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Uganda: Mbarara Hospital Hit By High Child Cancer Cases

25th July, 2019
By The Monitor (Kampala)

Health workers at Mbarara Regional Referral Hospital are grappling with high numbers of cancer patients.

Dr. Elias Kumbakumba, the head of department of Paediatrics and Child Health at Mbarara University of Science and Technology (MUST) and Mbarara Regional Referral Hospital (MRRH), said the 15-bed capacity ward is always full.

"More space is needed to cater for the increasing number of children with cancers. The ward has registered 85 new cases of cancer in the last six months. The medics were already managing other 80 children with different cancers," Dr. Kumbakumba said on Tuesday.

"This brings the total number of cases being managed at the ward to 165 patients. If we continue at this rate in the next six months, we will probably register other 80 new cases," he added.

The ward was established in 2017 through collaboration between Global Health Collaborative, MUST and Massachusetts General Hospital in United States.

It is under the Mbarara Regional Cancer Centre that also has specialised treatment for adults and women.

The centre is the only government-supported cancer treatment facility outside Kampala.

The paediatric ward serves patients from Ankole, Kigezi, Kasese, part of Tooro and western Buganda as well as neighbouring DR Congo, Burundi, Rwanda and Tanzania.

"We get children from all these corners. We even get patients from Uganda Cancer Institute in Kampala to benefit from our fast and effective surgical services," Dr. Kumbakumba said.

The centre is also facing a shortage of manpower since there are only two cancer specialists.

"Treating cancer is very intensive. If you get into the clinic when we are treating cancer, you get shocked by how serious it is. We need at least three specialists for children and three for adults," Dr. Kumbakumba said. The paediatric ward has only seven nurses who are overwhelmed.

"Even out of the seven we have, only two are government employees. The rest are paid with money collected from cancer runs and donors," he said.

Dr. Celestine Barigye, the director of Mbarara Regional Referral Hospital, acknowledged the challenges, but added that cancer treatment was a new initiative at the hospital that needs government support.

"When you are starting, you need experts, infrastructure and drugs. That's how Global Health Collaborative came in to assist until government is able to fully support. We have recruited some staff and we are in the process of recruiting more," Dr. Barigye said.
"Uganda Cancer Institute has been giving us drugs and others are bought using money donated through various initiatives. Part of money from cancer run buys extra drugs and food. You give drugs and provide food. Patients cannot afford some of these drugs because they are poor people," he added.

Cancer cases

Some of the cancers among children admitted at the paediatric ward are acute Leukemia.

These are cancers of the blood cells where the bone marrow is invaded by abnormal cells. Thirty per cent of these cancers are diagnosed at the ward.

Lymphoma. These cancers affect lymphnodes and all lymphoid tissue. They present with swellings, mainly of the jaw, neck and abdomen, and constitute about 20 per cent of the cancers diagnosed at the ward.

WHO applauds Rwanda’s Ebola preparedness efforts

24th July, 2019
News release By WHO

WHO Director-General Dr. Tedros Adhanom Ghebreyesus today commended Rwanda on its ongoing Ebola preparedness efforts and confirmed that no cases of Ebola have been reported from the country to date.

“Rwanda has been proactive and engaged in Ebola preparedness at all levels since the outbreak was declared almost one year ago in neighbouring Democratic Republic of the Congo.

We commend the actions taken so far and confirm that there have been no cases of Ebola in Rwanda to date, despite high levels of traffic and movement of people between the two countries,” said Dr. Tedros.

Rwanda has a detailed National Preparedness Plan in place and is training health workers in early detection and response, educating communities about Ebola, vaccinating health workers in high-risk areas, equipping health facilities, and conducting simulation exercises to maintain a high level of readiness.
Screening for Ebola symptoms at points of entry has been ongoing since the beginning of the outbreak in the Democratic Republic of the Congo, and has been reinforced since the confirmation of a case in the Congolese city of Goma. Tens of thousands of people cross the border from Goma to the Rwandan city of Gisenyi each day. People crossing the border have their temperatures checked, wash their hands, and listen to Ebola awareness messages.

