had the same fear. But, thanks to their community surveillance training, all of them knew what to do.

Godfrey and Jennifer alerted their village health team who got in touch with the local Ebola Alert team. They agreed that the couple, along with their two children (aged 6 and 4), should be admitted to the isolation and treatment unit at Bwera Hospital for testing.

When the family of four stepped out of the Ebola Treatment Unit 48 hours later it was with some trepidation. Fortunately, it turned out that Godfrey and his family were suffering from nothing more serious than food poisoning. But while they were happy to have been declared Ebola disease-free, they were unsure of how they would be treated by their community.

There is a lot of fear in their society because the Ebola-ravaged areas of the Democratic Republic of the Congo are just across the porous border. In June, the first cases of Ebola...
in Uganda were confirmed in a family who had recently travelled to the DRC. All three patients died.

Communities in the area have been educated about Ebola symptoms and treatment, and although the disease is feared, they understand that community surveillance is vital to save lives.

"They are free of Ebola," said Kelet Bogere, Psychosocial Officer with the Ministry of Health, "The next step for the family is to be re-introduced back to the community so that no one thinks they have escaped from the treatment centre."

The drive to Muhindi Village is along a steep and winding road which heads towards Ruwenzori mountain. In the village, the people were tense with anticipation.

They stood at a distance as the family alighted from the vehicle. The village leader and an elder from the family stepped forward and then suddenly stopped, unsure of what they should do - to shake hands, embrace or wave.

Kelet stepped forward to manage the situation.

"Come closer because I have brought you good news," he raised his voice for all to hear. "Your people do not have Ebola. I have returned them to you."

Suddenly there was a surge forward by family members. They embraced and the children were taken from Jenifer and Godfrey’s arms. There was ululation and loud chatter. They surrounded them, expressing gratitude for their safe return.

"We were terrified that the worst had happened to our community," said Bogonza Johnson, the village chairperson. "Everyone was scared. Thank you for reassuring us and for returning them to us."

Everyone gathered around as Kelet explained what had happened. He praised the village leadership and the family for making the right decision to allow the affected family members to be taken into isolation for Ebola tests in order to protect the rest of the community.

"Now that the results were good, we must remain vigilant against Ebola disease," Kelet continued. "We must fight Ebola together, by being open."

Godfrey stepped forward to tell his friends and family about his experience at the Ebola Treatment Unit.

"We were treated well at the hospital but I am so happy to come back," he said. "When we fell ill, I thought we had Ebola and I did not want my family to be the one that would spread it to the rest of the village. That's why we called the doctors."

A combined effort by the World Health Organization (WHO), the Ministry of Health and other partners is working to entrench community based surveillance systems within communities so that suspected cases of Ebola are reported quickly. These efforts are paying off as communities take on the responsibility of fighting the disease.

"Community surveillance is the ultimate solution that will keep everyone on the alert. There will be no more surprises. We are really pleased to see several communities becoming part of this process," said Dr. Felix Ocom, WHO Surveillance Team Leader in Kasese.

Uganda currently has no Ebola cases. The country is continuing its vigilance.
Kenya: Waiguru Now Sacks Striking Medics, Hires New Employees
8th July, 2019
By The Nation (Nairobi)

Striking Kirinyaga health workers demonstrating in Kerugoya town on May 29, 2019. Governor Anne Waiguru on July 8, 2019 sacked all the striking health workers.

In Summary

- Ms. Waiguru accused the workers of failing to return to work even after the Labour court declared their strike illegal.
- The workers went on strike last month protesting against poor working conditions.
- The Labour court noted that the Labour Act requires doctors to provide essential services.

Kirinyaga Governor Anne Waiguru has sacked all the striking health workers who have paralysed operations in all county hospitals and dispensaries in the region.

In a statement released on Monday, Ms. Waiguru accused the workers of failing to return to work even after the Labour court declared their strike illegal.

The governor told the sacked workers to immediately collect their dismissal letters from their stations.

She stated that her government has replaced the workers with new employees who will be deployed to various hospitals in the county.

"Any officers who did not report to work today stands dismissed and should collect their letters of termination," she said in the statement.

RIGHT TO HEALTHCARE

She told the workers that the public’s constitutional rights to access affordable, quality healthcare remains an important priority for her county government and every effort towards delivering this should never be compromised by selfish personal gain or political ambitions of a few people.

The workers went on strike last in May protesting against poor working conditions.

They also accused the county government of failing to promote them and pay doctors pursuing Masters Degrees their salary arrears for ten months.

The health workers refused to return to work even after the Labour court last Thursday declared their strike illegal.

They had vowed to challenge the court's ruling.

In the ruling, Justice Nzioki wa Makau of the Employment and Labour Relations Court
noted that the Labour Act requires doctors to provide essential services.

**Makindu Hospital conducts landmark surgery**

**July 9th, 2019**

By Daily Nation

**In Summary**

- Ms. Rael Mbula, 69, had been using conventional medicines to manage the ailment that made it difficult for her to walk and work.
- The three-hour operation involved a team of three doctors and nurses led by Dr. James Muoki, an orthopaedic surgeon in charge of the hospital’s trauma centre.

Surgeons at Makindu Sub-County Hospital in Makueni County have replaced the knee of a patient who was suffering from severe arthritis in a delicate trailblazing operation.

Ms. Rael Mbula, 69, had been using conventional medicines to manage the ailment that made it difficult for her to walk and work.

But the condition worsened in the past two years, prompting her family to book her last week for total knee replacement surgery.

The three-hour operation involved a team of three doctors and nurses led by Dr. James Muoki, an orthopaedic surgeon in charge of the hospital’s trauma centre.

“The patient had suffered deformities of the knee due to severe arthritis and experienced difficulties in walking. The surgery entailed correcting the deformity on the knee and replacing the damaged knee with metallic implants. The patient is recovering very well and is being ambulated so that she learns how to walk,” Dr. Muoki told reporters at the hospital Monday.

**WALKING AID**

Using a walking aid, Ms. Mbula slowly walked from her hospital bed to bask in the sun outside the ward while being monitored by nurses as part of a physiotherapy regimen doctors have ordered.

The patient complained of slight numbness on the operated leg, something doctors said was normal for patients recovering from the disease characterised by inflammation of one or more body joints.

Arthritis is caused by the wearing out of the cartilage protecting bones and joints, a condition that worsens with old age. It results in sharp pangs of intense pain in the affected joints, difficulties in walking and deformities of the affected tissue in extreme cases like Ms. Mbula’s.

The peasant farmer, who could not hide her excitement, said she looked forward to being discharged from the hospital and walking upright once again.

“She had been experiencing intense pain on her knees which made her walking difficult,” said an elated Mr. Julius Kivala, Ms. Mbula’s last-born and a county anaesthetist.

**METALLIC IMPLANT**

“She was unable to work for at least two years as a result. We are glad that is set to be history and that she will soon resume her normal lifestyle. This operation cost the family the metallic implant only. The rest of the medical bills are covered by the county insurance scheme.”

This is the first operation of its kind to be undertaken in the county, according to Dr. Patrick Musyoki, the Health chief officer. He
cited the high cost and its delicate nature as the reasons why it is not widely unviable.

“This accomplishment signals good tidings for patients suffering from severe arthritis and victims of road accidents who may suffer knee damage since the Makindu trauma centre is located along the Nairobi-Mombasa highway,” said Dr. Musyoki.