Highlights:
East Africa: EAC Ministers to Fast-Track Alternative Funding Mechanism .................................. 2
Tanzania: MNH Provides Radiology Services to 600 Patients in Two Years .................................. 4
Rwanda: Breast Cancer Month - Men Urged on Early Screening .................................................. 5
Kenya: Why KNH Plans to Construct Sh15 Billion Seven-Storey Private Hospital .......................... 7
Tanzania: Germany Injects $8.69 Million to Boost Tanzania's ICT in Health ................................. 8
Uganda: Doctors Blocked From Practicing Over Lack of Certificates ............................................. 9
Uganda: C-Section Births - Government Accuses Hospitals of Greed ............................................ 11
Rwanda: GAERG Seeks to Tackle Mental Illness Stigma in New Campaign .................................. 13
Rwanda: 9% of Births Still Happen at Home ................................................................................. 14
Tanzanians Warned Against Misuse of Antibiotics ........................................................................ 15
Tanzania: Seeking to Toss Polio into Dustbin of Medical History .................................................. 17
Uganda: Hpv Vaccine - Uganda's Call to Eliminate Cervical Cancer ............................................. 21
Uganda: More Than 18 Million Children in Uganda to Be Immunized Against Measles, Rubella and Polio in Mass Campaign ................................................................. 23
Kenya: NHIF System Error Put Lives of Kenyans At Risk ............................................................... 24
Rwanda: More Women Now Have Access to Antenatal Care ......................................................... 26
Rwanda Planning Massive Vaccination Campaign Against Ebola .................................................. 27
Kenya: Government Relaxes Medicine Import Rules ....................................................................... 29
Kenya: Good News as Government Rolls Out Cervical Cancer Vaccination ................................. 31
South Sudan: Saving Children From Severe Acute Malnutrition in South Sudan's Greater Lakes Region .................................................................................................................. 32
East Africa: EAC Ministers to Fast-Track Alternative Funding Mechanism
12th October, 2019
By The New Times (Kigali)

Minister of State for Foreign Affairs in charge of the East African Community Amb. Olivier Nduhungirehe

Regional ministers in charge of EAC Affairs on Friday resolved to accelerate a proposal to find an alternative financing mechanism as they discussed ways of pulling the six-member bloc out of its financial hole.

This decision was reached at the end of a week-long 30th Meeting of the Sectoral Council of Ministers responsible for EAC Affairs and Planning (SCMEACP), which ended Saturday at the EAC Headquarters in Arusha, Tanzania.

It comes at a time when, again, the EAC Secretariat and other organs and institutions of the bloc are grappling with financial difficulties, a situation worsened by the fact that some partner states continuously default on the payment of membership contributions.

Last week, the East African Legislative Assembly tasked the Council of Ministers, the central decision-making and governing organ of the EAC, to urgently address the issue of partner states that defaulting on their membership contributions.

Each year, every country is supposed to remit $8.3 million, totaling to $49.8 million.

The money is used to fund activities of key organs and institutions of the bloc, including the Secretariat, EALA, and the East African Court of Justice.

Amb. Olivier Nduhungirehe, Rwanda's Minister of State in charge of the East African Community, who chaired the extraordinary meeting in Arusha, on Saturday told Sunday Times that a report of current contributions for the fiscal year 2019/20 shows that only Uganda, Rwanda, and Tanzania paid some money.

Nduhungirehe said: "For now, Uganda has paid 72 percent of this contribution, which is around $6 million. Rwanda paid 14 percent; $1.2million, and Tanzania paid 13 percent which is $1million. Other partner states, meaning the Republic of Burundi, the Republic of Kenya, the Republic of South Sudan, are yet to pay for this fiscal year."
"But we still have arrears to be paid by the Republic of South Sudan; $19 million from previous fiscal years, the Republic of Burundi has to pay $3.9 million of arrears, and then the Republic of Kenya also has a small amount of arrears of $160,000."

Nduhungirehe said the meeting was informed by the Secretariat that South Sudan "may have paid" $3 million of its arrears.

The hope, he said, is that the trend of paying up continues. They set November 15 this year as the deadline for countries to finish paying their remaining arrears.

**Unequal economic size**

For some years, there has been talk in the EAC corridors that the bloc could follow in the footsteps of the African Union in its quest to find an alternative financing mechanism.

During the 2016 AU Summit in Kigali, African leaders adopted a self-financing mechanism, proposed by former African Development Bank President Donald Kaberuka. The AU model aims to raise $1.2 billion annually to reduce heavy dependence on external partners to finance Africa’s development projects.

Nduhungirehe said: "We decided that we should fast-track the process for an alternative funding mechanism because this issue of contributions by partner states will continue if we, as partner states continue to pay the same amounts of contributions yet we don’t have the same economic size."

"There is a process now which is with the Ministers of Finance of the EAC to find alternative funding mechanisms. There are several options and proposals including a levy on imports basing on the model of what was done by the African Union."

Nduhungirehe explained that the meeting in Arusha requested that regional ministers in charge of EAC affairs follow up on the matter so that the process is concluded.

"We have also requested the Secretariat to propose a procedure on investigations of breaches on the [EAC] Treaty, and sanctions, because we have sanctions in our treaty but we don't implement the sanctions for several issues including non-payment of contributions," he added.

**Institutional review**

Among others, the extraordinary meeting also discussed the report of the Ad Hoc EAC Service Commission on the institutional reform [on workload analysis and job evaluation] of organs and institutions of the community.

Nduhungirehe said: "This is a long-overdue report because there is an institutional review for organs and institutions of the EAC and we want the structures of different organs and institutions be rationalized."

Once the Ad Hoc EAC Service Commission’s report is adopted, it is expected that, among others, some job positions will be removed.
The landmark work-load analysis and job evaluation exercise conducted by experts from the six countries begun in March 2018.

Its prime aim, among others, is to create a new flexible and decentralized organizational structure for the Community that allows speedy decision-making using fewer resources.

Lack of a rational recruitment policy has often caused turbulence in the past.

**Tanzania: MNH Provides Radiology Services to 600 Patients in Two Years**

13th October, 2019
By Tanzania Daily News (Dar es Salaam)

Patients who received the service include those with tumors in dental (hemangioma and lymphangioma) tumors in kidney, head, fibroids and other diseases.

According to experts, Interventional Radiology is a medical specialty which provides minimally invasive image-guided diagnosis and treatment of the disease.

MNH Head of Radiology Department, Dr. Flora Lwakatare told reporters over the weekend that health experts at the national hospital were now capable of providing the services after receiving training from international radiologists from Canada in cooperation with the USA based Emory and Dartmouth universities. She said interventional radiology has helped to reduce cost of seeking overseas treatment.

"In interventional radiology, we use X-rays, CT-Scan fluoroscopy and ultrasound to treat a variety of health conditions, such as tumors and conduct renal analysis and treat uterine fibroids without performing surgery, and it takes some hours before the patient could walk freely back home on the same day. This reduces expenses and time and averts risks associated with surgical process," said Dr. Lwakatare.

She said interventional radiology can treat ailments such as percutaneous biliary drainage and nephrostomy tube placements which were accessed from abroad and nursing wounds after surgery would take up to six weeks.
The radiologist added that the coming of foreign experts facilitates knowledge transfer to local medical practitioners (Radiologists), adding that the recent team of experts led by Dr. Ash Murray have extended the training to Ocean Road Cancer Institute.

She said that it was their expectation that the services will also be extended to other health facilities such as referral hospitals in the country with the intention of moving the services closer to the people.

On his part, Canadian International Radiologist, Dr. Ash Murray called for more investment in such treatment, saying that even if it initially sounds to be costly, it saves more time, money and risks of undergoing surgery.

"Hospital (MNH) administration and the government must consider more international radiology to train local physicians and assure availability of devices because they are costly, but people recover shortly after treatment."

October is breast cancer awareness month. And whereas the spotlight is commonly put on breast cancer in women, male breast cancer is a concern that needs immediate attention.