An Ebola Treatment Centre has been set up in Rwanda and 23 isolation units are being prepared in hospitals in 15 priority districts. Ebola response simulation exercises have been conducted in Kanombe Military Hospital, Gihundwe District Hospital, Kamembe International Airport, and Rugerero Ebola Treatment Centre to test Rwanda’s preparedness in response to a case, which will include Emergency Operations Centre activation, active surveillance, case management and laboratory testing. About 3000 health workers in high-risk areas have been vaccinated as a preventative measure, including more than 1100 in Gisenyi.

“Rwanda has made a significant investment in Ebola preparedness,” said Dr. Tedros. “But as long as the outbreak continues in the Democratic Republic of the Congo, there is a very real risk of spread to neighbouring countries. We urge the international community to continue supporting this critical work.”

Uganda to Export Medical Doctors

22nd July, 2019

By The Monitor (Kampala)

Kampala — Uganda Medical Association (UMA) has revealed that they are in the process of registering a company to export doctors to other countries following the failure by government to absorb doctors in the country.

Dr. Ekwaro Obuku, the president of the association, made the remarks during the special consultation on governance for health in Africa in Kampala at the weekend.

"Doctors are not being absorbed in the country, with the biggest employer being government. We have 130 district service commissions coupled with nepotism that frustrates the process," Dr. Obuku said.

"We should be able to take advantage of that market, it pays better and the doctors can bring this money to our country.

Better still, the government can engage the United Kingdom (UK) and we expand our medical schools, train medical personnel for Uganda and also for the
UK, but agree that part of that money is used to build capacity in Uganda," Dr. Obuku said.

Some of the targeted markets include Britain, Japan, Saudi Arabia, among others.

Despite this move, Uganda still has an acute shortage of doctors in the health service.

The World Health Organisation (WHO) indicates that the recommended doctor to patient ratio is 1:1000, which means Uganda needs at least 40,000 doctors for its estimated 40 million people.

UMA hopes this move will drive government to commit its self to hiring doctors.

Mr. Rogo Khama, a lead health specialist in World Bank group, said: "Other professionals do not rely on the public sector as we do... .. but rather than let these people go, lets us solve the problem and give them jobs here......"

Mr. Robert Odedo, a chief operating officer at African Centre for Global Health and Social Transformation (ACHEST), said government should increase the absorption capacity to prevent doctors from migrating.

"Government should recruit more doctors. It used to happen annually. These days, the recruitment is not as frequent as it used to be besides they are replacing those who have left rather than bringing in new cadre," Mr. Odedo said.

A study done by ACHEST, indicates that at least 150 doctors graduate from Makerere University and Mbarara University medical schools each year and are potentially available to fill the vacant positions, however, these positions have remained mostly vacant.

Health report

The Health Sector Annual Performance Report of 2017/2018 revealed that the approved positions for doctors in Uganda Public Service is 1,200 and yet these are not 100 per cent filled. Uganda employs just slightly above 1,000 doctors in its public health facilities.

Uganda: 380,000 HIV Patients Enrolled On New Drug

24th July, 2019
By The Monitor (Kampala)

Kampala — The Ministry of Health has shifted a total of 380,000 people living with HIV/Aids on the new effective Dolutegravir (DTG) anti-Aids drug as the preferred first-line and second-line treatment.
Those enrolled are mostly men and a few women not in their reproductive age but are eligible for the drug out of the 1.1 million people currently on antiretroviral drugs (ARVs).

Dr. Joshua Musinguzi, the head of the HIV/AIDS programme at Ministry of Health, said they are targeting to enrol a total of 520,000 eligible patients by October this year.

"There is no major challenge so far because all stakeholders are on board to provide both financial and moral support," Dr. Musinguzi said yesterday.

Consent

His remarks follow the World Health Organisation's approval that DTG is safe for use by pregnant women and those in their reproductive years, contrary to earlier studies which highlighted a possible link between the drug and birth defects.

The birth defects included those of the brain and spinal cord, which cause conditions such as spina bifida in infants born to women who used the drug at the time of conception.

"We are going to sit as a country and analyse the evidence as presented by WHO and proceed based on senior top management decision [of the Health ministry]," Dr. Musinguzi said, noting that the development is good progress to the fight against HIV/AIDS.

