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16th November, 2019
By The East African (Nairobi)

The ICPD25 conference in Nairobi was attended by about 7,000 participants.

The International Conference on Population and Development (ICPD25) Summit ended in Nairobi on Thursday on a high note with private sector organisations, multinationals and donor agencies promising to raise $8 billion in the next 10 years in support of programmes promoting the sexual and reproductive health rights of women in poor countries.

The pledges were in reaction to research presented at the forum that the world will need $264 billion to address girl’s and women’s sexual and reproductive health issues in the next decade in 132 priority countries, most of them in sub-Saharan Africa.

The pledge, in the form of technical solutions and medical equipment and amenities, were made by among others the Ford Foundation, Johnson & Johnson, Philips and World Vision.

"The private sector is indispensable to meeting the 'three zeros' of the Nairobi Summit," said head of UNFPA’s Strategic Partnerships Branch, Mariarosa Cutillo.

The research, done jointly by the UNFPA, the Johns Hopkins University, in collaboration with Victoria University, the University of Washington and Avenir Health Johns Hopkins Bloomberg School of Public Health, says the price-tag for key maternal health intervention that could put an end to preventable pregnancy and childbirth related deaths in the 120 countries that account for over 95 per cent of maternal mortality will cost $115.5 billion.

These are interventions including paying for medical staff, drugs and obstetric supplies.

Speakers at the forum hosted by Kenya, Denmark and UNFPA to discuss progress made in reproductive health in the past 25 years, concurred that achieving these results by 2030 is a precondition to meeting the Sustainable Development Goals to tackling poverty.

Currently, only $42 billion in development assistance is expected to be spent on addressing the three issues, meaning some $222 billion is required, whether in the form of foreign investment, domestic allocation or private spending, over the next decade.
"We now know how much and where we need to invest. These figures are a drop in the ocean compared with the dividend expected and the funds available," said UNFPA Executive Director Dr Natalia Kanem, adding that "These are smart, affordable investments that will transform the lives of women and girls, their societies, and our world. The cost of inaction is much higher."

Of the $264 billion needed, ending female genital mutilation will need $2.4 billion in interventions related to education and changing social norms in 31 priority countries, with $95 stopping one case of FGM.

It will cost $35 billion to stop 90 per cent of all child marriages in the world, meaning it takes $600 to spare a girl from becoming a child bride.

Family planning is estimated to cost $68.5 billion, while ending gender-based violence will require an investment of up to $42 billion in programmes that provide psychosocial assistance, medical treatment and rape kits to survivors, and promote the right of women and girls to live free of violence and abuse.

"We have a collective responsibility and opportunity to deliver on our promises, now," said Dr Kanem.

"We cannot wait another 25 years. It's time to fill these resource gaps and make this a decade of delivery. It's time to get the job done. With strong financing momentum we can achieve these transformative results, complete the ICPD Programme of Action and meet the Sustainable Development Goals by 2030."

20th EAC Anniversary: EAC next generation health leaders and scientists to tackle the health challenges of the millennium

By EAC Posted in Health

The East African Health Research Commission (EAHRC), an Institution of the East African Community (EAC), has established the Young East African Health Research Scientists Forum (YEARS' FORUM) which is an initiative that aims at empowering young East African researchers to be able to shape the future of research for health in the region.

YEARS' Forum was approved by the 15th EAC Sectoral Council of Ministers of Health (EAC/Health/15SCM/Decision 22) as one of the pre-conference meetings of the East African Health and Scientific Conference (EAHSC) and launched by the Vice President of the United Republic of Tanzania during the 7th EAHSC held in...
YEARS’ Forum creates a culture of research and support for young scientists in health science by building a network of six PhD students from each of the six EAC countries (Burundi, Kenya, Rwanda, South Sudan, Tanzania, Uganda) and linking them with a network of senior health research professionals across the region, and at the same time each of the six PhD students establishing a team of six members with similar interest in his/her country to work together in defined research activities.

In the framework of commemorating the 20th EAC anniversary (1999-2019), the EAHRC Secretariat, in collaboration with Kenya Medical Research Institute (KEMRI), which is the EAHRC National Focal Point in the Republic of Kenya, organized a workshop on research skills training for the YEARS’ under the theme: “Preparing EAC Next Generation Health Leaders and Scientists to Tackle the Health Challenges of the Millennium” which was conducted at KCB leadership in Karen – Nairobi from 11th – 13th November 2019.

**The Objective of the workshop**

The objective of the workshop is to strengthen the research skills of Young East African Health Research Scientists’, providing them with a broad range of essential research skills and knowledge that is usually not provided in the formal academia settings. The skills are designed to improve their effectiveness as researchers, especially taking into account the unique features of the 21st Century.

