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Africa: Uganda Becomes First Country in Africa to Meet WHO Goal of Tackling Hepatitis B

27th June, 2019

By The East African (Nairobi)

Uganda is the first and only country in Africa to reach and surpass the World Health Organisation 2020 target of ensuring access, treatment and awareness creation of Hepatitis B, according to a new scorecard launched to track progress against the viral infection on the continent.

WHO hopes that by 2020, some five million people will have received treatment for chronic Hepatitis B and that the number of new cases will have dropped to 30 per cent from those witnessed in 2015.

SCREENING

Uganda has spent some $3 million annually from 2015 on a free Hepatitis B screening programme and conducted a community mobilisation and sensitisation drive on the viral infection. More than four million people have been screened to date.

“More than 30 per cent of the population who are infected with Hepatitis B are now aware of their status and can have access to free medical care, making Uganda the first country in Africa to surpass the 2020 target of 20 per cent,” notes the WHO scorecard.

Hepatitis B spreads through blood and bodily fluids including mother to child transmission. It attacks the liver and kills approximately 1.4 million people every year, across the globe, mostly through liver scarring (cirrhosis) and cancer. Hepatitis C, which also attacks the liver and has similar symptoms to Hepatitis B, usually spreads only through blood-to-blood contact.

Kenya is among countries in Africa with a high prevalence of Hepatitis B. Uganda and Tanzania are among countries with more than 100,000 children with chronic Hepatitis B. Almost 50,000 children with chronic Hepatitis B virus (HBV) live in Kenya and Rwanda.

Although most countries have Hepatitis B and C care at tertiary and specialist centres, eliminating the disease requires a public health and decentralisation approach, the WHO notes.

Uganda and Rwanda have made progress in this area.

“Only Rwanda (Hepatitis C) and Uganda (Hepatitis B) have started free nationwide screening as a decentralised service, and are on track to reach the 2020 target for screening and community awareness,” notes WHO.

An increasing number of countries have small-scale demonstration projects or treatment access programmes with subsidised specific antiviral drugs for Hepatitis B or C.

“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, and treatment is often lifelong,” said Kenneth Kabagambe, who founded Uganda’s National Organisation for People Living with Hepatitis B in 2012.

“He said that African nations must fund domestic efforts to prevent the spread of both Hepatitis B and C.

“African governments must also swiftly start work on their own action plans at home, including awareness-raising, as you simply cannot prevent something you know nothing about,” noted Kabagambe.

Prof Olufunmilayo Lesi, the Viral Hepatitis officer for the WHO regional Office for Africa, said Uganda has a superb lesson to share, adding that “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.” Every year more than 200,000 people in Africa die from complications of viral Hepatitis B and C-related liver disease, including cirrhosis and liver cancer.

Data shows that viral Hepatitis B (HBV) and C (HCV) affects more than 71 million people in sub-Saharan Africa.

Hepatitis C affects 10 million people around the globe, while Hepatitis B affects more than 60 million people. Yet, only one in 10 infants in Africa receives the Hepatitis B vaccine at birth, despite its low cost — at less than $0.20 per child.

THREE COUNTRIES ON TRACK

The scorecard — the first to examine Hepatitis prevalence and response in the WHO African region, shows that only three of the 47 countries are on track to eliminate the disease that affects one in 15 people.

“This analysis is the first to track each country in the region and to assess progress towards the goal of saving the lives of more than two million Africans who may develop progressive Hepatitis B or C liver disease in the next decade if countries fail to ramp up their efforts,” said WHO regional director for Africa, Matshidiso Moeti.

The scorecard provides vital information about the status of the regional Hepatitis response, measuring progress against the Framework for Action for the Prevention, Care and Treatment of Viral Hepatitis in the African Region (2016–2020).

It was created as a guide for member states on the implementation of the Global Health Sector Strategy on Viral Hepatitis, which calls for the elimination of Hepatitis by 2030 (defined as a 90 per cent reduction in new cases and 65 per cent reduction in deaths).

Rwanda: Put Families at the Forefront of Battle Against Teen Pregnancies - Officials
27th June, 2019
By The New Times (Kigali)
Geraldine Umutesi, the Deputy Director General of Imbuto Foundation shares lessons from a pilot project for First Time Young Mothers. The project contains a raft of interventions to end teenage pregnancies.

Families must be put at the forefront of the fight against teenage pregnancies, officials have said.

The call was made yesterday at a meeting organised by the Imbuto Foundation and its stakeholders to share lessons from a pilot project it carried out in Rubavu District.

The project reached out to 175 First Time Young Mothers (FTYMs) aged between 10 and 19 years and their children.

Participants at the meeting in Kigali yesterday. Courtesy.

The pilot project has been implemented since April 2017 by rolling out package interventions, including psycho-social support group counselling to the young mothers.

It has also introduced parent adolescent communication forum sessions to restore the relationship between FTYMs and their parents; and community-based outreach campaigns to increase awareness and fight against social discrimination.

It comes at a time when the Rwanda Demographic Health Survey (RDHS) 2014-2015 shows that a large number of young people (including those still enrolled in school) are already engaging in sexual relationships that put them at risk of contracting sexually transmitted infections, unintended pregnancies, among others.

The project was implemented in collaboration with United Nations Population Fund (UNFPA).

According to the survey, by the age of 19, one in five or 20.8 per cent Rwandan girls, are first time mothers.

Teenage pregnancy rate increased from 6.1 per cent in 2010 to 7.3 per cent in 2015, according to official data.

Geraldine Umutesi, the Deputy Director General of Imbuto Foundation, said that their findings call for giving children enough information about sexual reproductive health, with parents being at the forefront of the effort.