The latest developments come as great news to the women rights activists who had protested the decision by different governments restricting women from accessing the drug without consulting them.

They have continuously argued that the decision was unfair and curtailed women's rights to attain the highest standard of medical care.

Safety Concerns

Survey. The safety concern, which arose from a May 2018 study in Botswana, forced many countries, including Uganda, to pause their plans of making DTG-based regimens their preferred first-line therapy for pregnant women and those of childbearing age.

Findings. The study had found that of 426 women, who became pregnant while taking DTG, four cases had neural tube defects.

"There is still a risk that we and other countries need to monitor closely, but at this point, dolutegravir should be accessible for women of childbearing age due to the overwhelming benefits it offers," Ms. Meg Doherty, the coordinator of treatment and care in the Department of HIV/Hepatitis and STIs at WHO, said.

Effectiveness.

WHO has, however, indicated that DTG is more effective, easier to take and has fewer side-effects than alternatively prescribed drugs. The drug also has a high genetic barrier to developing drug resistance, which is important, given the rising trend of resistance to efavirenz and other regimens.
Rwanda: The Quest to Make Sanitary Pads Accessible By All Women

22nd July, 2019
By The New Times (Kigali)

Uwizeye (not real name), a 28-year old resident of Gisagara District, has not been able to use sanitary pads since 2010.

When she lost her job as a waitress in a restaurant in Kigali nearly 10 years ago, it did not occur to her that among the most pressing problems she would have to grapple with would be sanitary pads.

"Without a job, I was forced to leave town and go back to the village in Gisagara to stay with my grandmother; I live off odd jobs like working on people's farms. My grandmother is also poor so I had to give up on the pads," she says.

She added that the Rwf800 that a pack of pads costs is a lot of money especially when you don't have a job.

"Even for the little I get from my odd jobs, you find there are a lot of other needs that need to be catered for so I had to give up on using the pads," she said.

As a result, Uwizeye has resorted to using worn-out pieces of cloth, which she said is a common practice among women who cannot afford the pads on a monthly basis.

"Normally, menstrual periods take for 4-6 days, implying that on average three packs of sanitary pads are needed per month, yet the wooly cloth I use, regardless the discomfort, may last half a year before changing them," she narrates.

Needless to say, health activists have discouraged them using any other tissues except sanitary pads, says Uwizeye.

Uwimana, a former student at Groupe Scolaire Kimisagara, in Nyarugenge remembers with a lot of pain her menstrual periods during her days in school.

"I remember back in school, where I would skip classes because I was greatly burdened by the fact that I could not afford sanitary pads, and nothing my parents could do because it was a cost they could not afford," she said.

However, she emphasizes that this becomes even harder for women who normally undergo longer menstrual periods.

"I believe that it's not a challenge for only women who reside in rural areas but women in the whole country, especially those who have no jobs; it is a huge cost that has to be met on a monthly basis."

Experts have linked the use of the towels and other materials that are not sanitary parts to diseases like causing cervical cancer and other health sicknesses.

It does not help things when such materials are used multiple times.

In August 2013, the East African Legislative Assembly (EALA) passed a resolution urging all partner states to waive taxes on sanitary pads so as to increase their availability and affordability.
for young girls, but this remains unachieved.

UN estimates one in 10 girls from Sub-Saharan Africa miss school during their menstrual cycle, with some missing out on 20 per cent of their education period.

Despite the impactful girl's rooms (Icyumba cy'umukobwa) which have been established at different schools in the country, beneficiaries say that sanitary pads remain expensive and much is needed to ensure universal access.

This topic comes following a similar path elsewhere in East Africa, where several countries have removed VAT, Tanzania, and Kenya.

Kenya, a global pioneer on the issue, removed the tax in 2004, and allocates about $3 million annually for the distribution of free sanitary pads to girls in low-income communities.

This, therefore, ensures good health, education and well-being to less privileged females.

Julian Ingabire Kayibanda a known advocate for menstrual health management says that lack of information and knowledge for the usage of sanitary products, not just sanitary pads, that ensure menstrual health, is the main stumbling block that hinders universal access.

