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East Africa: EAC Presents U.S 111 Million Budget to Regional Assembly
20th June, 2019

By The New Times (Kigali)

The East African Community budget was presented to East African Legislative Assembly on Wednesday afternoon with the bloc planning on spending $111,450,529, up from the current budget of $99,770,716.

The budget was presented by the Deputy Minister for Foreign Affairs and East African Cooperation, Damas Ndumbaro of Tanzania.

The 2019/2020 Budget is themed, "Transforming lives through industrialisation and job creation for shared prosperity.

The priority interventions for include the consolidation of the Single Customs Territory and promotion of intra and extra EAC trade and export competitiveness, development of regional infrastructure, effective implementation of the Common Market Protocol and the enhancement of regional industrial development.

Under the proposal, the secretariat will receive over $53.3m, East African Legislative Assembly $18.9m while the East African Court of Justice has been allocated $4.2m.

The Inter-University Council for East Africa will receive $9.6m, Lake Victoria Basin Commission $13m while $ 4.1m is earmarked for the Lake Victoria Fisheries Organisation.

East African Science and Technology Commission shall receive $ 1. 9m, East African Kiswahili Commission $ 1.5m and the East African Health Research Commission is set to receive $4m.

The 2019/2020 Budget is to be financed by Partner State contributions through the Ministries of EAC Affairs at a tune of $49.8m while ministries responsible for Education will contribute $4.4m and ministries responsible for Fisheries $ 2m.

Development Partners will support the community more than the members states, to the tune of $54m while member universities will inject into the kitty $ 468,300.

With donors and development partners funding close to half the budget, financial liquidity issues and self-financing ambitions continue to fall short. The largest donors include Canada, Denmark, Finland, France, Germany, DfID-UK, European Union, World Bank and Norway.

Financial challenges are not a new concern for the East African Community. Over the recent years, complaints by the secretariat on inability to conduct their affairs due to lack of finances has become common.

In a retreat held in Kigali in April this year, the secretariat decried severe liquidity issues caused by lack and late disbursements by Partner States.

For instance, as of January 30th 2019, contributions by Partner States towards the EAC Main Budget stood at 45 per cent, several activities have been postponed due to lack of funds.
The need to identify alternative sustainable financing mechanisms for the community has been in consideration for several years now with little progress made.

**Tanzania: Govt Launches National Ear Care Strategic Plan**

20th June, 2019

By Tanzania Daily News (Dar es Salaam)

The government yesterday launched a four-year national strategic plan for ear and hearing care 2019/23 with commitment to reaching most rural dwellers.

Launching the plan, Minister for Health, Community Development, Gender, Elderly and Children Ummy Mwalimu said the government had made remarkable efforts to ensure there was a significant reduction in the number of people with hearing impairment.

"This," she said, "has been made possible through improvement in screening and diagnostic services at community, school and workplace levels to ensure timely diagnosis and treatment." "In the past 10 years we managed to increase the number of ear, nose and throat (ENT) specialists from 11 in 2009 to 46 last year," she said.

She added that the government was supporting experts to perform surgery meant to repair hearing impairment, including cochlear implants at Muhimbili National Hospital (MNH). Ms. Mwalimu gave an example of a single procedure, saying the government had subsidized almost 35m/- as initial cost for installation of a cochlear implant to all under five children with profound hearing impairment.

"In the past two years our experts attended to 23 children and there were more than 100 children queuing for this service. We look forward to expanding this service to other specialised hospitals and improve preventive services, which are cheap and easy to manage even at household level," she noted.

She said among the top 10 causes of ear and hearing problems 60 per cent were preventable at no cost, the remaining 40 per cent might need expert management.

She noted that chronic ear infection, use of antibiotics with autotoxin effects without consulting a physician, mechanical injuries to the ear drum by inserting instruments or excessive noisy pollutions like in industries and use of earphones were among the causes.

"Lack of awareness about risk factors and preventive measure are some of the major concerns that this document will address although lack of skilled human resources is a big challenge. To date, one ENT specialist
serves more than one million people," she said. She added that one audiologist served almost 18 million Tanzanians and one speech and language specialist served also 18 million Tanzanians.

"It is my sincere hope that through this partnership with Starkey Foundation for Ear and Hearing Care we will address these challenges and come out victorious as one team."

The strategy, the minister said had come at the right time given an increase in the number of people diagnosed with hearing impairment due to increased exposure to risk factors attributed to rapid urbanisation, industrialization and a rise in non-communicable diseases.

The minister explained that establishing the extent of ear and hearing problems especially in communities had been challenging due to inconsistency and limited resources to conduct population-based surveys.

However, in some selected studies in different settings, it has been shown that, almost three per cent of primary schoolchildren have different degrees of hearing impairment.

Data shows that, at least 24 per cent of people with chronic conditions particularly diabetes and almost 50 per cent of people in mining and textile industries suffer from varying degrees of ear and hearing problems.

The ear and hearing problems compromise significantly the quality of life and affect more children in their developmental age, as the damage resulting from hearing problems affects learning and their level of functions in all domains of life, including academic, social and occupational skills.

For her part, Curative Services Director, Dr. Grace Magembe, said they aimed at early hearing disability interventions and expanding health services to rural health facilities where majority of people were living.

Dr. Bill Austin from Starkey Foundation for Ear and Hearing Care stressed a need to address ear and hearing impairment from early age.

Uganda: Ebola Outbreak Puts DR Congo's Neighbors on High-Alert
15th June, 2019

By Deutsche Welle (Bonn)

The WHO has not declared the current outbreak an international emergency. But neighboring countries considered at risk have upped their preventative measures after the virus spread to Uganda earlier this week.

The World Health Organization (WHO) stopped short of declaring the current Ebola outbreak in the Democratic Republic of Congo an international emergency following a meeting on Friday night. The decision came after the confirmation of the spread of the virus to Uganda, where three new cases were discovered earlier this week.

However, the panel of 13 independent medical experts on the WHO's Emergency Committee stressed that the outbreak
remains an "extraordinary event" in the region and advised neighboring "at risk" countries to improve their preventative measures.

"This is not a global emergency, it is a severe emergency and it may affect neighboring countries," the panel's acting chair, Dr. Preben Aavitsland, told reporters at the agency's Geneva headquarters.

The current Ebola epidemic is the second-worst in history after the 2014-16 West African outbreak. The first cases of the current outbreak were reported in eastern DR Congo in August 2018, with the number of confirmed cases currently at 2,108, including 1,411 deaths.