Male breast cancer is rare cancer that forms in the breast tissue of men. So far, information indicates that male breast cancer accounts for just 1% of all breast cancer cases.

However, regardless of the fact that this ailment is a relatively rare cancer, oncologists point out that it is as aggressive as that in women.

Dr. Archille Manirakiza, a Clinical and Radiation Oncologist says male breast cancer numbers vary differently from one area to another. While in some countries like the US, the numbers span between 0.5-1% of all breast cancers, they tend to be high in other countries and get at least 6% of all breast cancers (female included).

Rwanda: Breast Cancer Month - Men Urged on Early Screening
12th October, 2019
By The New Times (Kigali)
He explains that breast cancer in men is as dangerous as it is with women, however, in men, it tends to be aggressive and has poor survival rates when compared to women.

**Risk factors**

As with other cancers, breast cancer has no known cause so far but medics understand that male breast cancer occurs when some breast cells divide more rapidly than healthy cells do.

The accumulating cells form a tumor that spreads (metastasize) to nearby tissue, to the lymph nodes or to other parts of the body. There are risk factors however that increase the chances of a man getting breast cancer.

Dr. Manirakiza says the risk of getting breast cancer increases with age, having at least one close family member (first degree) with a history of breast cancer, obesity, substance or drug use such as marijuana, and hormonal disturbances (excessive estrogen or any primary testicular disease).

"There is also literature suggesting hormonal disturbances (hyperestrogenism) that comes secondary to hepatic dysfunction," he says.

**Where does breast cancer begin in men**

Data from the Mayo Clinic website shows that everyone is born with a small amount of breast tissue. Breast tissue consists of milk-producing glands (lobules), ducts that carry milk to the nipples and fat.

During puberty, women begin developing more breast tissue, and men do not. But because men are born with a small amount of breast tissue, they can develop breast cancer.

With men, there is cancer that begins in the milk ducts (ductal carcinoma). Nearly all male breast cancer is ductal carcinoma, data shows.

There is also cancer that begins in the milk-producing glands (lobular carcinoma). This type is rare in men because they have few lobules in their breast tissue.

Other types of cancer (rarer types of breast cancer that can occur in men) include Paget's disease of the nipple and inflammatory breast cancer.

**Signs of breast cancer**

Dr. Fidel Rubagumya, a Clinical Oncologist says that the signs and symptoms are mostly like those of breast cancer in women noting that for men, they are more visible because the male breast is small.

"One of the signs is a lump, mostly a painless lump, and also there could be thickening in your breast tissue," he said.

He added that changes to the skin covering the breast, such as dimpling, puckering, redness or scaling as some of the signs and symptoms.

Changes to your nipple, such as redness or scaling, or a nipple that begins to turn inward and discharge from your nipple are signs as well, he noted.
How is it treated?

Dr. Rubagumya says doctors use the same treatment used in managing female breast cancer. He explains that diagnosis for breast cancer is done by biopsy and then laboratory testing.

Biopsy involves removing a sample of breast cells for testing. This involves a medic using a specialized needle device guided by an X-ray or another imaging test to extract a core of tissue from the suspicious area.

Dr. Manirakiza also highlights that the treatment of male breast cancer does not differ much from the usual treatment of female breast cancer.

It consists of a combination of surgery, chemotherapy and radiation therapy in a sequential way and inter-changeably.

The difference comes in with surgery, this difference lies primarily in the tissue difference between males and females.

This at times allows some women in their earlier stages of infection to be able to retain their breast in the procedure, this is called breast-conserving surgery and this cannot be done in males (they usually get a mastectomy).

Every other treatment modality is adapted according to the disease stage, he explains.

Kenya: Why KNH Plans to Construct Sh15 Billion Seven-Storey Private Hospital

14th October, 2019
By Nairobi News (Nairobi)

Kenya’s largest referral hospital plans to put up a Sh15 billion seven-storey private hospital to fund public services in the parent institution.

In a public notice posted in the dailies, Kenyatta National Hospital (KNH) said the 300-bed facility that will stand on 3.6 hectares will be developed under a design, construct, equip, finance, operate and maintain model within the next five years.

"Kenyatta National Hospital Board (KNHB) now wishes to have developed a separate private hospital (the Project) under a Public Private Partnership (PPP) arrangement that will serve fee-paying private patients, hence providing a source of additional funding to support the main public hospital," says the published request for qualification (RFQ) notice.

The level six facility whose construction starts in 2020 is set to offer premium services and will be a standalone facility with 500 motor vehicle parking slots.

"The prospective bidder must have acted as a hospital operator for not less than five years in a performance-based Level 6 specialist healthcare facility under a public-public partnership contract or a privately run Level 6 facility with a minimum 300 beds," says the RFQ.
The successful bidder will also be expected to manage, maintain as well as procure and install hi tech medical equipment as well as oversee delivery of clinical services.

Currently, KNH has a private wing where doctors run own clinics but have to go to private hospitals to attend other patients.

The building, whose feasibility study is being undertaken by Ernst & Young, is the first healthcare public private partnership (PPP) project in Kenya where investors build and own a facility for a number of years to recover costs and make profit before transferring it to the State.

Tanzania: Germany Injects $8.69 Million to Boost Tanzania's ICT in Health

18th October, 2019
By The Exchange (Dar es Salaam)

Sustainable development can't be realized in Tanzania without a healthy population, that's why the health sector has acquired a rather vital financial support from its development partner Germany to ameliorate, Information and Communications Technology (ICT) within the National Health Insurance Fund (NHIF) parameters.

According to a report by The Citizen, the grant was signed on 16th October, at Ministry of Finance's premises in commercial city--Dar es Salaam, witnessed by ministry's Permanent Secretary, Dotto James and Acting Germany Ambassador Jorg Herrera.

The grant comes at the time when insurance services are slated for adoption by the insurance industry in Tanzania. Per ministry of health records, more than 2 million households have been reached by the Tanzanian Community Health Fund (CHF), and more than 12.5 million beneficiaries, equivalent to 25 percent of the entire population in Tanzania.

Patently, the grant also gives the sub-sector a chance to revitalize the sub-sectors fatal weak points, limit seamless health services to many Tanzanians. The Ministry estimates 32 per cent of the population are now integrated with health insurance in Tanzania, while maternal health attendance, specifically on birth attendance at health facility rose to 68.5 percent by March 2018, from 64 percent in 2017/2018.

Permanent Secretary expressed his appreciation of the support, citing that: government plans to increase health services fund members will be achieved, but also improving related sub-sector sectors at large.

"The government has intended to provide health services to all people, thus in realization of the latter, the government plans to utilize the Single National Health Insurance Fund (SNHIF)," Permanent Secretary commented.

Prior the respective grant, Tanzania had already assumed critical steps towards fortifying its ICT capacity in the sector, including incorporating the Digital health Investment Recommendations Roadmap programme, of which by March 2018, managed to integrate digital health
services in 1303 health centers in Tanzania as revealed by the ministry.

On the same note, Jorg Herrera complimented the Tanzanian governments efforts to amend the health sector.

"A healthy population is a crucial pillar for sustainable development; thus, improvement of the health sector is vital to the Tanzanian government as it plans to be a middle-sized economy by 2025," Herrera adds.

Further Herrera added that: "Storing documents and records is crucial for the National Health Insurance Fund (NHIF), and will enhance the access of accurate and reliable statistics."

The government of Tanzania plans to offer Universal Health Coverage to 70 per cent of the population by 2020 via the national health funds packages.

While the present numbers point at 32 per cent of the population are covered, the NHIF membership has sustained a slight growth of 10 per cent and 7 per cent of beneficiaries in the last five years as revealed by ministry's records.

In that context, per country's National Bureau of Statistics (NBS) records, efforts to enhance health insurance services via ICT are valid, whereas, the ICT sector has been experiencing decent and necessary developments, such as internet penetration expansion from 40 per cent in 201 to 43 per cent in 2018, and the sector contribution to the real Gross Domestic Product at 2.7 per cent in the first quarter in 2019, leaving real estate, electricity and water sectors behind.