"Once women and young girls continue to lack information on how to use sanitary products, and also their necessities this will still spur period poverty," she said.

Besides, Rwanda as a third world country, women live in less-resource settings, where by women lack facilities that come along with the sanitary pads such as water, changing rooms for young girls who are still in school, soap among others.

However, she adds, taxation on the sanitary products that later make them expensive for many also hinders the aspect of universal access.

What should be done to end period poverty?

According to Ingabire, there is need of more efforts to support initiatives in Rwanda, where local materials are used to produce the pads, re-usable sanitary pads, and also give them for free for those that cannot afford them.

Because, she explains, even those initiatives available mostly rely on external funding, and there is going to be a big gap to bridge once the funding stops.

Conversely, as other measures are being devised to subsidize sanitary pads and making them available to many, efforts must be put in promoting their usage, by training women on the importance of using sanitary pads, and educating them on the dangers of not using sanitary products.

Speaking to The New Times, MP Beline Uwineza, the chairperson of women parliamentary forum, said that sensitisation should take lead, given that women and young girls need to know how to use sanitary pads.
"I believe that awareness should be the biggest concern as we advocate for free sanitary pads, because we (women parliamentary forum), in studies carried out we have come to realize that even if you avail them, many may not use them because they do not know how to use them.

They also do not know their advantage over the other materials they use.

Secondly, Uwineza adds, before tax is waived people should learn to make use of the raw materials here in Rwanda.

"Rwandans have been working tirelessly to come up with Made in Rwanda sanitary pads, though they are still blighted by lack of quality, since they are at the beginning," said the legislator.

Verene Kagoyire, head teacher at Groupe Scolaire Murehe says that there should be consistent advocacy on top of local efforts that have been put in place to ensure all women can access sanitary pads.

"This is a genuine concern especially for children from less privileged families; a lasting solution should be to subsidise them to ensure accessibility for all."

Studies, also show that inaccessibility of appropriate sanitary materials to absorb menstrual flow does not only affect female's reproductive health but their acquisition of education since girls often choose to stay at home when they have their periods.

Speaking to The New Times, in a phone call interview, Emma-Marie Bugingo, the Executive Director of Pro-Femmes/Twese Hamwe, said that this should be a concern that different stakeholders including the private sector should work on together.

"It is a genuine concern and nobody can deny that, however it must not be centered at any particular sector, it should be a social amenity that different authorities sit and discuss the way forward," she said.

Besides, more support should be given to local companies who are trying to come up with alternatives and promoting made in Rwanda products, she recommends.

Kenya: More Teenage Girls in Meru Getting Pregnant, Report Shows

22nd July, 2019
By The Nation (Nairobi)

Four out of every 10 females attending pre-natal clinics in Meru County are girls below 19 years, a new report has
revealed, leaving health and education officials in the region worried.

The report collected in sampled schools and 23 clinics across 12 sub-counties between January 2018 and May 2019 revealed that 43 percent of those visiting clinics were teenagers.

The county also recorded 27 percent teenage mothers giving birth in local hospitals, against a national average of 18 percent, raising the alarm among county officials.

**IGEMBE NORTH**

Speaking during the tabling of the report at Three Steers Hotel, Jhpiego Senior Technical Officer Michael Mwiti said Igembe North Sub-County is leading with teenagers accounting for 59 percent of the recorded pregnancies.

It was followed by Tigania East at 56 percent, Igembe Central at 55 percent, and Tigania West at 48 percent.

Imenti North and Buuri recorded the lowest number of teenage pregnancies.

The research was conducted by the Meru County Health department supported by a German NGO, Deutsche Stiftung Weltbevölkerung (DSW) and Jhpiego, which work to ease challenges of reproductive health for youth and women.

**FAMILY PLANNING**

The three are implementing a post-pregnancy family planning project in Meru County after an outcry over the high numbers of teenagers getting pregnant, which has left many youth dropping out of school.

A report by Ministry of Education indicated that 6,690 schoolgirls have been impregnated since January 2018 to May 2019.

Out of these, 364 girls left school to get babies in 2018, with majority of them (302) being from mixed day schools.