The virus's spread to Uganda sparked fears that controlling the spread had become increasingly difficult despite the presence of health workers and a ring vaccination strategy. All three cases in Uganda were recorded in the same family who had crossed the border from DR Congo.

**Concerns over economic and political impact**

A number of medical observers had earlier predicted that the WHO would declare an official emergency, as it typically leads to an increase in funding, resources and political attention. WHO says at least $54 million (€48 million) is needed to stop the outbreak. Prominent public health law professor Lawrence Gostin took to Twitter to express his concern over the WHO's decision.

However, Aavitsland said declaring a global health emergency could potentially lead to severe restrictions on travel and trade in the region, significantly harming the DR Congo's already-struggling economy in the process.

"It is the view of the Committee that there is really nothing to gain by declaring a PHEIC (Public Health Emergency of International Concern), but there is potentially a lot to lose," he said.

Mathias Kamp, the Uganda representative of the Konrad-Adenauer-Stiftung (KAS), believes the decision was also made following consideration of Uganda's overall preparedness to deal with the virus.

"From a medical perspective I think it reflects the trust of the WHO in the authorities in Uganda," he said. "I think there is a strong conviction that Uganda can handle it."

**Uganda prepared for outbreak**

Uganda has experienced five outbreaks of Ebola since 2000 and is widely regarded today as a leader in prevention and treatment measures due to its past successes in stopping the spread of the virus. Uganda's Minister of Health, Dr. Ruth Jane Aceng has asked the population to remain on alert and to observe a no-handshaking policy until the current outbreak is under control.

"From Friday we will begin the vaccination of frontline health workers, other workers and ring vaccination of their contacts," she said.

While conspiracy theories about Ebola remain rife in DR Congo, fueled by rebel attacks on health workers, Uganda's previous experience with the virus combined
with a mass education campaign is likely to deter the spread of misinformation.

"The Ugandan authorities and their international partners have gone out of their way to really make sure that people are informed," Kamp told DW. "There have been massive campaigns, health workers have been going from door-to-door in neighboring areas including where they discovered the most recent cases."

Read more: Conflict, superstition and inadequate funds hinder Ebola fight in DR Congo

But despite optimism from authorities, some Ugandans feel uneasy following the news of the most recent cases and believe authorities need to do more to educate citizens about the virus.

"The government has not done enough to sensitize people about Ebola," Kampala resident Sharif Lubogo told DW. "I think the acknowledgement [of the virus] should have started in rural areas."

Another Kampala resident, Isaish Mbuga, is worried that people will panic if they suspect they may be infected.

"You know when people have the symptoms they want to hide and then they mix with the greater population which spreads the disease to wider areas," he told DW.

Ugandan authorities have identified 98 individuals who may have been exposed to the virus, 10 of whom are considered "high risk." The group will be given an experimental vaccine over the weekend.

Medical workers at the frontline of Uganda's efforts to contain Ebola have complained of inadequate support, claiming that millions of dollars spent on preparation to tackle the virus have not been properly spent.

"People know that the Ugandan authorities aren't the most efficient and have issues of corruption and so on," says Kamp. "So people are now waiting to see if Uganda's preparedness is as good as most observers have been saying... If the response mechanisms appear not to be as effective as anticipated the mood could change dramatically."

South Sudan ready to act

The spread of the Ebola virus into Uganda has also prompted authorities in South Sudan to tighten their surveillance along its border with DR Congo.

Dr. Richard Lako, South Sudan's Incident Manager at the Ministry for Health, said a new $12 million plan would be put in place to ensure the country could respond swiftly in case Ebola crosses the border.

"The confirmed cases in Uganda are a sobering reminder that the Ebola virus has no respect for borders," he told reporters during a press conference in Juba on Friday. "We have to take urgent steps to further protect the people and residents in South Sudan and make sure we respond quickly."

Rwanda and Burundi have also increased their preparedness measures in recent days, with both countries intensifying their border surveillance and encouraging the public to remain vigilant towards possible symptoms.
Rwanda to Roll Out New Safety Measures for Blood Transfusion

16th June, 2019

By The New Times (Kigali)

Rwanda is set to rollout new measures to ensure safety of blood transfusions this year.

The safety of blood transfusions in Rwanda already stands at a good quality level since the National Centre for Blood Transfusion (NCBT), holds a Level Three accreditation, the top most level that the African Society for Blood Transfusion (AFSBT) awards for quality and meeting operational requirements.

Among the safety measures currently available, the NCBT tests all blood donations for HIV 1&2, Hepatitis B and C viruses and Syphilis.

Nevertheless, there is still room for improvement, and this year, the institution is expected to add more safety measures to blood transfusion with the introduction of leukal reduction technology.

According to Dr. Swaibu Gatare, the Division Manager of National Centre for Blood Transfusion, this technology helps in removing white blood cells from the blood that transfused to patients in order to avoid Human Leukocyte Antigen Allo-immunization, a situation of adverse after-transfusion that arise as a result of incompatibility between the recipient's white blood cells and those of the donor,

"This happens especially to patients who are immunosuppressed (patients with reduced immunity) like the elderly, children, HIV/AIDS patients, and cancer patients on chemotherapy," he said.

Among other safety measures, NCBT has introduced a hemovigilance programme from 2015 on both donor and recipient sides. This monitors the effects of blood transfusions to the patients who have been transfused, or the donors themselves.

In 2016, adverse events associated to donation dropped to 46 and transfusion reactions to 20 cases. The drop in donation related adverse events was attributed to regular training given to NCBT personnel in charge of donor qualification and phlebotomy, on prevention of adverse donor events.

In 2017, NCBT introduced an online hemovigilance system that serves as an interface between hospitals and NCBT. With this system, NCBT receives real time data on transfusion reactions, transfusion records, and hospital inventory status, among others.
NCBT has also started creating Hospital Transfusion Committees (HTC) and organising regular training and meetings with committee members for critical case management.

The institution has also rolled out Apheresis technology that allows donors to give only a specific component of blood like platelets, or plasma.

Rwanda’s National Centre for Blood Transfusion collects close to 80,000 units of blood currently and all donations are 100 percent free.

Speaking during a recent interview, Dr. Jeanine Condo, the Director General of Rwanda Biomedical Centre, said that some of the common recipients of blood transfusions in Rwanda are pregnant mothers who experience post-partum hemorrhage condition (bleeding after giving birth), malaria patients who delay to come to health facilities and develop anemia, cancer patients, as well as traffic accident victims.