**Scope of the workshop**

The workshop invited conversant speakers on ICT, Research and Health systems from all countries in the region. Twenty YEARS’ from the regional network and twenty YEARS’ from national networks attended an intensive three day workshop consisting of lectures, demonstrations and hands-on training in five research skills namely:

(i) Application of ICT in Research (application of ICT in research, tools and services for research);
(ii) Writing skills in research;
(iii) Research communication skills;
(iv) Reviews in health research; and
(v) Data management.

*South Sudan: WHO Supports South Sudan in Oral Cholera Vaccination Campaign to Prevent the Risk of a Cholera Outbreak in Renk*

16th November, 2019
By World Health Organization (Geneva)
Juba, 15 November 2019 - To mitigate the risk of cholera outbreak, the World Health Organization (WHO) in collaboration with the Ministry of Health, UNICEF and MedAir are immunizing 144,033 people against cholera in Renk, a county bordering Blue Nile state in Sudan.

On 8 September 2019, a cholera outbreak was declared in Sudan with a total of 278 cases including eight deaths (CFR 2.88%) reported as of 12 October 2019. The affected states included Blue Nile and Sennar bordering Ethiopia and South Sudan respectively. Given the proximity and since returnees from Sudan are streaming into Renk town, the risk of cholera importation to Renk is high.

In addition, Renk is one of the counties that were affected by cholera during the longest and largest (18 June 2016 to 18 December 2017) cholera outbreak in South Sudan.

"The oral cholera vaccination provides protection to the vulnerable populations during the period when access to safe water, sanitation, and hygiene are inadequate in cholera hotspots", said Dr Olushayo Olu, WHO Representative to South Sudan.

With support from Gavi, the Vaccine Alliance, a total of 280,033 doses of vaccines have been secured to prevent the risk of cholera outbreak in high-risk areas of the country. For the vaccine to be most effective people need two doses administered two to four weeks apart.

The first round of the cholera vaccination campaign will be conducted from 18 to 23 November 2019 while the follow up second round is tentatively slated for 9 to 13 December 2019.

South Sudan has adapted an integrated multisectoral targeted approach that includes patient care; case surveillance; community engagement and risk communication; and the complementary use of safe and effective oral cholera vaccines as vital for preventing recurrent cholera outbreaks in endemic areas.

Given the risk of infectious outbreaks like cholera in South Sudan, WHO has developed a system to anticipate/forecast cholera epidemics for effective preparedness.

The cholera outbreak forecasting tool will allow timely prepositioning of supplies, training of health care workers, vaccination of at-risk populations, and launching of risk communication campaigns. Improved prevention and preparation would drastically reduce cholera incidence and mortality.

Kenya: Nerima - Population Conference Was More than Abortion, Birth Control
18th November, 2019
By The East African (Nairobi) Opinion By Nerima Wako-Ojiwa
In 10 years, the world could achieve three transformative results, at a price tag of only $264 billion, according to new research unveiled at the Nairobi Summit on ICPD25.

English has a popular phrase, "don't throw out the baby with the bath water". There are many theories about its origins. Some people say it originated in the medieval times, others say it is from Germany. We have probably used this phrase before, but don't really know what it means. It means that in the process of getting rid of a bad thing, be careful not to do away with a good thing.

One explanation claims the phrase was inspired by the living conditions that prevailed during the Middle Ages. Most people could hardly afford to have a bath as water was scarce. When they did bath, all members of a family used the same water. The father, as the head of the house, would bath first, followed by the mother and then the children in the order of their birth. Naturally, the baby would be last. You can imagine how dirty the water would be at the end, probably enough for a baby to risk being discarded unnoticed when the tub was emptied.

History lesson aside, the International Conference on Population and Development was held in Nairobi this past week, literally in the centre of Nairobi. Traffic in the city is normally a nightmare, but during the week I realised that there can be something worse than a nightmare. The city was gridlock. There were points during the day that traffic stood still while VIP cars, with flags flapping, whizzed by escorted by security personnel. Thousands of delegates from all over the world flooded the Nairobi central business district. The last time the International Conference on Population and Development was held was 25 years ago in Cairo, and the majority of the Kenyan population was not yet born.

What was happening in the world in 1994? The Lion King, an animated musical film, was released by Walt Disney Pictures. The Notorious B.I.G. was still alive and producing music. Thousands were dying in a massacre in Rwanda. Nelson Mandela was elected president in the first inter-racial election in South Africa. And the world was grappling with the spread of HIV. The big topics discussed at the population conference in Cairo included maternal deaths and how to curb them; reducing HIV infection, gender-based violence, child marriages, and female genital mutilation; and how to give more women access to family planning.

Fast forward to today, to the conference that was held in Nairobi and was met with such opposition: From churches and conservative groups to our President and his deputy who, for the first time in a long
time, agreed on something. They were both not pleased about some of the matters that were lined up for discussion during the meeting. Many people were concerned about the conversation on reproductive health and claims that the conveners were focusing on support for abortion, access to birth control for teenage girls, and the rights of the LGBTQI community.