Mr. Mwiti said the study indicated that 32 percent of all women who gave birth in hospitals in Igembe North were teenagers, while Igembe South recorded 29 percent. Igembe Central had 25 percent teenage births while Tigania East registered 23 percent.

**SEX EDUCATION**

"These are worrying figures since they are above the national statistics of 18 percent. The students said there is a need to introduce sex education since they have not learnt about sexuality on schools. Many have expressed interest in going back to school but they say they are being rejected or face discrimination," he said.

The girls said they wanted to delay getting pregnant by at least 10 years and are eager to learn sex education and be introduced to contraceptives.

"Many are more worried at getting pregnant and sexually transmitted diseases. Many schools have admitted that they are not teaching children sex education and we are afraid they could get information from unreliable sectors," he said.
Kenya: Fresh Round of Anti-Polio Vaccination Across Kenya Targeting 2.6m Children

20th July, 2019
By The East African (Nairobi)

Kenya this week kicked off a five-day national polio vaccination campaign in areas with greatest risk of transmission as the United Nations warned that outbreaks in some countries in the Horn of Africa threaten Africa’s and global efforts to eradicate the disease.

According to the WHO, since late 2017, Kenya, Somalia and Ethiopia have experienced outbreaks of polio.

The global polio eradication effort is striving to ensure polio transmissions stop in the remaining endemic countries in the world, Afghanistan, Pakistan and Nigeria and in polio affected countries like Kenya.

The WHO said some countries especially in Africa, are more vulnerable to polio transmission due to weak public health and immunisation systems as well as travel or trade links to endemic and outbreak countries.

Kenya targets 2.6 million children aged 0-59 months in 11 counties with the high risk of infection during this campaign that ended Wednesday.

The children were given oral polio vaccine which protects them from poliomyelitis, a disease that paralyses and even kills infants.

Kenya ‘polio free dream’ to take time

"In 2018, Kenya detected the poliovirus in sewage samples taken from Kamukunji in Nairobi, and as part of the activities to protect children from the virus and increase population immunity, five rounds of polio vaccination campaign were conducted in 12 counties," WHO representative Dr. Iheoma Onuekwusi said during the launch of the campaign in Mombasa.

"And in polio outbreak affected countries like Kenya, as long as there are still counties in which the wild polio virus is circulating, every country is still at risk of importing the polio virus. The primary underlying challenge us the last lap to polio eradication is missing children time and time again in the delivery of vaccines," warned Dr. Onuekwusi.

Can cause paralysis

Health workers team and Community Volunteers carried out the exercise in homes, churches, mosques, schools, recreational places and other congressional centres.
Kenya's acting director general for health, Dr. Wekesa Masasabi said children less than five years are particularly vulnerable to diseases because their immunity is not fully developed to fight them.

Dr. Masasabi said for the last six years, Kenya has remained polio-free with the last imported wild polio virus case was reported in July 14 in 2013. Currently, Afghanistan and Pakistan remain polio-endemic, down from more than 125 countries in 1988.

"During the outbreak in 2013 in Garissa County, 14 people were paralysed and resulted into two deaths. Concerted global efforts have been put in place to eradicate polio," the director general of health insisted in a speech read on his behalf by Dr Joel Gondi, technical advisor to the director at the ministry.

Polio is a highly infectious viral disease, transmitted person-to-person and spread mainly through the faecal-oral route or, less frequently, in contaminated water or food.

It multiplies in the intestine, from where it can invade the nervous system and can cause paralysis. According to WHO, initial symptoms of polio include fever, fatigue, headache, vomiting, stiffness in the neck, and pain in the limbs.

Uganda: NCD Drugs Prioritized As Ministry Reviews Essential Medicines List

22nd July, 2019
By The Independent (Kampala)
for the aging population even as research is increasingly showing that because of declining or ageing functions of organs like the liver and the kidney, some drugs can't be given to this group in big doses because they can take a huge toll on them.

Although he couldn't name specific drugs, he said they intend to remove especially antibiotics which clinicians are reporting to be no longer effective.