Health insurance services and incorporating ICT in health services are among 9 constructive areas slated by the ministry for improvement. But also, the ministry pin pointed health sector stakeholders and other government parastatal as crucial partners in realization of its plans.

And yet, the ministry has anticipated collecting more than $ 107 million in the fiscal year 2019/2020. On the same note, more than $ 417 million is the designated budget for the sector within 2019/2020.

Uganda: Doctors Blocked From Practicing Over Lack of Certificates
14th October, 2019
By The Independent (Kampala)

Makerere University Vice-Chancellor Professor Barnabas Nawangwe

Kampala, Uganda — Recent graduates from Makerere University have been
blocked from registering and practicing as medical professionals by the Uganda Medical and Dental Practitioners Council (UMDPC), due to lack of certificates.

They include 135 Bachelors of Medicine and Surgery and 16 Bachelors of Dental Surgery graduates.

Dr. Katumba Ssentongo, the practitioners' council Registrar in a letter dated August 19 told the graduates they can only be registered if they had internship completion certificates, academic transcripts and degree certificates.

The medics completed their one-year internship, a requirement after their degree courses to be able to practice as fully qualified as medical doctors in September this year.

They say the university has delayed to issue their certificates meaning they can't practice, yet.

Dr. Bill Wambaka, a Bachelor of Medicine and Surgery graduate says that without the graduation certificates, they cannot be allowed legally to practice medicine in the country.

In a letter written to the Vice-Chancellor Professor Barnabas Nawangwe on 4th September, Dr. Deogratius Opeta, another concerned graduate indicated that the delay had affected most of his colleagues and sought his intervention.

"Our registration as medical doctors is due to open on 1st October 2019 by the Medical and Dental Practitioners Council and among the key requirement for registration is a University Certificate," Dr. Opeta wrote to Makerere.

However, at the time, the vice chancellor's response according to the copy of the letter which URN has seen was a comment to the Academic Registrar [AR] to handle.

When the students took their issues to social media, the Vice-Chancellor @ProfNawangwe indicated in a tweet sent out on Sunday afternoon: "The certificates are printed in Britain and the supplier has delayed us."

But Dr. Wambaka says although the doctors are currently stuck, he has learnt from his predecessors that the certificate issue is a recurrent problem at Makerere University. He argues that the Vice-Chancellor was using Britain as a cover explanation to excuse the university's failure to issue the certificates in time.

But the graduates' lawyer Isaac Ssemakadde said whether certificates are printed in the UK or France, Makerere graduates and their respective employers expect the graduation certificates to be delivered promptly on or before graduation day.

"How can a university with a printing press of its own failure to deliver graduation certificates to its graduands on graduation day in the cyber age? The excuse that they are still vetting contractors who will deliver the security paper on which to print the certificates smacks of corruption and procurement malpractice," Ssemakadde said when contacted.
On Friday, October 11th, the graduate medics through their lawyers of Center for Legal Aid wrote to Makerere University to issue the certificates in a week's time, failure of which the university would be dragged to court.

"It is over one year since our clients completed their academic programs and over 8 months since they graduated from your good institution. This delay is excessive, unreasonable and unlawful and constitutes a breach of a statutory duty under section 23 and 45 of the Universities and Other Tertiary Institutions Act read together with Section 34 (2) of the Interpretation Act Cap 3 Laws of Uganda," the lawyers said in a letter to the University Secretary.

Adding that; "We note that our clients’ numerous requests and reminders have been adamantly ignored and or neglected. Your wanton neglect of our clients' demands have caused them untold frustration and loss of employment opportunities."

Uganda: C-Section Births - Government Accuses Hospitals of Greed

14th October, 2019
By The Monitor (Kampala)

The Ministry of Health has decried the rise in the number of caesarean section births, saying they are driven by the hospitals' desire to make more money compared to normal deliveries.

Ms. Sarah Opendi, the State Minister of Health for General Duties, said unlike in the past when doctors used to prepare mothers to deliver normally, it is no longer the case.
"They are doing it [C-sections] for money. Can we know why they [C-sections] are there and previously they were not? And since government has constructed lower facilities in most of the areas, why are the C-sections rampant?" Ms. Opendi asked in an interview last week.

According to World Health Organisation, maternal mortality and morbidity is approximately five times greater with caesarean than with vaginal birth.

In Uganda, the trend of average C-section rate in the general hospitals has been increasing over the years. For instance, the cases increased to 29 per cent in 2018/19 from 28 percent in 2017/18, according to the latest health sector review report released recently.

Ms. Opendi said the vice is also prevalent in government hospitals where health workers extort money from mothers even when the procedure is supposed to be free of charge.

She said there is need for a discussion with the obstetrics and gynaecology association about the matter.

"That one has been a money making venture but since government has increased the salaries [of doctors in public service] they should do this in a more professional way," Ms. Opendi added.

She also condemned young mothers who are misled to go for C-section because they don't want to "push and enlarge their private parts."

According to the 2018/19 sector review report, Nakasero Hospital in Kampala had the highest C-section rate of 72 per cent (586 C/S out of 747 deliveries), followed by Ngora NGO at 61 per cent. Other hospitals are Paragon in Kampala (535 C-sections out of 955 deliveries), Villa Maria Hospital (625 C-sections out of 1,097 deliveries and St Joseph Kitovu (305 C-sections out of 625 deliveries).

When contacted, Mr. Julius Mugisha, the Nakasero Hospital spokesperson, denied that they deliberately conduct C-sections to earn more money from patients. He attributed the cases to the category of healthcare the hospital offers.

"We are a consultant-based hospital and receive patients that sometimes have complications. The most important thing is a bouncing baby," Mr. Mugisha said.

An administrator at Paragon Hospital, who preferred anonymity, said they conduct C-section as a timely intervention to avert maternal death.

"If you are going to look at C-section rate and death rate, you can't compare us with the lower health centres," the administrator said.

Sr. Stella Nabugwawo, the hospital administrator of Villa Maria Hospital in Masaka District, attributed the rates to the fact that the health facility is a referral.

"It is the only hospital where the lower health centres refer patients to. If you see how we charge cesarean sections at only Shs300,000 it cannot be because of money," she said.
Dr. Alfred Lumala, the medical director of Kitovu Hospital, said the high C-sections imply that the health systems are efficient.

"We charge Shs400,000 for C-section and if we could, we would avoid C-section because we put in a lot of money than what we charge the mothers," he said.

**Costs**

Out of the 22 hospitals which carried out the highest number of C-sections in the country, only Nyapea Hospital in Zombo District, is government-owned. The rest are private or faith-based hospitals. The cost of C-section in private hospitals ranges between Shs2.5m and Shs3m compared to Shs800,000-Shs1m for a normal delivery.

**Rwanda: GAERG Seeks to Tackle Mental Illness Stigma in New Campaign**

15th October, 2019  
By The New Times (Kigali)

Volunteers carry a trauma victim during a past commemoration event at Murambi Genocide Memorial.

Rwandan Graduates Genocide Survivors Organisation (GAERG) is planning a national campaign to raise awareness on mental health and tackle stigma against mental patients.

The campaign also seeks to help the survivors of the 1994 Genocide against the Tutsi to cope with trauma.

This was revealed last week at an event to mark the World Mental Health Day where Emmanuel Nshimiyimana, the Secretary-General at GAERG, revealed that their upcoming campaign also involves free screening for mental illnesses.

Slated to begin next month, the campaign will be conducted at the village level and targets all citizens.

Chaste Uwihoreye, a psychologist, underscored the importance of raising awareness about mental health and screening.

"Mostly, the patient doesn't even know that (s) he is sick. Nevertheless, the question (what's happening to me?) keeps arising," said Uwihoreye, disclosing the painful experience of mental patients.

One of the major challenges facing mental patients is stigma, she added, "mostly coming from our culture or limited access to information about mental health."

Nshimiyimana was also critical of the media's underreporting on mental health,
saying that journalists tend to focus on negative breaking news like recent cases of suicide.