There are a few things that can make humankind emotive and they include football, religion, and politics. From the first day of the conference activists threatened to march to the venue and halt the meeting. Thousands of people had signed a petition to support the protest. The meeting venue was heavily guarded and roads leading to the building were barricaded.

The activist groups and some politicians denounced the conference, claiming it was only about abortion and homosexuality. They failed to mention the fact that there were several other matters slated for discussion; many that we are glad were deliberated on 25 years ago and whose results we see today. We have seen a decrease in HIV cases, more access to ARVs, more girls in school, fewer child marriages, better maternal care, and more cases of gender violence reported. We are not yet perfect, but were are making progress.

The hypocrisy in some of the churches that are leading such protests is glaring. A teenage mother is shunned in church and many single mothers of age are made to feel as though they do not have a family in their places of worship. There are matters concerning the family that should be discussed in church because after all, it takes a community to raise a family. These are the spaces where such matters should be discussed since religion is so important to us, but churches would rather it did not happen at all.

Tanzania Medicines and Medical Devices Authority Bans Heartburn Medications over Cancer Risk
21st November 2019
By The Citizen (Dar es Salaam)

TMDA acting director general Akida Khea speaking during the past event

Dar es Salaam — All patients taking heartburn drugs with the active ingredient ranitidine must stop their course of treatment and report to a nearby health facility after authorities raised concern about the safety of the drugs.

Tanzania Medicines and Medical Devices Authority (TMDA) said yesterday that the drugs, with the trade names Raniplex 150 mg, Rantac 500 mg/mL and Aciloc 150 mg, which were registered for use in...
Tanzania, contain an impurity that can cause cancer.

The drugs, in the form of tablets and solutions for injection, are used to control heartburn and treat and prevent stomach and intestinal ulcers and other stomach conditions.

TMDA’s decision comes after international medicines agencies warned that drugs containing ranitidine or sold in combination with other ingredients were not safe for use anymore and were subject to further investigation.

An earlier warning came from the European Medicines Agency (EMA), United States Food and Drugs Administration (USFDA), Therapeutic Goods Administration (TGA - Australia) and Swissmedic (Switzerland).

In a statement, TMDA acting director general Akida Khea said: "The authority has investigated the safety of these products in collaboration with the manufacturers and based on the findings of the investigation, the authority has decided to suspend the registration and henceforth the use of all medicines containing the active ingredient ranitidine until further notice.

"Healthcare providers are directed to stop prescribing the concerned medicines and they are required to prescribe alternative medications which have been registered by TMDA," the statement reads.

They are traded by Remedica Limited, Cyprus, Unique Pharmaceutical Laboratories (A Division of J.B. Chemicals & Pharmaceuticals Ltd), India and Cadila Pharmaceuticals Limited, India.

Tanzania: Cardiovascular Centre Planned for Northern Zone
21st November, 2019
By Tanzania Daily News (Dar es Salaam)

THE increasing cardiovascular diseases (CVD) call for proper diagnosis as well as consequent treatment.

Nobody could do better than putting in place facilities to offer the services.

Researches have shown that Tanzania, like any other country, is experiencing a rapid growth of modifiable and intermediate risk factors that accelerate CVD death and illnesses.

In rural and urban settings, cardiovascular risk factors such as tobacco use, excessive alcohol consumption, unhealthy diet, hypertension, diabetes, hyperlipidemia, overweight and obesity are documented to be higher.

Increased urbanization and lack of awareness have been found to increase
CVD risk factors in Tanzania. Despite the identification of modifiable risk factors for CVDs, there is still limited information on physical inactivity and eating habits among Tanzanian population that needs to be addressed.

In overview, CVD describes a range of conditions that affect the heart. Under the heart disease umbrella are included blood vessel diseases, such as coronary artery disease; Heart rhythm problems (arrhythmias) and heart defects that one is born with (congenital heart defects) among others.

CVD refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect one's heart's muscle, valves or rhythm, also are considered forms of heart disease.

Many forms of heart disease can be prevented or treated with healthy lifestyle choices. A solution to a problem involves constructing a course of action that transforms one's situation into one where their objectives are achieved.

As such, the Kilimanjaro Christian Medical Centre (KCMC) Referral Hospital has been proactive to address the cardiovascular challenge, as it has been to many others.

After being the first hospital in the first hospital in the country to conduct Open-Heart Surgery and later the services interrupted, now the zonal referral hospital has come up with a major plan to construct a Cardiovascular Centre. That will be of a great relief to northern zone residents, as well as those from neighboring regions and countries. KCMC Referral Hospital Executive Director Dr Giliard Masenga says that completion of the Cardiovascular Centre whose foundation stone was laid recently by a deputy minister of state, would improve heart and related treatment services.

Due to the rise in CVD patients need to access services from specialized departments for prevention, diagnosis, management and rehabilitation of the diseases related to the cardiovascular system.

Dr Massenga discloses that cardiovascular diseases have been on the rise in recent years prompting the institution to think of handling the big number of patients including children who report to the hospital to seek treatments concerning the problems.