In Uganda, the clinical guidelines and medicines lists are always reviewed and updated every after four years after consulting different stakeholders through workshops and meetings where clinicians are asked to provide information regarding efficacy, quality, safety, suitability and cost-effectiveness, among others.

In 2016, about 100 medicines were removed from the list and 140 others included.

Sebisubi, however, said that they are not yet considering the new recommended drugs by the World Health Organisation, which has a number of new antibiotics and cancer treatments, because the cancer treatments are still quite expensive even as they may be necessary for cancer patients.

WHO added to the list, 12 new cancer medicines to, among others, cater for cancer of the prostate and leukaemia which are prevalent here.

For the country, he said the biggest consideration when picking drugs that go on the essential medicines list are those that can cater for 85 percent of disease conditions in Uganda and are provided to public health facilities free of charge by the National Medical Stores. This financial year 238 billion Shillings was budgeted for the procurement of essential medicines and supplies.

**Tanzania Boosts Efforts to Screen Ebola At Airports**

20th July, 2019
By The Citizen (Dar es Salaam)

Dar es Salaam — Tanzania has enhanced its preparedness for detecting and managing imported cases of Ebola Virus Disease (EVD) via airports.

Leonard Subi, Director of preventive services at the ministry of Health said that they have acquired nine walk-through thermal scanners.

According to him the machines will be installed at Songwe, Mwanza and Kilimanjaro airports as well as some border posts.

@EAHP Health News-Cap East Africa 20th – 26th July 2019
"On Thursday we installed two at the Julius Nyerere International Airport (JNIA) terminal three... we will soon do the same at the other airports," noted Dr. Subi.

The number of walk-through thermal scanners and hand handler scanners that the government has acquired are now 115.

"We are committed to strengthening screening of passengers without harassing them as required by International Health Regulations of 2005," he said.

Dr. Subi was speaking to The Citizen shortly after an emergence video conference meeting, which brought together officials from the Health ministry, including chief government medical officer, World Health Organisation (WHO) and Tanzania Civil Aviation Authority (TCAA).

The video conference, which involved participants from Dar es Salaam and Dodoma, was in reaction to the Wednesday’s WHO’s declaration that the Ebola virus disease (EVD) outbreak in the DRC is a public health emergency of international concern.

The event, interrupted for about 30 minutes the first quarter Capsca meeting for this financial year.

Speaking earlier, Mr. Daniel Malanga, the Capsca national coordinator cited two areas-isolation rooms for patients and involvement of stakeholders in combating the spread of diseases through airports that needed improvements.

"This problem cannot be addressed in isolation... it needs communication, collaboration and cooperation among stakeholders," Mr. Malanga, who also doubles as TCAA economic regulation director said.

Mr. Malanga said the aviation industry was doing enough good in areas such as having personnel protective equipment and emergence preparedness plan including undertaking both table top and full drill exercises.

"These initiatives to combat spread of diseases through airports are geared to create investors' confidence," he noted.

The representative from WHO-Tanzania, Dr. Grace Saguti, called for strengthening of Tanzania’s capacities to prevent, rapidly detect, investigate and respond to EVD after assessment and identification of existing capacities and gaps.

"You need to ensure effective coordination, supervision, monitoring and evaluation of the EVD operational readiness and preparedness," she suggested.

Dr. Saguti added that risk-countries should work urgently with partners to improve their preparedness for detecting and managing imported cases, including the mapping of health facilities and active surveillance with zero reporting.

"For this to work national authorities should work with airlines and other transport and tourism industries to ensure that they do not exceed WHO’s advice on international traffic," she opined.

Meanwhile, Tanzania’s airports scored between 73 and 81 per cent on the mock assessment of International Health
Regulations (IHR) core capacity requirements at airports, TCAA director general Hamza Johari revealed yesterday.

The self-assessment, was the preparations ahead of the same exercise to be conducted by the WHO.

Revealing the findings yesterday, TCAA director general Hamza Johari said the assessment was conducted at Julius Nyerere, Kilimanjaro and Abeid Aman Karume International Airports between May and June 2018.

"The outcomes are promising, but more should be done," he said.

He called for airport operators and the public health officials at the airports to pull up their socks to ensure areas of weaknesses noted during the mock exam are addressed before making the decision to invite the WHO for their assessment.