Uganda: 38 Arrested, 592 Illegal Drug Shops Closed in NDA Operation
15th June, 2019

By The Monitor (Kampala)

Jinja — At Butaba village, Buyanga sub-county in Bugweri district, a senior one dropout has been arrested after allegedly being found selling drugs at Desire Drug Shop, a substandard drug outlet.

Located at Musongora village, Kapyanga Sub-county in Bugiri District, the outlet was also closed since it was being managed by unqualified personnel.

The operation by police and National Drug Authority (NDA) officials were shocked after discovering that that St Denis Drug Shop, in Kagulumira Sub-county, Kayunga District, had been turned into a clinic.

At Nansololo Trading Centre, in Kamuli District, Mr. Martin Mwanyi was arrested and detained at Kamuli Police Station after being accused of managing an illegal drug shop.

During the operation, NDA and police arrested, impounded and closed drug outlets that were selling government drugs.
Mr. Samuel Kyomukama, the head of enforcement who led the operation, said 592 outlets have been closed in the operation that kicked off in March to clamp down on illegal health service providers.

Mr. Kyomukama said 1,034 boxes of assorted medicines worth Shs361.9 million have been impounded and 38 people netted from 1,206 drug outlets.

"We have impounded drugs from unlicensed outlets. Premises that have been found unsuitable for keeping drugs have been closed and unscrupulous operators arrested," he said.

Mr. Kyomukama said the suspects will be prosecuted.

Mr. Kyomukama said that in South Eastern region, during operations that kicked off on June 10 and ended on June 14, 138 outlets were closed and 270 boxes of assorted medicine worth Sh94.5 million impounded.

The NDA South Eastern Regional Manager, Mr. Muhammad Lukwago, said that most operators of drug shops were carrying out clinical work yet their licenses do not permit them to treat, examine patients or perform minor surgeries.

Mr. Lukwago said the impounded drugs include 600 units of gripe water from Ntuuyo Drug Shop in Iganga town.

He said that during the operation, they also recovered malaria rapid test kits labelled "Government of Uganda".

The NDA Public Relations officer, Mr. Fredrick Ssekyana, said the aim of the operation was to "save" the public from unlicensed and unqualified personnel.

"Medicines in unlicensed drug shops is stored in unsuitable conditions exposing the population to wrong prescription because these most people who run them are not qualified. They don't know how to handle medicine," he said

Mr. Ssekyana said: "They [illegal drug outlet operators] just target money by availing any product which leads to drug resistance and other related risks and complications including death."

Residents speak out

Mr. Peter Olego, a resident of Kawongo village, Galiraya Sub-county in Kayunga District applauded the closure of the unlicensed drugs shops saying it will enable them get services from qualified people.

"Most of our drug shops have unqualified personnel who put our lives at risk," Mr. Olego said.

Ms. Nooriat Namuli, a resident of Buwenge Trading Centre, said she is unhappy with the closure because government health centres are located miles away and they have no drugs.

"We have been getting services from these drug shops but they have now closed. This is unfair. When you visit government facilities, you are always referred to drug shops to buy medicine," she said.

The operation has been conducted in six regions including central, northern, eastern,
south western, north western, and south eastern Region.

Some of the districts covered include, Bugiri, Buikwe Bugweri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Kayunga, Luuka, Mayuge, Mukono, Namayingo, and Namutumba.

Requirements

According to NDA Licensing guidelines of 2019, drugs shops are supposed to be run by professionals with approved medical pharmaceutical or veterinary qualification and must be registered with the professional council.

Pharmacy technicians /dispenser, registered or enrolled nurse, comprehensive nurse, registered or enrolled midwife are the only professionals.

Tanzania: Public Put on Ebola Alert
16th June, 2019

By Tanzania Daily News (Dar es Salaam)

The government has warned members of the public to be on the alert following an Ebola outbreak in the Democratic Republic of Congo (DRC) and recently reported in neighboring Uganda, stressing that it has intensified measures against the deadly viral disease.

Speaking in Mwanza Region yesterday during her tour of one of the Ebola isolation centers as part of the national preparedness measures, Minister for Health, Community Development, Gender, Elderly and Children Ummy Mwalimu called upon members of the public to be on the alert.

"The Ebola outbreak in Uganda increases chances of the disease crossing to Tanzania, thus the government through the Ministry of Health warns Continues on pg. 3 members of the public of this deadly disease," Ms. Mwalimu said.

She, however, said Tanzania had not reported any case of Ebola, but it was not immune from the disease due to cross-border interactions.

"There is no reported case of Ebola in the country, but since the disease has crossed to Uganda and due to cross-border interactions with the neighboring Uganda, there are high chances of contracting the viral disease," she added.

Ms. Mwalimu noted that regions which were at higher risk of the disease included Kagera, Mwanza and Kigoma and those at moderate risk were Katavi, Rukwa, Mbeya and Songwe.

"Because of this situation the entire country is at risk and the government will continue
educating members of the public about the disease and preventive measures."

She explained that, the Ebola outbreak was reported in Kasese District - Southwest of Uganda, which borders Kyerwa District in Tanzania's Kagera Region.

Ms. Mwalimu said on June 11 a five-year-old child was confirmed to have contracted the deadly virus, but unfortunately died on the following day.

She added that two more people from the same family were also confirmed to have contracted the disease, thus making a total of three confirmed cases of Ebola and two deaths in Uganda by June 13, this year.

Ms. Mwalimu added that Ebola was reported for the first time in DRC in August last year, but according to reports from the central sub-Saharan African country and World Health Organisation (WHO) until June 14, this year, there were 2,108 Ebola patients and 1,411 deaths.

"This is a big challenge because the disease's mortality rate is very high because according to statistics in every 100 Ebola patients, 77 of them died," she said.

The minister further said that since Ebola cases were reported in DRC her ministry had taken and would continue taking preventive measures against the deadly virus, among them being to warn of the disease through regional administrative secretaries across the country, which also included the issuance of a disease fact sheet and guidelines to the health staff on how they could take samples.

She said the government had also strengthened a coordination and monitoring system through the health staff in regions, districts and entry points and screening of people entering the country through various entry points and availability of walkthrough and hand held thermal scanners.

"We have already distributed sets of 3,500 personal protective equipment for the health staff through Medical Store Department zonal offices, but following the recent threat we will provide 4,000 more sets that will be distributed to communities and all regional and district hospitals as preparedness measures," she said.