"(The) reporting shouldn't only be about breaking news, there should be a step further to educate the public about these conditions."

During the upcoming campaign, a special workshop has been arranged for the media.

According to Rwanda Mental Health Survey 2017-18, about 223,500 people sought consultation in public hospitals for mental health-related treatment last year.

Ten per cent of the above were new patients, while 35.6 per cent were survivors of the 1994 Genocide against the Tutsi.

According to suicide data by the World Health Organisation (WHO), close to 800,000 people in the world die due to suicide every year.

Figures show that for each adult who died by suicide there may have been more than 20 others attempting suicide.

Egide Gatari, the president of GAERG, said the organisation is ready to sustain the discussions on topics revolving around mental health.

GAERG has for the past 25 years been providing safe spaces for Genocide survivors through the Genocide Survivors Students Association (AERG).

These spaces have helped many Genocide survivors regain hope in life, thus becoming more resilient.

**Rwanda: 9% of Births Still Happen at Home**

16th October, 2019
By The New Times (Kigali)

On October 14, a four-day campaign for National Integrated Maternal and Child Health was launched by the Ministry of Health in Karongi District but will be rolled out in every district.

The campaign aims at fighting malnutrition in children, family planning, malaria and human intestinal parasites, among others.

The 2014-2015 Demographic Health Survey (DHS) report indicates 9% of births still take place at home.

"Some mothers lack information on where to go for antenatal care or giving birth. Others don't pay their health
insurance on time, so they end up fearing the charges from the health centers," explained Dr. Felix Sayinzoga, Division Manager of the Maternal and Child Health Division in RBC.

"Others give birth from their homes because of their mindset. They think if one birth at home was successful, it will be the same with another".

16% of births in Rwamagana district still happen from homes. The district's Vice Mayor in charge of Social Development, Jeanne Umutoni, shares the same view.

"It is mostly due to the mindset. Sometimes people think they have no problem, so they don't go to the health centres to give birth".

She added that the mothers do it in hiding because they know it is not allowed. Some women, when asked why they give birth from their homes say that nothing wrong happened to them anyway.

Umutoni explained they are solving the problem by making it compulsory for mothers to go for antenatal care, paying for health insurance using community health workers. They also have four ambulances in their district to help with emergencies.

According to Dr. Sayinzoga, every village has four health workers. One is precisely in charge of following up on pregnant mothers, advising them, and escorting them to the maternity when they are in labour. In case of emergencies, the counsellor sends 'rapid messages' calling for help to those in charge.

Other policies have been implemented; building and renovating maternity houses on all health centres and hospitals, provision of sufficient ambulances, antenatal care four times throughout the pregnancy, public lectures on pregnancy and paying for health insurance among others.

Sayinzoga said that as soon as someone learns they are pregnant; they should seek antenatal care from the health centre. "They should visit the doctor four times, pay for health insurance on time, prepare for everything they will need, like money for transport, and always give birth at the maternity".

He says the goal is to have 100% of women give birth from the hospital as it will minimize maternal mortality. As per 210 children out of 10,000 die during birth in Rwanda.

**Tanzanians Warned Against Misuse of Antibiotics**

17th October, 2019
By Tanzania Daily News (Dar es Salaam)

MISUSE of antibiotics has raised the alarm of Antimicrobial resistance (AMR) in the country and across the world, the Government Chief Pharmacist, Daudi Msasi has warned.

AMR is the ability of a microorganism like bacteria, viruses, and some parasites to stop an antimicrobial such as antibiotics, antivirals and antimalarial from working against it.

As a result, standard treatments become ineffective, infections persist and may
spread to others. He said this during the second Tanzania Health Supply Chain Summit (HSCS), which brought together stakeholders from the health sector to deliberate on pertinent issues revolving around improving the future of Tanzania's health supply chain.

"This is mostly caused by people using medicine without getting prescription or not completing the dosage, which does not terminate entirely the pathogens, and helps them create their own defense mechanism against the antibiotics," he explained.

He said that the ministry is focusing on the health experts to adhere to their ethics, as well as creating awareness and educating the community on the seriousness of the matter.

"A pharmacist is not allowed to give half a dose, or without prescriptions; and to citizens who do not complete their dose, they are strengthening the pathogens and only increase the cost of treatment in the long run," he stressed.

Discussing on the importance of data as the theme of the summit entails 'The future of Tanzania health supply chain performance driven by data and innovation', he said that among the areas the ministry of health is focusing on is having the nation's own quantification and forecasting of medicine and medical equipment.

"Currently there is a nationwide project involving all health facilities, where they are handling the quantification using tools that are developed by the government. We expect to see its success in the 2020/21 quantification," he said.

He also insisted that the methods and systems used by various vertical programme projects in the country should align themselves with the set government system and quantification tools that use bottom up quantification. "Its time all these projects align themselves with the government tool.

As the Deputy Minister for Health, Community Development, Gender, Elderly and Children, Dr. Faustine Ndugulile said, 'if we want to move forward, we have to head in the same direction'.

Most drugs in various projects of Vertical programmes like leprosy, HIV/ AIDS, Tuberculosis and Malaria that are established within the health ministry and sponsored by various NGO's and companies have their own quantification systems, he explained.

"Information that comes from the health facilities know the quantity needed as they associate with consumers. Such data will help these projects to scale up with projections that are near accuracy," he said.

He elaborated that data collected from the health sector is plenty, and systems used to collect the data are many.

"We want all the systems to align with the government system 'GoTHoMIS', which will feed information to District Health Information Software (DHIS2) that reports globally on health issues."
Adding that, "We have created national health data warehouse (HMIS) as a mediator that collects all the data from other systems and sends it to 'GoTHoMIS' and later to DHIS2."

He explained that using the system will help avoid two major effects of over or under stocking of the drugs.

"These two effects may cause either the community to lack medicine which will roll out other problems; or to have too many drugs in storage that will eventually expire, rise expense in storage cost and in discarding them."

The ministry of health is also creating a new and upgraded guide of medicine and medical equipment called 'health commodity revolving fund', he revealed.

"We expect by the end of the year it will be finalized and signed by the minister of health, so that it starts being used."

All these efforts are to get ready for the government's 2025 vision of middle income economy, where once reached, most of the aid will stop.

"Hence, before we reach 2025, we should be ready and prepared to take charge," he stressed. Mr. Msasi stressed that the important thing is at the end of the day to ensure there is medicine availability to every citizen.

**Tanzania: Seeking to Toss Polio into Dustbin of Medical History**

17th October, 2019

By Tanzania Daily News (Dar es Salaam)

AUTHORITIES in Kagera are working on initiatives to conduct measles-rubella and polio vaccinations targeting over 800,000 children under five years.

In a bid to eradicate polio from the face of the earth, Tanzania has joined the rest of the world in immunizing her children en masse.

Kagera Regional Medical Officer (RMO), Dr. Marco Mbata, told the 'Daily News' in an interview in Bukoba that about 492,393 children were expected to get measles-rubella (MR) vaccinations while 226,066 children will get polio (IPV) vaccinations.

The campaign is part of the implementation of the government plan to reduce the number of deaths and disabilities, resulting from vaccine preventable diseases. The campaign was earlier scheduled for last month but it was postponed to October 17 to 21 this year.

I appeal to residents in the area to cooperate with the government to make it successful. Let parents bring all the
children so that we can eradicate the crippling polio disease from our country. There is a global campaign going on which if carried out effectively, polio should be eradicated like smallpox which is now no more.

He reiterated the government commitment to ensure that people get maximum social services including health, education and water infrastructure adding that all necessary logistics had been made to ensure that the campaign is a success.

Dr. Mbata further explained that about 348,380 Insecticide Treated Nets (ITN) will be distributed to all Standard One to Five pupils in 981 primary schools in the region. My appeal to people to invest in health by checking their status from time to time. Investing in health is very crucial.

Weak and sick persons cannot contribute positively in national building. Economic development of the country depends on good health of the people, I also urge people to join the Community Health Fund (CHF) to enable them to enjoy services rendered by the Fund.