He notes that the project was being implemented by the KCMC Hospital in collaboration with the Government of Tanzania, the Netherlands-based organization ZGT Overseas, the United States-based Minneapolis Heart Institute Foundation and other health sector stakeholders from inside and outside the country.

KCMC performed the first open heart surgery in the country in October 2004 that was done by the hospital's surgeons led by Professor Samuel Chugulu in collaboration with heart surgery specialists from the United States who were led by Dr Duane Cook under the sponsorship of the US-based Rafiki Foundation.
It is after KCMC that other big hospitals such as Benjamin Mkapa Hospital in Dodoma and the now trending Jakaya Kikwete Cardiac Institute (JKCI). With such hospitals or specialized centres or departments, the country will be saving a lot of money that would otherwise be used to treat its citizens out of the country.

Apart from high medical costs, there are costs related to people who accompany the patients out of the country. Dr. Kajiru Kilonzo is the Head of Internal Medicine at KCMC. He reveals that upon completion the new Cardiovascular Centre will have a 100-bed capacity and also an Intensive Care Unit (ICU) with a 16-bed capacity for heart patients.

"The theatre at the newly established centre will make it possible to provide 400 heart problem related surgeries a year as well as 1,200 cardiac cauterization services annually," he says, adding that the services at the centre are expected to commence in 2023.

The introduction of the Cardiovascular Centre, apart from moving the heart treatment services closer to almost 15 million persons in the Northern Zone regions and those from neighboring countries, it will reduce bed congestion in other departments of the KCMC Hospital.

The Deputy Minister in the President’s Office, Regional Administration and Local Governments (Health), Mr. Josephat Kandege, hails the KCMC Hospital for its plans to introduce the new services that will complement the Government’s efforts to provide quality health services. Mr Kandege expresses optimism that the new services will provide solution for patients who wait for long time with heart problems.

"May I take this opportunity to thank all the donors and other stakeholders, both inside and outside the country who have and continue to facilitate the KCMC referral hospital’s good efforts; may I take this opportunity to assure you of the Government’s continue support to make all your efforts successful", they were his words on the day he laid foundation stone of the Cardiac Centre.

The Head of the Evangelical Lutheran Church in Tanzania (ELCT) who doubles as the Chairman of the Good Samaritan Foundation (GSF) that owns and runs the KCMC Hospital, Bishop Dr Frederick Shoo, thanks the Government for the support it provides to the hospital.

He says the new Cardiovascular Centre Project is the hospital’s extra milestone as far as its services are concerned. He pledges that the ELCT through the GSF will provide 1bn/-to improve cardiac services at the hospital upon completion of the construction.

### Uganda: Why Malaria Treatment Is Becoming Expensive

22nd November, 2019
By The Monitor (Kampala)

On October 10, Mr. Pius Kisekka woke up with spells of cold chills and a high fever. He was quick to withdraw some money from his mobile money account and head...
to a nearby private clinic in Kawempe Division, a Kampala city suburb.

"I suspected that I had malaria based on the symptoms, but the doctor insisted they conduct confirmatory tests and other laboratory tests," the 47-year-old father of five recollects.

Mr Kisekka's suspicion turned out right when he was diagnosed with severe malaria.

But the self-employed mechanic was shocked by the bill after years of not being infected with the disease.

"I had to pay Shs120,000 exclusive of consultation fee yet I only had half of the total bill. I had to borrow some money from a friend," he narrates.

Ms Ruth Asiimwe, 29, a resident of Makindye Division, also faced a similar financial hardship when she spent nearly all her August and October salaries treating herself and daughter for malaria.

"I was diagnosed with the disease twice in one month and each time I had to part with more than Shs100,000 at one of the private clinics in Kampala," Ms Asiimwe says.

"I was yet to see the worst. My seven-year-old daughter was also diagnosed with malaria a month later and I had to part with the same amount again," she adds.

The two cases underline the financial challenges faced by many Ugandans who seek malaria treatment in private health facilities.

Although they are more convenient than public health facilities that offer free treatment but face recurrent stock-outs and long waiting hours, patients pay highly for the services.

More people are weighed down by the financial burden given the current upsurge of malaria in the country, which has affected more than 65 districts due to the rainy season.

The Ministry of Health confirmed that the upsurge started in August 2018 before peaking in June this year.

Experts have attributed the increased cost of treatment to changes in the way the parasite causing malaria behaves and the adherence to medicine.

Dr Jonathan Kayondo, a clinical epidemiologist at the Uganda Virus Research Institute (UVRI), who has done several years of research on malaria, says people are most affected by the cost when there is a recurrence, especially in periods of upsurge.

"If you get treated and recover, it does not mean you are protected for life. It takes seven to 14 days after you have been bitten by the infected mosquito for symptoms to show depending on the species of the mosquito. So even if you take the treatment, you can still catch malaria," Dr Kayondo says.