The minister, however, directed all regions and councils in the country to strengthen the integrated disease surveillance and response system and provide weekly reports on time and involve various stakeholders in regions and councils in setting up various strategies of combating the disease.

Kenya: Multimillion-Shilling Hospitals Remain Empty as Patients Suffer
16th June, 2019

By The Nation (Nairobi)
A photo of Kenyatta University Teaching, Referral and Research Hospital taken on May 24, 2019. It is not yet operational

In Summary

- In Nyeri and Murang’a counties, health facilities constructed using taxpayer’s funds are yet to deliver services due to financial difficulties.
- In Murang’a, most dispensaries and health centres built with CDF money are yet to be opened due to political tiffs between MPs and their rivals.

Hundreds of health facilities that cost the taxpayer millions of shillings to construct remain unused several years later, forcing thousands of Kenyans to travel long distances in search of medical attention.

Interviews with various stakeholders in the affected institutions blamed the situation on myriad factors, including lack of political goodwill, land ownership tussles, shortage of trained personnel to run the institutions and outright corruption.

A case in point is Kenya’s sixth national referral facility, the 600-bed Kenyatta University Teaching, Referral and Research Hospital, which remains idle two years after its completion due to an ownership and management dispute. The public university has insisted on owning it.

The hospital’s acting chief executive officer, Dr. Jacob Toro, on Saturday maintained that plans to commence services at the hospital in August are well on course.

STATE AGENCY

He told Sunday Nation that despite a few minimal administrative hitches that they have experienced, all efforts geared towards commencing operations are in progress.

"There may be normal administrative hitches here and there but we are well on schedule. So far so good. We are working towards having the soft launch as scheduled earlier. If there are any changes, we shall let the public know; but at the moment the deadline of August still remains," said Dr. Toro.

He added that hiring of staff is set to begin soon after positions are advertised within the next two weeks.

Health Cabinet Secretary Sicily Kariuki, while announcing the appointment of Dr. Toro as acting CEO, said the hospital will be an independent State corporation which will be run by a board chaired by Prof Olive Mugenda.

The board is expected to come up with an inauguration date within a month. "The board is under no obligation to take over any
persons who have been working in the background because we want you to have a freehand in the operations of the facility. Any subsequent secondment of staff to the facility will be done by the board with concurrence from the Ministry of Health," Ms. Kariuki said.

**DECONGESTION**

The hospital has 28 intensive care unit (ICU) beds and a neonatal intensive care unit.

It is expected to help decongest Kenyatta National Hospital whose bed capacity has remained flat at 1,800 over the years despite demand ballooning to an annual average of 700,000 for inpatients and 600,000 for outpatients.

The Cabinet Secretary said the facility will also be one of the centres of excellence for cancer management in the country.

In Nyeri and Murang'a counties, health facilities constructed using taxpayer's funds are yet to deliver services due to financial difficulties and supremacy battles among politicians.

For instance, the Sh1 billion Othaya Level Six Hospital is yet to open its doors to the public nine years later.

The 350-bed health facility was commissioned by then-President Mwai Kibaki in 2010 and was scheduled to be complete by October 2012, but it was hit by a cash crisis, forcing the Jubilee government to inject in more money.

**RECRUITMENT**

The project was a campaign agenda in both the 2013 and 2017 elections, with contestants vowing to ensure its completion.

Its opening date has been postponed numerous. In November 2016, President Uhuru Kenyatta inspected the facility and expressed his displeasure over the delay in commencing operations.

He announced that the government had released an additional Sh300 million towards its completion. The initial budget was Sh700 million.

Recently, area MP Gichuki Mugambi announced that the government was in the process of recruiting doctors and other staff for the hospital.

"The hospital will be serving at least seven of the neighbouring counties. Recruitment of doctors will be complete by July, this year. The sewerage system will also be extended to Othaya town," said Mr Mugambi.

Nyeri Governor Mutahi Kahiga said the devolved unit had transferred administration and management of the hospital to the national government following its elevation to level six status.

In November last year, Health Principal Secretary Peter Tum toured the facility and said it would be opened before the end of that year.

**POLITICS**

He also said the ministry was in the process of posting specialised doctors in various fields to save patients from travelling to far-
flung areas and overseas to seek health services.

In Murang’a, most dispensaries and health centres built with National Government Constituency Development Funds (NGCDF) are yet to be opened due to political tiffs between MPs and their rivals.

County health officials accuse sitting MPs of refusing to complete or operationalise health facilities started by their predecessors.

Seventeen health centres and dispensaries are yet to be operationalised. "The biggest challenge is when the MP who initiated the project is not re-elected. When a new MP takes over, he abandons the project due to fear of audit queries and this proves difficult to us to take over," says the county Health executive Joseph Mbaai.

However, even after former Kangema MP Tirus Ngahu completed the construction of Kangema Level Four Hospital and a morgue in 2016, it took the devolved unit two years to operationalise it, with observers citing supremacy battles between the devolved unit and the MPs.

In Nyandarua County, residents of Kaimabaga Ward in Ol Kalou constituency are yet to access services at Gichungo Dispensary 14 years after its construction, forcing the community to seek treatment at JM Memorial Hospital, more than 10 kilometres away.

Kenya: Nurses Ready to Plug Shortage of Anaesthesia Providers
17th June, 2019

By The Nation (Nairobi)

The Council of Governor (CoG) has raised concerns over an acute shortage of anaesthetists in the country.

According to the chair of CoG's Health Committee Mohamed Kuti, there are only 788 anaesthetists in the country, a shortage that compromises on the delivery of quality health services.

In a speech read on his behalf by Nyeri County health minister Ms. Racheal Kamau, he said that the ratio of physician anaesthesiologists stands at 0.44 per 100,000 people against the recommendation of four by the World Health Organization.

"In Kenya we face a huge gap in the number of physician anaesthesia providers. This is one of the reasons non-physician anaesthesia providers are vital to bridge the gap. We still have a long way to go in terms of numbers," said Mr. Kuti who is also the Isiolo governor.

NURSE ANAESTHETISTS
Mr. Kuti was speaking during the launch of a document on the scope of practice for the Kenya Registered Nurse Anaesthetists (KRNA).

He lauded the KRNA for launching the document saying it is a sound guideline to the practice of nurse anaesthetists in the country.

The Center for Public Health and Development (CPHD) Executive Director Steve Adudans said the programme was set up to meet the shortage.

In counties such as Taita Taveta, patients have had to be taken to Tanzania for surgeries while in Mandera there are only two anaesthetists.