Malaria prevalence in Kagera Region had been considerably reduced from 42 per cent recorded during 2007/8 to 15.4 per cent during 2017/18 while the national malaria prevalence rate stood at 7.1 per cent.

However, more efforts were needed to reduce malaria by employing an integrated approach including prevention through mosquito nets and indoor residual spraying. Kagera is listed among regions with high malaria prevalence, a leading cause of death for children aged under five years and pregnant women as well as a major cause of maternal mortality.

He cited concerted efforts they mounted in the region including indoor residual spraying (IRS) and use of insecticide treated nets (ITN) and polio jabs to infants. Dr. Mbata revealed that during 2018/19 financial year government released about 4.5bn/- for the construction of three district hospitals for Kyerwa, Karagwe and Bukoba districts.

Also, three dispensaries namely Nyakanazi (Biharamulo), Bunazi (Misenyi) and Kayanga (Karagwe) have been upgraded to Health Centres. We thank President John Magufuli for upgrading Bunazi (Misenyi), Nyakanazi (Biharamulo) and Kayanga (Karagwe) dispensaries to Health Centres.

This is a big achievement because in the past pregnant women had to travel long distance of 50 kilometres. Giving measles status in the country, Minister for Health, Community Development, Gender, Elderly and Children, Ms. Ummy Mwalimu said that last month, the disease was reported in Kashasha and Kakoma divisions and Kibare Village in Kyerwa District in Kagera region.

About 17 patients were detected with measles virus, of which seven patients were confirmed after undergoing laboratory tests. She said that the last patient with measles symptoms was reported on September 14 this year at Kibare area.

"There is no other patient reported in the past two weeks, and those who
contracted the disease have recovered. Health personnel were educating people on preventive measures against the disease and creating awareness about the nationwide campaign on measles/rubella," she said.

Measles is a highly contagious viral disease. It remains an important cause of death among young children globally, despite the availability of a safe and effective vaccine. Under the Global Vaccine Action Plan, measles and rubella are targeted for elimination in five WHO Regions by 2020. WHO is the lead technical agency responsible for coordination of immunization and surveillance activities supporting all countries to achieve this goal. Measles is transmitted via droplets from the nose, mouth or throat of infected persons.

Initial symptoms, which usually appear 10-12 days after infection, include high fever, a runny nose, bloodshot eyes, and tiny white spots on the inside of the mouth. Several days later, a rash develops, starting on the face and upper neck and gradually spreading downwards.

Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases. The most serious complications include blindness, encephalitis (an infection that causes brain swelling), severe diarrhoea and related dehydration, and severe respiratory infections such as pneumonia.

Routine measles vaccination for children, combined with mass immunization campaigns in countries with low routine coverage, are key public health strategies to reduce global measles deaths.

While global measles deaths have decreased by 84 per cent worldwide in recent years - from 550,100 deaths in 2000 to 89,780 in 2016 - measles is still common in many developing countries, particularly in parts of Africa and Asia. An estimated 7 million people were affected by measles in 2016.

The overwhelming majority (more than 95%) of measles deaths occur in countries with low per capita incomes and weak health infrastructures. The measles vaccine has been in use since the 1960s. It is safe, effective and inexpensive.

WHO recommends immunization for all susceptible children and adults for whom measles vaccination is not contraindicated. Reaching all children with 2 doses of measles vaccine, either alone, or in a measles-rubella (MR), measles-mumps-rubella (MMR), or measles-mumps-rubellavaricella (MMRV) combination, should be the standard for all national immunization programmes.

Minister Mwalimu explained that vaccination of children against polio would continue although the last case of the crippling disease was reported in the country nearly 20 years ago. We will continue with the vaccination because there are still cases of polio in some countries within the region.

The last case of polio was reported in 1996 and traced in Mtwara region and
that ever since no cases had been reported, implying that the disease had been wiped out in Tanzania. However, she insisted that vaccination for all infants against polio would continue alongside a dozen other diseases, including tuberculosis (TB), tetanus, pneumonia, hepatitis, rota virus, patsusis, diarrhea and others.

Two years ago, the government announced that it was stepping up vaccination against polio in the border region in the wake of the confirmed cases of the disease in Somalia and the refugee camps in north-eastern Kenya.

By then cases of the disease had also been reported but not conclusively confirmed in neighbouring Democratic Republic of Congo (DRC) and Uganda. She assured that Tanzania had made strong investments toward national immunization programme as a key strategy to reduce infant mortality and to improve maternal health and that the country-wide coverage was about 90 per cent.

We know that vaccines saves lives and immunization is a critical component of our health systems. Besides immunization, she attributed the declining numbers of child mortality in the country to vitamin A supplementation, the use of insecticide treated nets and improved drugs to treat malaria.

Poliomyelitis, or polio, is a crippling disease caused by any one of three related viruses, poliovirus types 1, 2 or 3. The only way to spread poliovirus is through the faecal/ oral route. The virus enters the body through the mouth when people eat food or drink water that is contaminated with faeces.

The virus then multiplies in the intestine, enters the bloodstream, and may invade certain types of nerve cells, which it can damage or destroy.

Polioviruses spread very easily in areas with poor hygiene. Prevention: Live oral polio vaccine (OPV) - four doses in endemic countries or Inactivated polio vaccine (IPV) given by injection - two-three doses depending on country schedule.

That is the challenge facing international health workers who are coordinating a massive fund raising drive aimed at ridding the world of a biblical scourge that has killed or crippled millions of children -we call it polio. If the campaign works, within the next four years it is possible polio may have been consigned to the dustbin of medical history to take its place alongside smallpox as an extinct disease.

Particular efforts against polio are being made in Africa, where it is estimated that routine immunization coverage against the disease is only 58 per cent as compared to a global average of 83 per cent by 1997.

In 1995 WHO received reports of 6,179 cases of polio but estimates that, because not all cases are reported, there were probably some 83,000 children paralyzed by the disease. The 1988 figure for reported cases was 31,251 but the real figure was put at 500,000.
Uganda: Hpv Vaccine - Uganda's Call to Eliminate Cervical Cancer
15th October, 2019
By The Monitor (Kampala)

Efforts. Ms. Zaina Nakku Muyanja, a health worker at Wakiso Health Centre IV (left), immunises girls against cervical cancer during a health campaign in December 2017

In Summary

- This month, we commiserate with cancer patients, celebrate with the survivors, and call upon everybody to go for screening because early detection saves lives. Today, we focus on the most effective way of preventing cervical cancer.

Cancer of the cervix is the most common cancer type among women worldwide. In Uganda, it accounts for 80 per cent of all female cancers and 40 per cent in the Kampala cancer registry.

It is also the commonest cancer in Uganda. As of 2018, new cases of cervical cancer were 6,413, while deaths stood at 4,301.

Dr. Noleb Mugisha, an oncologist at the Uganda Cancer Institute, Mulago, defines cancer of the cervix as abnormal and uncontrolled growth of cells in the cervix, resulting in wounds and bleeding caused by the Human Papilloma Virus (HPV).

Dr. Mugisha says what makes cervical cancer the most common is because its risk factors are more prevalent among Ugandans.

The World Health Organisation (WHO) indicates that there are more than 200 types of HPV. Type 16 and 18 account for 70 per cent of all cervical cancer cases worldwide. HPV also causes vaginal, vulvar and anal cancers while HPV type 6 and 11 are responsible for genital warts.

Dr. Mugisha says HPV mode of transmission is sexual contact, adding that anyone who has had sexual contact with a person infected with HPV is at risk of infection.

Risk factors for HPV infection are sexually active girls and women, those who have sexual intercourse at an early age, females with multiple sex partners, other genital infections and weakened immune systems caused by HIV/Aids.

Dr. Mugisha says it is possible to get HPV without even knowing it because the virus often has no signs or symptoms. The
symptoms of cancer of the cervix may sometimes appear when the disease has reached advanced stage and include bleeding and pain during sexual intercourse, lower abdominal pain, intermenstrual bleeding, heavy menstrual bleeding and abnormal vaginal discharge with a bad smell.