Doctors in private health facilities have also indicated that drug resistance and a patient's choice have played a crucial role in increasing the cost of treating malaria.

"It is true the cost is high because malaria is now resistant to [some] drugs and the
alternative ones are more expensive. Quinine intravenous drug and injections are more effective but much more expensive," Dr Vincent Karuhanga, the proprietor of PolyClinic in Kampala, says.

There has been a long history of resistance to antimalarials in Africa and Uganda has not been an exception, where at one time, chloroquine was the leading recommended treatment against malaria.

Resistance to chloroquine devastated the fight against malaria, resulting in several malaria deaths because the drugs no longer cured malaria reliably.

As a result, the World Health Organisation (WHO) recommended artemisinin combination therapy (ACT) drugs, such as coartem (artemether-lumefantrine).

Dr Karuhanga also says such intravenous drugs drain sugars from the body, therefore, a patient has to be put on sugar drips for two or three days, making treatment very expensive. However, the patients’ choice can also make the price very expensive, according to Dr Timothy Luganda, the operator of Capital Centre Private Clinic in Bwaise, Kawempe Division. Dr Luganda says people always opt for the best drug which is also easy to administer like the artesunate intravenous dose. It is given after 12 hours compared to quinine, which is given after every four hours and requires one to be admitted.

"A bottle of quinine costs Shs2,000 at pharmacy price and the whole dose, which can be administered on an adult goes for Shs60,000 or Shs50,000, unlike artesunate whose cost is at Shs120,000," Dr Luganda says.

He adds that choice also applies to tablets such as coartem. Patients complain that it is hard to take it four times a day yet there are other oral drugs which are taken fewer times a day.

"A dose of six antimalarial tablets, for example, costs between Shs15,000 and 20,000 while coartem of 24 tablets a dose costs Shs5,000." Dr Luganda says, adding that patients wrongly use the drugs and don't complete the doses thus causing reoccurrence of the disease.

"And when it [malaria] happens, you cannot go back to that drug," he adds.

Malaria is still the leading cause of illness for all ages of all outpatient department attendances and admissions, according to statistics from the latest Health ministry sector review report.

The report indicates that malaria accounts for 12.5 per cent of all the outpatient attendances and is still the leading cause of admissions for all ages.

However, the financial burden of treating malaria has also affected government as it has to spend more to treat the public.

Dr Jimmy Opigo, the programme manager at Malaria Control Programme at the Ministry of Health, says government currently spends $100m (about Shs370b) due to the current upsurge yet the cost had reduced by one per cent two years ago due to the high investment in preventive measures such as mosquito nets and indoor residual spraying.

Dr Opigo also says the cost of malaria treatment includes working days, cost of
transport, number of tests, consultation and anti-malarial drugs administered.

"The cheap medicine is the one we subsidise. That is the green leaf which is our first line," Dr Opigo says, adding that there is currently no resistance in the country against the drugs but there are some treatment failures.

Treatment failure, according to Dr Opigo happens as a result of quality problems or compliance or dosing or within a short period get reinfection like Mr Kisekka's case.

Dr Opigo says sometimes a dose is supposed to protect one for a month but sometimes it does not last due to poor adherence.

To reduce the financial burden, Dr. Opigo advises families to invest in preventive measures such as sleeping under mosquito nets and spraying their houses which cost less than the treatment.

Malaria cases on the rise

Malaria, which is caused by a female anopheles mosquito, has become a perennial problem despite various government interventions, including indoor residual spraying and mosquito nets distribution. The World Malaria Report 2018 indicated that Uganda registered an estimated increase of more than 100,000 malaria cases between 2016 and 2017 despite the various preventive interventions against the disease. The report also indicated that the country accounts for 4 per cent of malaria cases in the whole world, ranking it among the top five. The findings indicate a backslide given that the latest Uganda Malaria Indicator Survey 2014-15 had indicated that the national malaria prevalence dropped from 42 per cent in 2009 to 19 per cent.

In April, scientists announced that they had developed a new anti-malaria drug to boost the fight against malaria. Pyramax, which was developed by Shin Poong Pharm, a Korean company, stays in the body for a long time thus protecting the patient for an extended period. Mr Bob Peter Okello, the country manager of Shin Poong Uganda, said a number of clinical trials were carried out and proved that the drug is efficient in the treatment of uncomplicated malaria.

Tanzania: Fight against Malaria Intensifies As Research Continues

21st November, 2019
By Tanzania Daily News (Dar es Salaam)
IN a move to make sure that Tanzania reaches its national target of eliminating malaria prevalence from the current 7.3 per cent to 1 per cent by the year 2020, Tanzanians have been urged to use hybrid pesticides and insecticide treated mosquito nets.

The advice was issued by The National Institute for Medical Research (NIMR)-Amani centre researcher, Dr. Patrick Tungu.