Ministry of Health’s director of nursing services Mary Nandili said the new guideline will ensure that nurse anaesthetists are accountable to patients.

"My office commits to pushing for the development and distribution of a scheme of service to further support the entrenchment of this cadre in the health sector by the end of 2019," she said.

**NURSE RECOGNITION**

KRNA national chairman Samson Miriti said county governments are yet to embrace nurse anaesthetists.

"We hope this will change as we now have definition of roles and responsibilities that will help counties create a job description to use in recruitment process," said Mr. Miriti.

The KNRA boss said nurse anaesthetists have been locked out call allowance benefits despite a recommendation by the Salaries and Remuneration Commission in 2015.

"This has not been effected in every county. We are asking for fair compensation for the specialised services we provide," said Mr. Miriti.

KRNA was established five years ago and has 200 members in 39 counties.

**Africa: How Africa’s Porous Borders Make It Difficult to Contain Ebola**

15th June, 2019

By The Conversation (Johannesburg)

A health worker collects a bible to give to one of the confirmed ebola patients in a MSF supported ebola treatment centre (ETC) on November 03, 2018 in Butembo.

More than 2000 cases of Ebola have been recorded in the Democratic Republic of the
Congo (DRC) since last August. Now, despite authorities' efforts - such as screening millions of travellers moving between the DRC and its neighbours - the disease has spread.

The World Health Organisation announced on 12 June that a five-year-old boy had died in Uganda after testing positive for Ebola. A day later, his grandmother died. It's believed he contracted Ebola when they attended the funeral of his grandfather (who died of Ebola) in the DRC. The Conversation Africa's Natasha Joseph asked Professor Mosoka Fallah to explain the implications.

There have now been two Ebola deaths in Uganda. Do we know anything more about these cases?

We now know that a family of 14 travelled from the DRC to Uganda. Most of them crossed at the formal border, but five evaded the main port of entry. Instead they crossed over informally. Those five arrived with symptoms that included diarrhoea and bleeding. This implies a period of illness in the DRC and that they were most likely symptomatic while travelling.

It appears they knowingly evaded the official check point that would have monitored their temperature and physical signs to pick them up as possible Ebola cases.

In some ways this is a replica of the cross-border import and export of Ebola cases between Guinea, Liberia and Sierra Leone that were hit by the 2014 outbreak. Many borders between countries in the region are porous: people are in fact much more likely to cross into a neighbouring country without even going through a formal border crossing.

People cross for all sorts of reasons. One of them is funeral rites. The spread of the cases from Guinea to Liberia and eventually to Sierra Leone centred on funeral rites.

Authorities have worked hard to keep Ebola from spreading beyond the DRC. Does the spread mean they need to do more, or do things differently?

The response teams from both the DRC and Uganda must be commended for preventing the mass cross-border export of Ebola cases given the complex nature of the current outbreak.

There are a lot more informal crossings than the formal ones. The surveillance system for scanning people who are crossing into Uganda are at these formal crossings. This isn't always foolproof. When I was working in Liberia during the West African epidemic between 2014 and 2016, we found that some people would take antipyretic medications to avoid being detected at the formal border crossings. These drugs bring fevers down so that scanners don't detect a high temperature.

You may wonder why people would do this. The reality is that people across geographical boundaries don't have any physical boundaries in their minds. When they are in the DRC and fall ill, they will do what anyone would: seek support from their relatives and friends, some of whom are in border towns.

All of this means that health authorities' interventions must be strategic. They cannot
physically monitor all of the informal porous borders between these countries.

What they need to do now is to mobilise all of the towns and villages that share border points with the regions of DRC that are at high risk for the export of Ebola. These villages and towns can physically monitor their individual crossing points. The local leaders and chiefs can keep a visitor log and identify a common building to keep new visitors from the DRC for observation. These logs should be reported to the regional response team daily.

The visitors can then be tracked back to their village of origin to investigate any linkage to a cluster of cases. Coordinating visitors' movements across the multiple borders will be the greatest strategic intervention. If possible, mobile application can be deployed to local youths to enter these data for real time reporting and coordination.

This strategy was employed in Liberia during the latter part of the Ebola crisis in the region and was critical in preventing the cross-border import of cases. Even within Liberia some counties - sub-regional division - did this to prevent the import of cases from Monrovia or neighbouring counties. When Lofa County went to zero in November of 2014, it was able to maintain that status by using these methods.

What is being done now to try and ensure the cases in Uganda do not lead to more Ebola infections?

Health workers are tracking the cases, finding out who the five people came in contact with and then taking them to a treatment centre immediately. From the recent situation report from Uganda, they have tracked down 98 contacts which is very impressive. As the average number of contacts per case is 10-12. But they have gone beyond that average.

These are very critical response steps in any epidemic. The surveillance team has to enter the mind of a typical villager from the DRC who knows they're infected and is trying to escape to relatives in Uganda. They will have to figure out whether the infected people visited traditional healers or local medicine stores. How long were they in Uganda before they were picked up? In this way they'll be able to identify all the contacts and monitor them.

Ebola is a very difficult disease to contain because of human social and behavioural factors. But it can be easily contained if 100% of the infected people's contacts are identified and monitored and if cases are quickly removed into treatment units. The sooner you are treated, the higher your chances of surviving Ebola. And the more survivors there are, the more the community will trust response workers.

Mosoka Fallah, Deputy Director General at National Public Health Institute of Liberia and Visiting Scientist, Harvard Medical School

Kenya: Travelers to be screened for Ebola in Preventive Measures against Deadly Virus
16th June, 2019
Nairobi News (Nairobi)
The Ministry of Health has put in place a number of measures - including screening of incoming travellers from Uganda and the Democratic Republic of Congo at the major airports and points of entry - to prevent the spread of the deadly Ebola virus into the country.

Another statement posted on the Facebook page of Silverstone Air further indicates that all travellers from Kisumu International Airport will similarly be subjected to reverse screen at the points of entry.

According to the statement the travelers will be issued with an Ebola Surveillance Forms which they will present to health officers once they reach their destination.

PRESS STATEMENT ON THE STATUS OF EBOLA PREVENTION AND RESPONSE MEASURES IN THE COUNTRY pic.twitter.com/MELBsKI3h0

-- Ministry of Health (@MOH_Kenya) June 12, 2019

DEADLY VIRUS

So far, two people have been reported dead in Uganda after contracting the deadly virus whose first case was reported in the DRC.

Since the death of the two, Kenya has intensified screening at the border entry points of Busia and Malaba.