"This means achieving 80 per cent during the next mock is possible and therefore we will be confident to invite WHO for the assessment during this financial year as directed by the organisation (WHO)," noted Mr. Johari.

"As it is, let us assure you that at least our three international airports are designated by WHO by June 2020."

Kenya: Medics to Examine Men's Genitals in Nyanza in Study On Voluntary Male Cut

22nd July, 2019
By Nairobi News (Nairobi)

The Ministry of Health has started a validation survey on Voluntary Medical Male Circumcision (VMMC) in Nyanza to help tackle the spread of HIV.

The study seeks to determine the number of circumcised males in Kisumu, Homa Bay, Siaya and Migori.

It was launched in Homa Bay Town by county chief officer for health Gerald Akeche and director Gordon Okomo.

VMMC was started in Nyanza in 2008.

Its purpose is to help curb the spread of HIV in Nyanza, which had the highest prevalence rates at over 20 per cent per county.

Dr. Akeche said the survey, funded by the US government and Centers for Disease Control (CDC), will help in determining what resources to invest in the fight against HIV in Nyanza.

"When VMMC was launched a decade ago, the rate of new HIV infections started reducing so did the number of men who turned up to be circumcised. The survey will determine whether there are still men out there who need to be circumcised," he said.

The medic added that men aged between 10 and 29 years had embraced circumcision.

"Older men who are equally at risk of infection, shunned away. This is be an opportunity to know how many they are and if possible advise them to be circumcised," the chief officer said.
In the survey, trained medical personnel will examine men's genitals, after consent, for accuracy.

"If the client declines physical examination, the interviewer will not coerce them but proceed as per the protocol," Dr. Akeche said.

Dr. Okomo said the rate of infections in Homa Bay has reduced.

Uganda: Apac Changes Tact in Fight Against Malaria

25th July, 2019
By The Monitor (Kampala)

Residents of Apac District have changed tactics in the fight against malaria by destroying all mosquito breeding sites in the area.

The exercise was prompted by the increase in malaria infection that has sometimes resulted in loss of lives in the district.

The District Health Officer, Dr Mathew Emer, said about 80 out of 100 suspected cases being registered at some health facilities have been testing positive for malaria.

The area started experiencing the problem towards the end of May this year due to persistent rain.

Mr. Patrick Okello, a resident of Omulakere Village in Ibuje Sub-county, says the villagers are now clearing bushes around homesteads and covering all open places believed to be breeding places for mosquitoes.

"We are emptying and draining all pools of water and covering them to prevent any breeding grounds," he said.

Old tyres, empty plastic bottles and buckets are also being collected and burnt.

Mr. Jasper Okori, the officer-in-charge of Kungu Health Centre II in Akokoro Sub-county, on Tuesday said the number of malaria patients visiting health facilities is increasing day by day.

"We are telling the community to sleep under treated mosquito nets, destroy stagnant water around homes and clear bushes," he said.

Health experts say the best way to manage mosquito infestation is by destroying their breeding sites.

Ms. Janet Okello, a resident of Abolo A Village in Chegere Sub-county, said they are losing the battle to mosquitoes because the area is surrounded by swamps.

The mother of five says every month, she spends more than Shs30,000 on malaria treatment.

Mr. Daudi Okot, a resident of Alekolil Village in Ibuje Sub-county, said his wife delivered a premature baby last Thursday due to the malaria infection.

Premature or preterm baby is a child born before the 37th week.

Sensitisation

The officer-in-charge of Wansolo Health Centre II, Mr. Robert Ongom, said they
are conducting health education talks at their outpatient department to educate the community on disease prevention methods.

Dr. Myers Lugemwa, the deputy manager of Malaria Control Programme at the Ministry of Health, said when 1,564 mosquito bites computed in a 2004 survey is divided by the number of days in a year, an individual living in Apac suffers about five mosquito bites every night.

Dr. Lugemwa asked the resident to take the prevention of malaria seriously to avoid getting sick.

Kenya Goes Slow On New Currency

20th July, 2019
By The East African (Nairobi)

Kenya's bid to fight money laundering and other forms of illicit financial flows by phasing out the Ksh1,000 ($10) banknote by October 1 is facing challenges that could compromise the rollout of a new currency regime.