Dr. Tungu said the new hybrid mosquito treated nets have been tested and displayed efficacy of combating anopheles mosquitoes by at least 36 per cent and preventing malaria transmission by 44 per cent.

He said NIMR- Amani conducted a three year medical research for the hybrid treated mosquito nets against malaria transmitted mosquito which showed positive outcomes.

The research which was coordinated by World Health Organisation (WHO) had been conducted for three years in two countries in Africa and carried out by National Institute for Medical Research (NIMR)-Amani centre in Muheza and published in the World Science journal in 2014.

Speaking in an exclusive interview with the 'Daily News', Dr. Patrick Tungu explained that the research had been carried to test hybrid treated mosquito nets which were being sprayed with pyrethroid pesticides and piperonyl butoxide insecticide to see its efficiency in controlling mosquitoes which transmit malaria parasites.

He said the hybrid treated mosquito nets have been tested in NIMR experimental huts and households as means of controlling malaria.

He elaborated that the research outcomes indicate that mosquito nets treated with pesticides and insecticide show efficiency and efficacy of controlling and killing mosquitoes which previously had showed persistence against Indoor Residual Spraying (IRS) and Indoor Treated Nets (ITNs) by 36 per cent compared to mosquito nets with pyrethroid pesticide only.

"We tested the alternative mosquito nets with hybrid of pyrethroid pesticides and piperonyl butoxide insecticide and they displayed great improvement in combating mosquitoes which spread malaria parasites," he said.

He added that the research outcomes further noticed that piperonyl butoxide insecticide had reduced malaria infection by 44 per cent in the first year of research and experiment compared to mosquito nets sprayed with pyrethroid pesticides only.

"Our recommendations for eliminating malaria prevalence to all stakeholders dealing with malaria elimination programme is that they should distribute these hybrid mosquito nets in large numbers, mostly in areas with high burden of malaria infections," he said.

According to the Ministry of Health, Community Development, Gender, Elderly and Children data, malaria prevalence has declined in the country from an average of 18.1 per cent in 2008 to 7.3 per cent in 2017.
The National goal is to reduce malaria prevalence to reach 1 per cent by 2020.

**Uganda: Marie Stopes Directed to Recall 4 Million Life Guard Condoms**

18th November, 2019
By The Monitor (Kampala)

Marie Stopes Uganda, a non-government organisation that offers reproductive health services, has been directed to recall two batches of Life Guard brand condoms from the Ugandan market following customers' complaints.

Marie Stopes are the sole distributors of the condoms in Uganda.

According to a letter issued by the National Drug Authority (NDA), the condoms from batches- 19040205 and 19050105 manufactured in April and May 2019 with expiry dates for March and April 2024 do not meet market standards.

Ms Victoria Nambasa, the product safety officer at NDA says the condoms were not free from "holes and burst properties".

It is estimated that over 4 million condoms produced in the batches will be affected. On the open market, a packet of Life Guard condoms costs between Shs1,500 and Shs2,000.

"We have given you two weeks to submit a recall status report indicating the details of distribution and the clients that have been notified of the recall," Ms Nambasa said in the directive.

Mr Fred Ssekyana, the Public Relations Officer of the NDA says that they have teams in the field to ensure that the directive is enforced.

"The process is on and we are working with the distributors of the condoms to make sure that the affected batches are off the market," Mr Ssekyana said.

Mr Sam Lemi, from Marie Stopes says they have begun the recall process and it should be complete soon.

"We started the process and expect it to be completed soon. We are investigating what could have gone wrong," Mr Lemi said.

According to data from the Ministry of Health, an estimated 800 million condoms are needed to protect Ugandans from unplanned pregnancies, HIV/AIDS and other sexually transmitted diseases.

**East Africa: Nairobi Summit On ICPD25 - Advancing the Rights and Health of All People**

18th November, 2019
By UNFPA East and Southern Africa (Johannesburg)
In 10 years, the world could achieve three transformative results, at a price tag of only $264 billion, according to new research unveiled at the Nairobi Summit on ICPD25.

Nairobi, Kenya — The Nairobi Summit on ICPD25 resulted in a resounding commitment to accelerate the promise of the International Conference on Population and Development (ICPD), said Dr. Julitta Onabanjo, UNFPA Regional Director for East and Southern Africa. "This is a great testament to the importance of the work that lies ahead of us, globally and in East and Southern Africa," she said.

Instead of just talking about rights, action was taken at the radically inclusive conference to uphold them. More than 9,500 delegates from 170 countries united behind the Nairobi Statement, which establishes a shared agenda to complete the ICPD Programme of Action. The participants did the work needed to put a brighter future within reach for generations to come.

More than 100 sessions were held, in line with UNFPA’s transformative results of zero maternal death, zero unmet need for family planning, zero gender-based violence and harmful practices and, in East and Southern Africa, zero sexual transmission of HIV.