"We appeal to members of the public to remain vigilant and report any suspected cases of persons presenting above symptoms and with a history of recent travel to affected countries, to the nearest health facility or Health’s Emergency Operations Centre through the following hotlines 0732353535/0729471414," the Ministry said in the statement on its Twitter handle.

Uganda to Import Trial Ebola Drugs
19th June, 2019

By The East African (Nairobi)

World Health Organisation Director General Tedros Adhanom Ghebreyesus and President Yoweri Museveni at State House, Entebbe, on June 17, 2019

Uganda will receive therapeutic treatment for Ebola virus with support from the World Health Organization, Health minister Dr. Jane Aceng said on Tuesday.

The medicine is expected in the country in two weeks after they were cleared by the National Council of Science and Technology and National Drugs Authority.

"It is still a trial drug. We can only administer it in a research. Uganda is ready to go. Our threat of Ebola has not reduced. We shall
maintain ourselves in a response mode because the borders are still open and Ebola in DR Congo is not going down and the affected areas are near us,” Dr. Aceng said.

Prof Pontiano Kaleebu, the director of Uganda Virus Research Institute (UVRI), said there are four different types of the drug: one is made of antiviral antibodies while the other three are monoclonal antibodies.

“If you use them, the number of those who survive increases compared to supportive treatment where they mainly use fluids and nutrition,” Prof Kaleebu stated.

Uganda has not registered any new confirmed Ebola case, but there are two people displaying Ebola symptoms who have been put under isolation at Bwera Ebola Treatment Unit.

“Currently, 92 contacts to the confirmed Ebola cases in Kagando and Bwera are being followed up daily,” the press statement issued on Tuesday states.

By Monday, a total of 128 contacts and non-vaccinated frontline and health officers had been vaccinated.

WHO director general Dr. Tedros Adhanom Ghebreyesus on Monday held bilateral talks with President Yoweri Museveni to discuss potential interventions to end the Ebola outbreak in Kasese District and DR Congo.

Dr. Ghebreyesus visited Butembo and Katwa, areas affected by the outbreak in North Kivu Province in Eastern DRC prior to his arrival in Uganda.

Kenya: Mutua Closes Clinics Stocking Drugs Stolen From Public Hospitals

17th June, 2019

By Capital FM (Nairobi)

Machakos — Governor Alfred Mutua on Monday revoked business permits of all privately run health facilities operating within a radius of three hundred meters from key public health institutions across the county.

This is after the expiry of a three-month notice issued by the county boss on February 7 this year directing the business operators to relocate in a move aimed at curbing theft of medicine from public hospitals.

Nineteen people were also arrested in a raid on private clinics, chemist shops and laboratories located near Machakos level 5, the county's largest health referral facility.

"We are doing this in the interest of the general public who are being exploited every day and overcharged for medical services which are supposed to be offered free of charge in all public hospitals,” Dr. Mutua said.

Several operators who got wind of the raid however closed down their businesses and managed to escape.

The governor said despite having issued the relocation notice to the operators of the private health facilities, there were still widespread complaints from members of the public that they were still being
'referred' to private clinics to buy medicine or procure various medical services.

Dr. Mutua termed the trend 'dangerous' and one of the greatest hindrances to the Universal Health Coverage program.

"In Machakos we are implementing the Universal Health Coverage where all residents who have signed up are enjoying free medical services in all public health facilities. Unfortunately, there is a clique of corrupt officers working in my government who have been colliding with rogue traders and private clinicians to erode the gains we have made," Dr. Mutua said.

The governor directed the County Executive Committee member for decentralized units to immediately launch a countywide crackdown on the facilities which are operating against the laid down regulations.

For level 3 facilities, the governor announced privately run health facilities will only be allowed to operate minimum of 100 meters away.

He said data will be gathered about dispensaries and advisory on the same issued in the next few days.

"This exercise will be conducted across the county under the leadership of the county minister for decentralized units beginning today. We want to ensure that impunity and disregard of established regulations are done away with in Machakos," Dr. Mutua charged

Kenya: Medical Dons at MTRH Strike over Unpaid Clinical Allowances
17th June, 2019

By The Nation (Nairobi)

Learning has been interrupted at the Moi University's School of Medicine after lecturers went on strike over unpaid clinical allowances.

The lecturers said on Monday that they had issued a strike notice on June 6 to the university's Vice Chancellor Isaac Kosgey and the Moi Teaching and Referral Hospital (MTRH) Chief Executive Officer Wilson Aruasa threatening to down their tools for the delayed payment of the allowances.

"We officially started the strike today. We have stopped giving our services at the Moi University College of Health Sciences. We issued a one-week notice to both the university vice chancellor and MTRH CEO before we downed our tools," Dr. Ishmael Aiyabei, the Kenya Medical Practitioners, Pharmacists and Dentists Union branch secretary told the Nation by phone on Monday.

NO COMMITMENT

According to Dr. Aiyabei, the university failed to show any commitment in ensuring the payment of the outstanding enhanced clinical allowances, backdated to January 1, 2017, in the June 2019 salaries.

"After the 100 days doctors' strike back in 2017, all doctors were [awarded] enhanced clinical allowances. But since then the
doctors in universities have not been paid. We have been patient enough. But we have realised that Moi University has no commitment to pay us even after issuing them with the strike notice,” said Dr. Aiyabei

In a letter addressed to the Moi University VC and MTRH CEO, the lecturers indicated that all duty rotas, timetables and examinations had been suspended until further notice for all the medical lecturers, registrars and students.

Efforts by the Nation to get the university to comment on the matter were not successful.

Kenya: Kamirithu, Murugu Herbal Clinics Raided, 'Cancer Curing' Herbs Seized
18th June, 2019
By Nairobi News (Nairobi)

Inspectors from the Pharmacy and Poisons Board (PPB) have seized an assortment of herbal medicines from a number of clinics in Nairobi, including Kamirithu and Murugu clinics.

The drugs, which were in powder form, included some alleged to cure cancer, gynaecological complications and detoxification agents.

The Nation accompanied the team that raided the Kamirithu Herbs Clinic's branches in Ngara and Ruiru.

Among the irregularities found were lack of dates indicating when the drugs were manufactured, the expiry dates and the ingredients used to prepare them.

Police officers also accompanied the team during the operation.

"We are concerned that the drugs they are selling do not contain the dates of manufacture and expiration as well as the ingredients used in preparation," PPB officer Washington Oyoo said.