The HPV vaccine

The Ministry of Health promotes a comprehensive approach towards the prevention of cancer of the cervix through immunisation with the HPV vaccine, screening, early treatment and sexual behaviour change.

The HPV vaccine targets HPV type 6, 11, 16 and 18.

According to the Ministry of Health, it is best used to immunise girls before the onset of any sexual activity. Majority girls, who are at least 10 years of age, are less likely to be sexually exposed. Therefore, immunisation reduces the cancer of the cervix by 60 to 70 per cent.

The girls can be immunised in schools or at health facilities currently providing routine immunisation services. Dr. Mugisha says regular screening to check for pre-cancerous lesions that could be treated early is a cost-effective preventive measure against cervical cancer. Screening services can be accessed at hospitals and selected health facilities.

The Ministry of Health recommends a two-dose schedule for the vaccine. The first and the second doses are given six months between each other. The vaccine is administered by injection in the upper arm.

The Ministry of Health HPV vaccine fact sheet also indicates that the vaccine was first licensed for use in 2006 across the world. Studies conducted so far demonstrate that the vaccine is safe and effective.

WHO reports that reductions of up to 90 per cent in HPV infections and genital warts in teenage girls and young women were registered in Australia, New Zealand, Belgium, Germany, Sweden, the United Kingdom and the United States as a result of using the vaccine.

In neighbouring Rwanda, for example, HPV vaccination achieved 93.23 per cent coverage in 2011, protecting up to 98,792 girls within the target age bracket of nine to 14 years. Rwanda's incidence rate currently stands at about 42 cases per 100,000 women per year, which is lower than many African nations.

All vaccines introduced into the routine immunisation schedule are pre-qualified and approved by the WHO following rigorous scientific review for safety and any adverse events following immunisation.

There have been negative perceptions of the HPV vaccine among Ugandans, with some shunning the immunisation exercise.

"Inspite of the pre-vaccination sensitisation; introduction of the HPV vaccine triggered several negative rumours that threatened acceptability among targeted adolescents and their parents. Some girls refused vaccination
because they heard that those vaccinated could become barren or would face a greater risk of life-threatening childbirth complications," reads in part a research article titled 'Effect of School-based Human Papillomavirus (HPV) Vaccination on Adolescent Girls' Knowledge and Acceptability of the HPV Vaccine in Ibanda District in Uganda' conducted by the Makerere University School of Medicine.

However, a release by the Ministry of Health debunks some of the myths associated with the HPV vaccine.

It indicates that HPV vaccine does not cause menstrual periods in babies, as alleged, because at that age, the hormones are inactive and neither does it cause hormonal imbalances, because it is not a hormone.

The ministry explains that menstrual periods in girls are triggered by hormonal actions, oestrogen and progesterone. The vaccine is given only to adolescent girls, not babies, and it does not have a contraceptive component or cause sterility as reported.

Also contrary to allegations on social media, the release indicates that the HPV vaccine does not cause cancer. The vaccine does not contain any live or killed HPV virus. It is made from a single protein like the one the virus has on its outer coat. When an individual has been vaccinated, the body produces antibodies, which it uses to fight the real virus if one is ever exposed to it.

The ministry also indicates that it is also not true that the HPV vaccine was banned in most European countries. The vaccine is still in use throughout the whole of Europe, the US and globally.

**Prevalence**

The World Health Organisation (WHO) indicates that there are more than 200 types of HPV. Type 16 and 18 account for 70 per cent of all cervical cancer cases worldwide. HPV also causes vaginal, vulvar and anal cancers while HPV type 6 and 11 are responsible for genital warts.

**Uganda: More Than 18 Million Children in Uganda to Be Immunized Against Measles, Rubella and Polio in Mass Campaign**

15th October, 2019

By World Health Organization (Geneva)

Uganda is set to immunize more than 18 million children against measles and rubella, which amounts to 43% of the country's population. Among them, 8.2 million children younger than 9 months,
or 20.5% of the population, will also receive the oral polio vaccine.

Uganda has experienced measles outbreaks across numerous districts in the past three years. At the same time, polio remains a daunting threat, given evidence of vaccine-derived strains circulating in neighbouring countries.

The five-day mass immunization campaign, funded by the Government of Uganda; GAVI, the Vaccine Alliance; the United Nations Children's Fund; and the World Health Organization (WHO); intends to tackle these three public health challenges.

The campaign, to be conducted in schools for the first three days and in communities for the last two days, targets all children younger than 15 years, whether previously immunized or not, in order to interrupt the circulation of these diseases. The campaign will be a launchpad to introduce the measles-rubella vaccine into the country's routine immunization schedule.

"This campaign does NOT replace the routine immunization schedule. Parents, caregivers and all concerned must ensure that all children receive and complete all the vaccines specified on our immunization schedule after the campaign," said Dr. Jane Ruth Aceng, Uganda Minister of Health.

The mass campaign provides an opportunity to intensify sensitization of communities on measles, rubella and polio as well as disease surveillance and to investigate any unreported but suspected cases of these diseases. This is particularly important because of the declining trend in routine immunization coverage in the country.

"This is an extremely important exercise," said Dr. Matshidiso Moeti, WHO Regional Director for Africa. "It represents an impressive level of commitment to health care that we need more than ever across the African Region to prevent deaths, disease and suffering and to avoid unnecessary expenditure when caring for people who are sick."

The Government of Uganda acknowledges the importance of immunization against various diseases to attain Sustainable Development Goal 3, which underlines the need for good health and well-being.

"We appeal to all parents, caregivers and guardians to take your children younger than 15 years for immunization against measles, rubella and polio during this mass exercise. The Ministry of Health has approved the vaccines to be used, and they are safe, free and effective," said Dr. Yonas Tegegn Woldermariam, WHO Representative in Uganda.

During the campaign, teams of health workers will set up vaccination service delivery posts across the country, with the objective of attaining more than 95% immunization coverage, which is needed to interrupt the transmission of measles, rubella and polio.

Kenya: NHIF System Error Put Lives of Kenyans At Risk
16th October, 2019
By The Nation (Nairobi)
In Summary

- It is estimated that about 70,000 people are affected by the anomalies.
- MPs also heard that in a month, NHIF collects between Sh2.8 to Sh3.2 billion in contribution from its members.
- Wajir North MP Ahmed Abdisalan accused NHIF of putting the lives of thousands of poor households at risk.

Thousands of Kenyans cannot access health services using their National Hospital Insurance Fund (NHIF) card as their details are not reflected in the system despite paying Sh35 million in the year to June 2018.

NHIF acting Chief Executive Officer Nicodemus Odongo on Tuesday shocked a parliamentary committee when he revealed that most contributors who use M-Pesa to pay for their cover used wrong details and hence the money cannot reflect in their medical cards.

70,000 PEOPLE

"I don't know the number of people affected, because members pay different amounts while others chose to pay their contribution for the whole year," Mr. Odongo said. "We will be able to provide the information in two days."

Mr. Odongo could not provide the exact number of people affected, but it is estimated that about 70,000 people are affected by the anomalies.

MPs also heard that in a month, NHIF collects between Sh2.8 to Sh3.2 billion in contribution from its members.

Members of the National Assembly Public Investment Committee accused NHIF of neglecting the concerns and plights of suffering Kenyans by failing to put up measures to cushion them against such errors.

"Sh35 million in one single year is not a small amount and NHIF is putting the lives of poor Kenyans in jeopardy as they cannot access health services using their cards due to mistakes made by the company," said Wajir East MP Rashid Amin.

SPECIAL AUDIT

Mr. Amin has called on the office of the Auditor General to conduct a special audit on the unclaimed Sh35 million currently in the NHIF account.

The MPs demanded to know the whereabouts of the Sh35 million as NHIF admitted that it has not handed it to the unclaimed assets authority as required by the law.

"Where does this money go, is it in a suspense account somewhere? It is an illegality to sit on money that belongs to someone whom you don't know," said the committee chairman Abdulswamad Nassir.