Towards better menstrual health management throughout the reproductive life course

The session on "Menstrual health and vaginal bleeding throughout the reproductive life course" was a follow-up to Africa’s first-ever menstrual health symposium, held jointly by UNFPA and the Government of South Africa in Johannesburg, South Africa in May 2018.

Key themes discussed in this session included vaginal bleeding throughout the reproductive life course, vaginal bleeding and menopause-related stigma and discrimination, and community engagement and leadership for gender-transformative menstrual health management.

Recommendations included:

- There is a need for inclusive programmes that leave no one behind.
- Existing structures and community leaders should be used to strengthen the implementation of culturally appropriate, homegrown solutions for gender-transformative responses to MHM-related issues and challenges.
- There is an urgent need to involve males and young people in
menstrual health and hygiene management advocacy.

**Call for climate change adaptation and justice**

Climate change disproportionately affects populations in the Global South, despite their lower contribution to the root causes of this global crisis. This key session on "Climate Change Adaptation and Justice" was moderated by Lattanya Mapp, President and CEO of the Global Fund for Women.

As prevention and adaptation efforts are progressing too slowly, young people across the globe are stepping up to the challenge by speaking out against climate change, as well as educating and mobilizing their communities. Twelve-year-old climate change activist Yola Mgogwana, from South Africa, and Chiagozie Udeh, from Nigeria, spoke of how all our actions have an impact on our planet. Chiagozie described how his afforestation campaign of a Trillion Trees aims to reduce carbon emissions by 25 per cent in 2030.

Greater action for combating climate change and its impacts was called for by Baroness Sugg, Parliamentary Under-Secretary of State at the Department for International Development's UK Aid; Antigua and Barbuda Prime Minister, Gaston Browne; Ibrahim Thaïaw, UN Under-Secretary; and Yolanda Joab Mobi, Director of Island Pride.

The session "Men and boys' rights to sexual and reproductive health", moderated by Justine Coulson, UNFPA Deputy Regional Director for East and Southern Africa, enabled reflection on the role of men and boys as clients, partners and agents of change for gender equality.

Opened by Queen 'Masenate Mohato Bereng Seeiso of Lesotho, the session explored how men and boys' needs in terms of their sexual and reproductive health and rights can be addressed, as well as the social norms that need to transformed in order to enable this extreme weather conditions, rising sea levels, desertification, floods, drought, and shifting wildlife and habitats on the environment and people.

A speaker who wowed the audience was twelve-year-old climate change activist Yola Mgogwana from Khayelitsha, South Africa: "Three times this year I have marched to Parliament with school children from all over the world to demand climate justice but despite our hoarse voices, I knew our fight wasn't over," she said. She described her mission to ensure that climate change is recognized.

**Recommendations included:**

- Affordable, scalable solutions will enable countries to leapfrog to cleaner, low-carbon economies.
- Climate change does not respect national borders; it is a global challenge that needs to be coordinated at an international level.
- Men and boys' rights to sexual and reproductive health
change. The need for working with men and boys to confront patriarchal notions of being a male, as the root cause of gender inequality, was the focus of Vitaly Djuma, Margaret Gream, Trevor Oahile.

"The bold, rights-based vision of the ICPD - that development must put people first, and attention must be paid to strengthening equal access to health, education and dignity for all persons - anticipated the bold, ambitious vision of the 2030 Agenda," said Amina Mohammed, United Nations Deputy Secretary-General.

"As critical accelerators for the Sustainable Development Goals, the outcomes of the ICPD must be carried forward. The success of the global agenda for sustainable development - our common framework for people, planet, prosperity, peace and partnership - depends on it."

HIV: unfinished business for those most left behind

A collective call was made to lead, find new ways of doing things, and follow through on ideas and innovative ways of changing the trajectory of the epidemic, during the session on "HIV: unfinished business for those most left behind". The Global Fund announced an unprecedented US$14 billion towards the elimination of HIV.

Policy makers and duty bearers have the most responsibility in ensuring that systems work for all - be it in accessing health care, education and information, as well as providing a protective environment for those most left behind, including youth in their diversities and girls and young women.

Addressing the sexual and reproductive health and rights (SRHR) needs of sex workers would avert the spread of HIV by up to 46 per cent, UNAIDS noted. There is a need to consider adolescents and young people's right to information as this has been proven to work in reducing the spread of HIV, as significant progress is noted among adolescents who have their SRHR needs addressed.

"HIV may no longer be a global threat to all, but we need to make it a threat to none," said Dr. Shannon Hadder of UNAIDS. She called for political will and leadership at the top, recognizing that the highest burden remains among key populations. Health, safety, empowerment, equality and justice together ensure a supportive environment for populations that are most in need of protecting.

Stigma and discrimination, particularly for key populations, remains the fundamental challenge in the fight against HIV. The role of family and community as a whole was highlighted by Ugandan activist Barbara Kamigisa, who spoke about sexual and gender-based violence leading to her contracting HIV and pregnancy as a teenager.