MEDICINES ARE POISON

He said medicines are poisons which should be carefully used as they have the ability to heal and also harm or even kill a person.

"It is important to note that the chemical compounds used to prepare medicines are poisons which can positively or negatively affect the human body," said Dr. Oyoo.

An employee at the Kamirithu Clinic, only identified as Ann, said the drugs are manufactured in Ruiru.

"We do not make the drugs here but we are supplied by our site in Ruiru," she said.

On being challenged to produce documents to show her qualifications, she said she is only a sales person and not a licensed chemist.

She said the drugs are manufactured under the supervision of the clinic's owner and chief pharmacist, Mr. Andrew Njuguna.

The team later went to a residence in Kahawa Wendani where the officers interviewed Mr. Njuguna. He said he studied pharmacy at the Royal College in Ruiru. Some of his medicines are sold at between Sh3,000 and Sh5,000.
He said he had registered some of his drugs at the University of Nairobi but the government is yet to test the products and release the results.

"We paid the registration fee of Sh50,000 and filled all the required forms but have not received a report from the university on the content and effectiveness of the drug," said Mr. Njuguna.

**UNWILLINGNESS TO TEST**

He said the government’s unwillingness to test and certify or condemn the products had convinced him that he is free to continue with his activities.

"The last time I went to their offices they dismissed me without giving me audience. I had no option but to go back to what I have been doing for the last 30 years," said Mr. Njuguna.

He claimed that one of the powder samples can treat allergies, malaria and diabetes.

"I have used it to treat patients who have recovered," he said.

He said that another drug he sells can cure dysmenorrhea, among other gynaecological conditions. The drug is touted as a cure for all female gynaecological illnesses.

The herbalist showed the team the equipment that he use to prepare drugs, including a modified posho mill.

PPB officers took away samples of the drugs and other materials used to prepare capsules for testing.

Mr. Njuguna was also taken away by officers for questioning.

"We are not certain whether the clinic has followed the proper hygienic and professional standards in preparing the medicines," Dr. Tola Jahar, PPB team member said.

According to PPB's Naomi Mukuya, the operation was necessitated by the claims made by some of the drug makers.

"We have cases of people claiming that a single preparation can cure heart diseases, infertility, allergies and detoxify the blood. Such wide-ranging claims need to be subjected to scientific testing before we can allow them on the market," she said.

**Uganda Leads the Charge Against Viral Hepatitis**

18th June, 2019

By World Health Organization (Geneva)
Kenneth Kabagambe knows the cost of hepatitis B all too well. So much so, that he's dedicated his entire life to wiping it out.

He has become the most visible face of the disease in Uganda which, like many African nations, has a high prevalence rate of chronic hepatitis B. More than 6% of the population is infected.

"Uganda has superb lessons to share, and we support these important exchanges as they are helping to build evidence-based policies and promoting partnerships for more concerted action against viral hepatitis across the region," said Dr. Matshidiso Moeti, World Health Organization Regional Director for Africa.

She was speaking prior to the opening this week of the first Africa Hepatitis Summit which brings together experts from across the continent to discuss how best to tackle viral hepatitis - a disease which spreads through blood and bodily fluids and is claiming the lives of an estimated 550 people in Africa each day. Most succumb to complications of liver disease, including cirrhosis and liver cancer.

Kabagame's journey began while he was studying at Makerere University in the Ugandan capital of Kampala back in 2009, when he lost a close friend to a long battle with the disease.

The loss had a profound impact on Kabagambe, who gathered 12 like-minded friends to fight the disease, uphold the dignity of people living with it and raise awareness around it. And in a twist of fate that further placed the disease at the centre of his life, he, too, was diagnosed with it in 2012.

"I had to become a voice for those living with hepatitis B," Kabagambe explains, "and due to the stigma, discrimination, isolation and the lack of public knowledge around the infection, I went public with my status to break the silence."

"You can live a full, dignified life with Hepatitis B, but the most important thing is prevention, especially vaccination in newborns. For adults, testing, linking to care, education and treatment as needed are crucial - as there is no cure, treatment is often lifelong," says Kabagambe, who founded Uganda's National Organization for People Living with Hepatitis B in 2012.

With support from the Ministry of Health and the World Health Organization (WHO), his organization was registered as a non-government organization in 2012 and is now a household name in Uganda and beyond.

"Over the years, we've been working hard for more government support, and we're quite proud that Uganda was one of the first African s to fund domestic action against hepatitis B," he says.

With investments of around US$ 3 million a year, Uganda embarked on a massive, free hepatitis B screening programme in 2015, along with widespread community mobilization and awareness-raising actions. More than four million people have been screened. More than 30% of the population who are infected with hepatitis B are now aware of their status and can access comprehensive treatment services,
including free medication. That's a first in Africa and surpasses the 2020 target of 20%.

Kabagambe has clear demands and expectations of what still needs to be done.

"African nations must fund domestic efforts to prevent the spread of both hepatitis B and C. Patients are really concerned about this. They want action," he stresses.

"We also need all African governments to swiftly start work on their own action plans at home, and we need far more action on awareness raising, as you simply cannot prevent something you know nothing about."

Tanzania: Government Forms a Team to Fight Dengue Fever, House Told
19th June, 2019
By The Citizen (Dar es Salaam)

In Summary
- Apart from fumigating some parts of the city the team will study pesticides used to fight Aedes mosquitoes which transmit the fever, health minister told the parliament.

Dodoma — The government has established a task force to fight Dengue fever in Dar es Salaam, the parliament was told by the minister of health, community development, gender, children and the elderly Ms. Ummy Mwalimu told the parliament.

The minister said that currently the task force is studying pesticides, which are used for fumigation against Aedes mosquito, which transmit the fever.

Upon the completion of the study the team will advise the government if the pesticides are still relevant.

She was responding to a question from Ilala Member of Parliament Mr. Mussa Hassan Zungu, who sought to know, what the government was doing to contain the fever, which has been affecting thousands of Dar es Salaam residents.

"We have already establish a task force team, which is currently fumigating some parts of the city... the team is also studying the relevance of the pesticides, which are used for fumigation," the minister told the house on Wednesday June 19.

Uganda: Doctors Make U-Turn, Praise Government
20th June, 2019
By The Monitor (Kampala)
Speaking out. Uganda Medical Association president, Dr. Ekwaro Obuku, addresses medical doctors during their strike in 2017

In Summary

"Government has also done a good job in early preparedness and response so far; including the compassionate vaccination of more than 4,000 healthcare professionals. We call upon health professionals to stay calm but vigilant and observe infection prevention.”