"Ideally, your systems should be designed in a manner that it reverses the money and send it back to the person who used wrong details. If this Sh35 million is just
for one year, what about the previous years? asked Mr. Nassir.

Wajir North MP Ahmed Abdisalan accused NHIF of putting the lives of thousands of poor households at risk.

**POOR PEOPLE**

"This a matter of life and death, very many poor people are struggling to pay their contributions in order to access health services but NHIF is not recognising these contributions," Mr. Abdisalan said.

Mr. Odongo assured MPs that the money is not lost but had just not been reconciled to the contributors account.

The committee is set meet the NHIF team again today as it sets to conclude the matter of members contributions and other audit queries raised by the outgoing Auditor General in his 2017/2018 audit report.

**Rwanda: More Women Now Have Access to Antenatal Care**

17 October 2019
By The New Times (Kigali)

The lack of enough information and failure to pay health insurance on time continue to be the main hindrance for expectant mothers to access antenatal services.

The number of births happening at home reduced to 9 per cent in 2015, down from 31 per cent in 2010, according to the Demographic Health Survey (DHS).

Dr. Felix Sayinzoga, the Division Manager of the Maternal and Child Health Division at Rwanda Biomedical Center (RBC), told The New Times in a telephone interview that some expectant mothers have refused to heed the advice to seek antenatal care from the health centres.

"Some mothers lack information on where to go for antenatal care while others don't pay their health insurance on time. This, in the end, makes them fear the charges imposed by health centres. There are some mothers who give birth
from their homes because of their mindset. They think (that) if one birth at home was successful, another will also be," he said.

Expectant mothers are normally expected to visit the doctor four times during the duration of their pregnancy and should thus secure health insurance as well as transport to and from the hospital on time.

Sayinzoga says that every village has four health counsellors. Of these, one is dedicated to following up on pregnant mothers, advising them and escorting them to the hospital when they are in labour.

Among the policies that have been implemented to help expectant mothers are building and renovating maternity wards in all health centres and hospitals, increasing the number of ambulances, antenatal care throughout the pregnancy, public lectures on pregnancy and paying for health insurance among others.

Government’s target is to have 100 per cent of women giving birth from hospitals.

In Rwamagana District, 16 per cent of births still happen at homes.

Jeanne Umutoni, Rwamagana District Vice Mayor in charge of Social Development, told The New Times that this mainly due to the poor mindset.

"Sometimes people think they have no problem, so they don't go to the health centres to give birth. Some of these mothers do it in hiding because they know it is not encouraged," she said.

Umutoni says the district seeks to tackle the problem by making it compulsory for mothers to go for antenatal care, paying for health insurance through advice given by health counsellors.

The district has four ambulances help in times of emergency, she said.

Addressing the issue is part of a campaign for National Integrated Maternal and Child health that was launched on Monday by the Ministry of Health.

Launched in Karongi District, the campaign runs until October 18.

The campaign also aims at fighting malnutrition in children, family planning, malaria and Human Intestinal Parasites prevention, among others.

**Rwanda Planning Massive Vaccination Campaign Against Ebola**

13th October, 2019

By The New Times (Kigali)
Dr. Diane Gashumba, the Minister for Health, speaks at a recent meeting

Rwanda is planning a big vaccination campaign against the Ebola Virus Disease (EBV) for adults, adolescents, and children aged two years living within the vicinity of a possible Ebola outbreak.

A statement released after Thursday’s Cabinet meeting indicates that the Minister of Health, Dr. Diane Gashumba, informed the Cabinet about this development.

By press time Saturday, however, efforts to get details such as when the campaign could start, how many people would be vaccinated, and what vaccine is to be used, from the Minister or media officers under the Ministry were futile.

The latest reports indicate that international efforts to halt the Ebola epidemic in DR Congo have made significant progress, with the virus now contained to a much smaller geographical area that is mainly rural in the east of the country.

The latest Ebola epidemic in the country began in August 2018 and it has killed 2,144 people, so far, according to the World Health Organisation.

In August, Rwanda started talks to acquire at least 100,000 doses of an Ebola vaccine for a mass vaccination campaign. At the time, the Ministry of Health confirmed that the government was fast-tracking negotiations to buy doses of an Ebola vaccine.

Malick Kayumba, the Spokesperson of the Ministry of Health confirmed recently that the deal was still under negotiations, and stressed that Rwanda was "ready to do whatever is possible to protect its citizens."

The BBC reported sometime back that more than 60,000 traders in eastern DR Congo who cross the border regularly into Rwanda and Uganda are to be vaccinated.

It was not clear when exactly the mass vaccination campaign would start and the cost associated as well as the type of vaccine to be used but media reports then suggested that the experimental vaccine was backed by international health experts, including the World Health Organisation.

The vaccine in question, the BBC reported, is produced by Johnson & Johnson, American multinational medical devices, pharmaceutical, and is different from the single-dose Merck vaccine that has been used over the past year in DR Congo.
The World Health Organisation Director-General, Dr. Tedros Adhanom Ghebreyesus in August announced that they had an Ebola vaccine that is more than 97 percent effective and treatments that are more than 90 percent effective if used early enough.

Earlier, the UN health agency had announced that the co-sponsors of the Ebola therapeutics trial in DR Congo had announced advances that will bring patients a better chance of survival. Two out of the four drugs being tested were found to be effective in treating Ebola.

No case of Ebola has been reported in Rwanda but the government intensified preventive measures soon after the outbreak in DR Congo was confirmed.

In July, the WHO declared the Ebola crisis in the DR Congo a public health emergency of international concern (PHEIC), urging the international community to step up its support for a response.

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

In August, Rwanda and DR Congo Health Ministers set up joint strategies to prevent the spread of Ebola.

**Kenya: Government Relaxes Medicine Import Rules**

12th October, 2019

By The Nation (Nairobi)

The government has given a three-month waiver on Pre Export Verification of Conformity (PVoC) requirements for imports of medicines.

This is to give the relevant agencies and actors time to streamline the import and conformity assessment procedures. Kenya Bureau of Standards (Kebs) said Saturday.

Kebs managing director Bernard Njiraini stressed that this is not a blanket waiver, but one issued only to medicines and not all pharmaceutical products. He also said that all other goods being shipped into the country will be subjected to PVoC.

**NO EXTRA INSPECTIONS**

This suspension means that anyone approved to import medicines into the country will for the next three months do so without their consignment being subjected to extra inspections before importation.
Mr. Njiraini confirmed the suspension saying that after consultation with stakeholders from the industry, the standards regulator decided to extend the period for which it expects the industry to comply.

"Yes. We have given them a waiver for three months as we iron out the logistical issues that the importers raised about the PVoC programme," he told Nation on phone.

The waiver comes weeks after pharmaceutical distributors complained about new regulations that require that any goods coming to Kenya must be subjected to pre-export inspection and a Pre-export Verification of Conformity (PVoC) certificate issued.

The importers and distributors had, during a meeting with Health Cabinet Secretary last week, threatened to inflate the cost of medicines to compensate for the new charges that come with the new rule which came to effect this month.

On Friday, chairman of the Kenya Pharmaceutical Distributors Association (KPDA) chairman Kamamia Murichu said that he had received a call from Mr. Njiraini notifying him of the renunciation.

"The decision is a positive move and for the time being, will enable us to get medicines into the country as fast as they are needed," Dr. Murichu said.

He further added the pharmaceutical industry’s end goal is to ensure that the government entirely withdraws the PVoC regulation for medical consumables.

"our appeal is that the President will eventually do away with this guideline altogether," Dr. Murichu went on to say.

Mr. Njiraini conversely added that there were no pharmaceutical products held at any port.

From today, the Kenya Bureau of Standards (KEBS) will require that medicines coming into the country should be tested before they are imported. This means that every trader must have their good pre-inspected before the said goods leave the country of export and a pre-export Verification of Conformity (PVoC) issued.