"We can't wait for another young person to commit suicide or die," she said. Society has a role in breaking the silence around sGBV and starting much-needed conversations on stigma.

Putting young people at the centre of global HIV and SRHR response to achieve UHC

Young people in East and Southern Africa, especially adolescent girls and young
women, have not fully benefited from past efforts to prevent new HIV infections and sexually transmitted infections (STIs) in Africa.

A session on "Young people at the centre of global HIV and SRHR response to achieve UHC" brought together a panel of young people, policy makers and programmers to discuss whether Universal Health Coverage (UHC) can be achieved without addressing the SRHR needs of young people.

Nicolas Boswane, a youth advocate from the Democratic Republic of the Congo (DRC), spoke of the impact of conflict and how the perpetration of violence leads to sexual and gender-based violence, which affects young people the most.

Hassan Zilakulabe, a young man from Uganda with cerebral palsy, addressed the needs of young people with disabilities, how they remain the furthest behind and are missing in sexual and reproductive health (SRH) programming.

Ayanda Dlamini, a 23-year-old woman from Eswatini who has lived with HIV for the past eight years, focused on the stigma faced by and labelling of young people with HIV, and the everyday challenge of being different in a changing world.

The responding panellists included Kgalema Motlanthe, former South African President and HIV-free generation champion. He called for leaders to shift the thinking around young people and to ensure that young people’s SRH needs are addressed within their contexts.

Participants called for accountability to young people, the need to shift away from traditional thinking, and to create spaces where young people can have uncomfortable conversations leading to solutions that prevent new infections of HIV.

East Africa: EAC Heads of State Summit Postponed

19th November, 2019
By The New Times (Kigali)

The ordinary meeting of the Summit of East African Community Heads of State, which had been slated for later this month has been postponed to a later date in January or February 2020.

The Ministry of Foreign Affairs and Cooperation yesterday wrote to the EAC Secretary General requesting him to notify partner states that the meeting that was set to be in Arusha - Tanzania on November 30 will not take place.

Rwanda is the current chair of the six-member regional bloc.

According to a letter signed by Olivier Nduhungirehe, the State Minister for EAC affairs, the postponement was at a request sent by a member of the Summit who was not disclosed in the communiqué.

The postponed summit is the 21st edition and is expected to bring together Heads of State from the member states of the EAC to discuss the community's progress, among other issues of importance.

However, the meetings of the senior officials, the coordination committee and
the Council of Ministers, as well as the Business and Investment Summit that were meant to take place alongside the meeting shall take place as initially planned, according to Nduhungirehe’s letter.

The session of the Council of Ministers and Heads of EAC Organs and institutions is scheduled to take place November 29, looking into issues like reviewing and finalisation of the new structure of EAC Organs and institutions approved in October this year.

The council of ministers will also look into the budgeting and recruitment processes and the administrative and budgetary matters, including reduction of the recurrent budget and elaboration of an Administration of the EAC Secretariat Act.

President Paul Kagame took over as EAC Chair in February this year during a summit that was held in the Tanzanian town of Arusha, which also hosts the secretariat of the body.

Kenya: KCPE Star Eyes Oncology to Help Kenya Deal with Cancer

19th November, 2019
By The Nation (Nairobi)

In Summary

- Ms Iffat expects to join Sheikh Khalifa Secondary School and later one of the best universities in the region to study oncology.
- The best candidate in Lamu was Aisha Haroon Mohammed of Stone Town Academy, who scored 429 marks. She wants to become a gynaecologist.

The drastic increase in the number of cancer cases in Kenya has inspired a top KCPE candidate in Lamu County to become an oncologist.

Iffat Abdelrehman, 13, who wrote the exams at Swafaa Academy in Lamu Town, scored 415 out of 500 marks and was second best in the county.

Ms Iffat expects to join Sheikh Khalifa Secondary School and later one of the best universities in the region to study oncology.

She says she will be happy to care for people diagnosed with the killer disease.

Ms Iffat notes that one of her aunts is pursuing the course but adds that the main reason she wants to get into the field is the alarming manner in which the disease has killed Kenyans recently.

"I thank God that I have managed to get good results in KCPE," she said.

TOP STUDENTS

The best candidate in Lamu was Aisha Haroon Mohammed of Stone Town Academy, who scored 429 marks.

Aisha expects to join Pangani Girls' High School and aspires to be a gynaecologist.
Other top candidates in Lamu were Muinde Monica Nzembi (415), Kinyua Kevin Mwangi (407), Gicharu Mary Nyambura (406) and Mwaura Purity Wambui (404 marks), all of Mpeketoni Good Shepherd Academy in Lamu West.

Others were Munaa Mbarak (412), Najma Abdallah (411), Maisum Yusuf (406) and Fatma Mohammed (404), all of Swafaa Academy in Lamu Town.

Katy Nzingo Safari topped the list of candidates from public schools with 401 marks. She wrote the tests at Mkomani Mahmoud Bin Fadhil Girls' Primary.