The Central Bank of Kenya has recently gone slow on the issuance of new-generation banknotes. The banking regulator acts as a banker for the government, the largest spender in the economy.

Sources say that the CBK has reduced payments to government ministries, departments and agencies in the new generation currency.

"CBK staff have been told not to make any further payments to the government using the new generation currency," a government source told The EastAfrican.

Some analysts reckon that the new currency may have been smaller than the demand for banknotes, as the government had estimated that there were trillions of shillings--some part of proceeds of crime--held by individuals.

Commercial banks have reported a shortage of the new notes after configuring automated teller machines to dispense the new currency.

The Kenya Bankers Association, the industry's lobby, blamed the shortage on the high demand for new banknotes than earlier anticipated.

Last month, the KBA said its members had anticipated the transition to new currency regime and had put in place the mechanisms to receive the old notes and provide their customers with the new currency.
But this week chief executive Habil Olaka told The EastAfrican that the situation is just "temporary" and will be resolved within a short time.

"Both old and new generation notes are legal tender and will continue circulating side by side for now and going forward old generation systematically withdrawn as new generation ones step up," Mr. Olaka said.

"Any temporary shortages of new generation notes are being monitored and will be quickly addressed. The CBK is actually releasing the new generation notes but the demand was unexpectedly higher than had been anticipated."

On June 1, the central bank announced that it was withdrawing Ksh1,000 notes from circulation effective October 1 to deal with counterfeits and money laundering.

But the regulator is now battling a legal suit which seeks to have the decision declared illegal, with the case filed by activist Okiya Omtatah, executive director of the Kenyans for Justice and Development, scheduled to be heard by a three-judge bench on July 29.

At the same time, the shilling this week weakened against the dollar, blamed on excess liquidity.

CBK Governor Dr. Patrick Njoroge and Treasury Cabinet Secretary Henry Rotich had not responded to our enquiries by press time.

Uganda: Relatives Storm Health Unit, Take Body of Ebola Suspect

23rd July, 2019
By The Monitor (Kampala)

There was a scuffle in Kikuube District on Sunday when relatives of a suspected Ebola victim attempted to take his body from a health centre.

Health officials say a one Jawiya, 34, a resident of Senjojo Landing Site in Buhuka parish in Kyangwali Sub County, died on Saturday night as his relatives took him to Buhuka Health Centre.

Eyewitnesses say his relatives demanded to take the body for burial but health officials declined to hand over the body since they did not have protective gear and competencies to bury Ebola victims.

However, relatives stormed the health centre, picked the body and transported it to Nsonga Landing Site before they were intercepted.

"The security team intercepted the relatives at Nsonga when they had already put the body in a boat about to set off for Senjojo Landing Site," Mr. Original Okumu Ngamita, the Buhuka Parish chairperson, said.

He said the bereaved family tried to resist but the security operatives removed the boat engine and blocked it from setting off.

"We told them to be cooperative and accept medical officials to bury their
relative using protective gear since he had symptoms similar to those of Ebola," a health official, who preferred anonymity, said.

The deceased is reported to have visited DR Congo two weeks ago and upon returning to Uganda, he developed headache, a running stomach and persistent fever.

He was treated for malaria at a private clinic but his health deteriorated.

"On Saturday, he started oozing blood from his mouth and nose. His relatives decided to take him to Buhuka Health Centre. Unfortunately, he died on the way. His body was brought at 9pm," Dr. Nicholas Kwikiriza, the district health officer, said.

The health office has since obtained samples from the deceased which they sent to the Uganda Virus Research Centre in Entebbe for investigation.

**Ebola in Uganda**

On June 10, the World Health Organisation (WHO) declared that Ebola, which had earlier been reported in DR Congo, had crossed to Uganda. Three people have so far died in Kasese District and a suspected case in Masaka. WHO has donated more than $10m (about Shs37b) in response to the outbreak of Ebola in Uganda. The Minister of Health, Dr. Ruth Aceng, has on several occasions said the country is ready to confront the epidemic.

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