This pre-inspection will cost USD $265 (Sh27,000) and will be done by KEBS six appointed companies namely: Bureau Veritas, Cotecna, China Certification & Inspection (Group) Inspection Co. Ltd, Intertek International, SGS and QISJ to inspect, sample, test, seal containers and issuance certificates of conformity.

If the goods do not have PVoC they will not be allowed into Kenya and instead will be returned to the country of export. If they come in, the importer will have to pay 30 percent of the value of the consignment.

"We introduced this additional layer of inspection to ensure that Kenyans get quality goods and drugs. We also removed the obstacles that were causing delays at ports of entry," added Mr. Njiraini.

Pharmaceutical firms have said that if the President failed to rescind the directive on the new rules, they would increase the
cost of medicines by 40 to 60 percent, to shoulder the new charges of inspection imposed on them.

The tug-of-war between importers, who make up to 80 per cent of pharmaceutical imports in the country, and the government has seen the former cease importation of pharmaceutical products until the matter is resolved.

It is important to note that whereas a letter signed by the head of public service, Joseph Kinyua said that the new rules are meant "to improve the cost of doing business and efficiency at ports of entry," the directive is yet to be gazetted.

Mr. Kinyua added that the rules were meant to ensure that goods coming into the country adhere to regulatory requirements and conform to quality standards.

There are about 250 pharmaceutical companies that import and distribute medicines and pharmaceutical products such as medical equipment and consumables to the 5,000 registered pharmacies across the country.

This industry raked in pharmaceutical imports worth Sh75.6billion (USD $728 million) last year, according to data from the Pharmacy and Poisons Board (PPB), and seen by the Nation.

Some of these companies also supply pharmaceutical products to the Kenya Medical Supplies Agency (Kemsa) which distributes medicines to the counties and public hospitals.

Kenya: Good News as Government Rolls Out Cervical Cancer Vaccination
16th October, 2019
By Nairobi News (Nairobi)

The Ministry of Health will on Friday roll out the Human Papillomavirus (HPV) virus vaccine against cervical cancer in Mombasa county.

Speaking during a media briefing Wednesday, ahead of the launch in Mombasa, the Health Cabinet Secretary Sicily Kariuki said cervical cancer - one of the leading causes of death among women - is preventable through vaccination.

"Cancer of the Cervix, is the leading cause of cancer related deaths among women in Kenya. Nine women die from cervical Cancer in Kenya alone, every day. This is one too many! Cervical Cancer is now preventable through vaccination," Kariuki said.
The vaccine that targets approximately 800,000 10-year-old girls will be administered in two doses six months apart free of charge across the country.

According to Benda Kithaka, a civil society representative working with communities to eliminate cancer, the vaccine is safe and aims at protecting adolescent girls against cervical cancer infection.

SAFE VACCINE

"HPV vaccine is safe and efficient and will be available to all 10-year-old girls. Let's not sit and watch, save our girls," said Kithaka.

The HPV vaccine pilot vaccination in Kenya was carried between 2013 and 2015 in Kitui covering 22,500 children of ages 9 to 11 resulting to 95 percent evidence based success.

Human papillomavirus (HPV) is a viral infection that's passed between people through skin-to-skin contact. There are more than 40 varieties of HPV which are passed through sexual contact and can affect your genitals, mouth, or throat.

What does the HPV vaccine do?

Various strains of HPV spread through sexual contact and are associated with most cases of cervical cancer.

Gardasil 9 is an HPV vaccine approved by the US Food and Drug Administration and can be used for both girls and boys.

This vaccine can prevent most cases of cervical cancer if given before a girl or woman is exposed to the virus. In addition, the vaccine can prevent vaginal and vulvar cancer in women, and can prevent genital warts and anal cancer in women and men.

South Sudan: Saving Children From Severe Acute Malnutrition in South Sudan's Greater Lakes Region

18th October, 2019
By World Health Organization (Geneva)

Aluak Bol arrived at the health facility anxious about the health of her 18-month-old daughter, Apen Magot Mabeny. She had a fever, excessive mouth salivation and poor appetite. She cried horribly when urinating, which was reddened.

"We don't have enough food to feed our children, especially during the dry season. Because of this condition, she is 18 months old but she doesn’t talk and walk
compared to children her age," Aluak tells the certified midwife on duty. She has five other children at home in the village of Cuei-cok in Rumbek Center, the former Lakes State.

"My daughter has not been well," she continues. "She has frequent attacks of diarrhoea and a respiratory tract infection. This is her second time to be admitted to the stabilization centre in Rumbek Hospital." Apen is quickly referred to the stabilization centre at Rumbek Hospital, which is the only facility in Rumbek, Former Lakes State capable of treating malnourished children.

"Apen was an obvious case of severe acute malnutrition with a medical complication, weighing 6.3 kg and was immediately admitted into the stabilization centre for treatment," says Martha Aping Dut, a nurse who works in Rumbek Hospital stabilization center supported by CUAMM, a non-governmental organization. She was treated with the World Health Organization's (WHO) severe acute malnutrition kit for seven days.

By the time she was discharged, she had an appetite, had gained 1 kg of weight and was given ready-to-use therapeutic food.

"I and my husband were hopeless when I brought the child to the hospital. I thought she was going to die. On my arrival at the hospital, my child was given lifesaving drugs and milk, and I gradually saw my daughter improve. Every day she got better, and every day there was progress," says her mother.

WHO helping worst cases of malnutrition in children

As measured by the latest Integrated Food Security Phase Classification, nearly 5 million people (39%) of the total population are expected to face severe food insecurity in the absence of comprehensive humanitarian assistance in the period of September to December 2019. An estimated 292,300 children are suffering or will likely be suffering by December from severe acute malnutrition. Of them, some 10% are expected to develop associated medical complications.

To reduce the health impact of the nutrition emergency in areas with the highest burden of severe acute malnutrition, WHO and partners are working to improve access to treatment. This includes providing essential medicines to 20 stabilization centres located in the counties with high global acute malnutrition (GAM) rates and developing national guidelines along with capacity-building programmes and disease surveillance.

WHO, in collaboration with nutrition partners, has provided extensive training on the management of severe acute malnutrition with medical complications, and have installed water-quality control systems and psychosocial support for caretakers of hospitalized children. They are also monitoring the quality of service provision in the stabilization centres.
To date for 2019, WHO has donated 43 severe acute malnutrition kits to the counties with a high rate of acute malnutrition in five states that were used to treat around 2,150 children who were at high risk of dying.

The WHO severe acute malnutrition kit provides medical treatment for 50 children younger than 5 years: antibiotics; antifungal, de-worming, antimalarial and anti-scabies medicines and a rehydration mix specific to treat severe acute malnutrition.

"It is our top priority to prevent children from dying of severe acute malnutrition," says Dr. Olushayo Olu, WHO Representative in South Sudan. "Thanks to the continued support of the South Sudan Humanitarian Fund, WHO is taking every opportunity to make lifesaving interventions available, from locating children in need to the quick treatment of malnourished children."

"In the stabilization centre, we provide not only the treatment for severe acute malnutrition with medical complications but also health education to mothers and caregivers of the admitted children on a balanced diet. [And we offer] psychological support and screening of specific causes to save the lives of children," says Dut, the nurse who admitted baby Apen. It is working she says, having inspected her centre's records that indicate a reduction of deaths related to severe acute malnutrition.

Baby Apen's mother is the latest testament to the lifesaving interventions. "Today, my child is alive! Without these services, I would have lost her - the facility saves lives of innocent children like mine."

She leaves the hospital vowing to give back by helping forward: "So many children are dying of malnutrition due to lack of knowledge on the availability and accessibility of the stabilization centre in the Greater Lakes region. I will mobilize and advise all mothers whose children are malnourished to use the services in the stabilization centre."

Compiled by:

EAST AFRICAN HEALTH PLATFORM
P.O Box 357, ARUSHA - TANZANIA
Plot # 137/1, Kijenge GG - Off Nelson Mandela Road
+255 739 357 000 - eahp@eahponline.net - www.eahponline.net

@EAHP Health News-Cap East Africa 12th -18th October 2019