Dr. Ekwaro Obuku, the UMA president

Medical doctors under their umbrella, Uganda Medical Association (UMA), have applauded government for its increased investment in the Health sector, ranging from salary and medical supplies budget to infrastructure such as Mulago Specialised Maternal and Neonatal Hospital.

Dr. Ekwaro Obuku, the UMA president, thanked the government for increasing the health sector budget for supplies including medicines and blood to Shs93b since the doctors' strike.

Dr. Obuku during a press conference on corruption in the health sector and Ebola said: "Government has also done a good job in early preparedness and response so far; including the compassionate vaccination of more than 4,000 health care professionals. We call upon healthcare professionals to stay calm but vigilant; and observe infection prevention."

Uganda has not registered any new confirmed Ebola case in Kasese District or any other part of Uganda since the death of the three patients from the same family.

In the new financial year 2019/2020, government allocated Shs2.6trillion for the health budget compared to the Shs2.6 trillion allocated in the previous financial year 2018/2019.

Commenting on the budget last week, Health minister Jane Ruth Aceng appreciated the Finance ministry saying it has been fair to the health sector in terms of budget allocation.

Ugandan Health Workers Warn HIV-Positive Refugees Poorly Tracked

20th June, 2019

By Voice of America (Washington, DC)

Uganda hosts Africa’s largest refugee population, about one and a quarter million, mostly South Sudanese. Health workers warn that the refugees infected with HIV, the virus that causes AIDS, are not being
properly tracked for treatment. They say the problems include ignorance, stigma, and refugee mobility.

Forty-five-year-old South Sudanese refugee Rose Amony knows how damaging HIV can be – she’s lived with it for 20 years.

Her husband infected her and then died of AIDS, leaving her to care for herself and an HIV-positive daughter.

“I have other children. Because of difficulties of school fees, most of them got married. They got married when they were still young. There was nobody to pay for their school fees,” Amony said.

Poverty is the biggest challenge for HIV-positive refugees in Uganda like Amony who acknowledge their status and get treatment.

But Ugandan health workers in Adjumani district say fewer than 1,000 refugees are on record as being HIV positive while at least double that number are believed to be infected.

Dr. Dolorence Mane Inyani, who leads the district HIV response team, blames ignorance for many refusing to be tested or dismissing test results.

"They have beliefs that HIV and AIDS is a disease of Ugandans and it may not affect them as South Sudanese," Dolorence said.

Refugee flows to and from Uganda make checking the spread of HIV a challenge.

Dr. Patrick Adrani is the coordinator of the NGO Medical Teams International.

"When you start somebody on treatment, they first go to Sudan, the other side. So, they come back after some time when they are very ill, so it becomes very difficult in terms of control. Also, again, that has contributed to resistance," Adrani said.

Two-thirds of HIV positive refugees are women, whose families rely on them for a dowry payment from a prospective husband when they marry.

“So, once you diagnose a female as having HIV, it’s like you’re depriving them of having wealth. We have had scenarios where it became very difficult for the counselors to declare results to some of these communities, especially the female," Adrani said.

**Kenya: Health Ministry Denies Shortage of Newborns' ARVs**

21st June, 2019

By The Nation (Nairobi)

In Summary
• Health Cabinet Secretary Sicily Kariuki issued a statement on Friday, a day after news that the country was facing a shortage of Nevirapine and Zidovudine
• Ms. Kariuki further noted that stock replenishment was taking place across the country to ensure uninterrupted supply of ARVs for Prevention of Mother to Child Transmission (PMTCT) of HIV.
• Medical personnel at several public hospitals, who spoke on condition of anonymity, said the shortage began about four months ago. They said it had been felt in several counties, with Nairobi, Mombasa and Uasin Gishu being most affected.
• The ministry says, however, that 69,000 bottles of Nevirapine and 38,000 bottles of Zidovudine are available in public facilities.

Kenya has an adequate supply of two syrups used to treat and prevent HIV/AIDS, the Health ministry has said, noting the stock will last until December 2019.

Cabinet Secretary Sicily Kariuki issued a statement on Friday, a day after news that the country was facing a shortage of Nevirapine and Zidovudine

The two drugs are given as prophylaxis in syrup form to newborns to prevent them from contracting the HIV virus from their mothers during breastfeeding.

The antiretroviral (ARV) drugs also reduce the amount of the virus in their body.

Without them, about 69,500 children are exposed to the risk of infection.

REPLENISHMENT

Ms. Kariuki further noted that stock replenishment was taking place across the country to ensure uninterrupted supply of ARVs for Prevention of Mother to Child Transmission (PMTCT) of HIV.

"Our attention has been drawn to concern over sustainability of ARV medicine stocks for [PMTCT] in public health facilities," she said in a statement to newsrooms.

On Thursday, an investigation by the Nation revealed that the two drugs were scarce.

Medical personnel at several public hospitals, who spoke on condition of anonymity, said the shortage began about four months ago. They said it had been felt in several counties, with Nairobi, Mombasa and Uasin Gishu being most affected.

The situation was dire, the sources said, noting the consequences of lack of intervention.

The administration of ARVs to newborns without HIV is meant to reduce the risk of mother-to-child transmission (perinatal acquisition).

The medicines have been missing in a number of public health facilities across the country, causing concern among health workers that infected mothers would be unable to prevent their children from getting the virus.

WHAT’S LEFT

The ministry says, however, that 69,000 bottles of Nevirapine are available in public
facilities and that 196,000 bottles will be in the country in July.

"There are 38,000 bottles of Zidovudine, enough to last up to September. An additional batch of 80,000 bottles will arrive next month," CS Kariuki said.

According to the 2018 guidelines on using ARVs for treating and preventing HIV in Kenya, all HIV-exposed babies should receive infant ARV prophylaxis, consisting of six weeks of Zidovudine (AZT) and Nevirapine (NVP).

Continued doses of Nevirapine are to be administered until six weeks after complete termination of breastfeeding.

The Kenya HIV estimates report of 2018 notes that in 2017, approximately 69,500 HIV-positive pregnant women required PMTCT services countrywide.

These services are offered before conception, throughout pregnancy, during labour and while breastfeeding.

They include early infant diagnosis at four to six weeks after birth, testing at 18 months and/or when breastfeeding ends, and initiation to ARVs as soon as possible for HIV-exposed infants to prevent infection.

Compiled by:

EAHP HEALTH NEWS

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