"The first key institution towards fighting teenage pregnancies is the family," she said.

"It is the family that has to know how the child has slept, how the have woken up and how the spent the day. Sometimes we think it is local government institutions that have to be the main fighters against teenage pregnancies, and we forget the family."

Umutesi also emphasised the need to pay attention to the teens that have already been impregnated and those that impregnated them for counselling.

"One of the things this programme has been doing is to help change perceptions among people, as well as help them to know the services designed to prevent, or respond to early pregnancies," she said.
Claudine Kanyamanza, the Executive Secretary of the National Council for Children, echoed similar sentiments about the responsibility of the family in fighting teenage pregnancies.

For her, the main cause of the problem is poor upbringing of children.

"There are challenges in the upbringing of our children. Our families have not provided enough value in the way they bring up children," she said.

You find that children don't have enough information they need as they grow up, she added.

"We need to work together, come back to family values, and take time as parents to give good upbringing to our children. This should even go further to communities, and schools where children study from. We also need to critically look at the friends that our children have, because bad friends will not teach anything good to them."

Mark Bryan Schreiner, the representative of UNFPA, said that there project that has been piloted in Rubavu will be scaled up to different parts of the country, starting with Western Province this year.

OSHA Ergonomic Hazards Inspector Venance Buliga told reporters yesterday that to start with OSHA had offered capacity building training to University of Dodoma (Udom) students.

"This training targets students undertaking undergraduate studies in occupational safety and health," said OSHA Senior Officer, when briefing reporters on the just ended training programme at Udom.

Mr. Buliga said OSHA had came up with the idea of training the students after the government introduced the industrial economy agenda, saying the main goal of such training was to make them knowledgeable about disaster management in the workplace.

For his part, Mr. Paschal Cheka, one of the students, who received training, expressed gratitude to OSHA for introducing the training programme, saying it had been introduced at the right time for them as they were getting ready to join the job market.

He said the training programme, which involved practical and theory, imparted to their life skills and urged the government to heavily invest in disaster management equipment.

"The government should invest in preparing disaster management experts and disaster management equipment," said the student.

Mr. Japheth Rongo, a Geography lecturer from Udom's Department of Geography appealed to the government to give priority to students taking disaster management courses in employment.

"We have been producing a good number of experts in disaster management at Udom since 2011. But the majority of graduates get employment in the private sector," said the Udom lecturer.

Tanzania: Tertiary Education Students to Get Training on Disaster Management
27th June, 2019

By Tanzania Daily News (Dar es Salaam)

Dodoma — The Occupational Safety and Health Authority (OSHA) has embarked on a special programme to offer training on disaster management to tertiary institution students.
Mr. Ringo noted that it was the right time for the government to consider recruiting them in the Disaster Management Department under the Prime Minister's Office to provide services during disasters.

Uganda: Workers Protest Compulsory Health Insurance Scheme
27th June, 2019

By The Monitor (Kampala)

In Summary

- Reason. He says men’s jobs are hard for him to do, the reason he disguised as a woman.

Kampala — Workers in the formal sector have vowed to block the new National Health Insurance Scheme Bill 2019 that was approved by Cabinet on Monday, saying they are already burdened with a number of taxes they are paying to the government.

According to the Bill, every employee above 18 years is supposed to contribute four per cent of their monthly salary towards the scheme, while the employer will contribute one per cent, making five per cent.

However, the National Organisation of Trade Unions (Notu) chairman general, Mr. Usher Wilson Owere, has said the Bill overburdens workers in the formal sector who are already burdened with others taxes such as Pay as You Earn, Local Service tax and National Social Security Fund monthly saving contribution.

To block the Bill

He said they are going to work "tooth and nail" to block this Bill once it is tabled before Parliament.

"This is unfair to a worker who is already paying a lot of taxes to this government. We were able to block this Bill when it was brought up, and we are going to use the same mechanism to ensure that it does not go through," Mr. Owere said in an interview with Daily Monitor yesterday.

He added that if government wants to impose another tax on them, it should also increase the salaries of all public servants across the country.

"If the government wants us to contribute for the poor peasants, then it should also increase our salaries," Mr. Owere said.

He instead proposed a monthly deduction of two per cent instead of four per cent.

Workers MP Sam Lyomoki said government should not impose another tax on workers, but rather make the employers who have been initially paying health insurance for their workers to take up this four per cent.

"A worker should not incur another cost on his or her salary. We are going to harmonise this and shift the burden to the employer once the Bill is tabled before the House for discussions," Mr. Lyomoki told Daily Monitor in a telephone interview yesterday.

However, Ms. Grace Nabakooza, the head of legal department at the Federation of Uganda Employers, cautioned government against putting a lot of burden on the employer, saying they may be forced to cut on the employees' salaries in order to cater for their medical insurance contribution. She agreed with Mr. Owere's proposal of two per cent contribution from the employees.

Private insurance providers speak out

Meanwhile, some private insurance companies that are currently offering services to some employees in the formal sector have
opposed the Bill, saying it is going to drive them out of business.

The commissioner in charge of planning and financial policy at the Ministry of Health, Ms. Sarah Byakika, on Tuesday said all individuals subscribing to private insurers will have to drop this scheme and adopt the new scheme once it is enacted into law.

She said private companies would only come in to offer service which will not be covered under the government arrangement.

The assistant general manager of the medical department at Jubilee Insurance, Mr. Dan Musiime, said they are going to lose their customers since it will be hard for individuals to contribute to both private and national schemes.

"The government should rather opt to exempt those already under private health insurers from contributing to the national health insurance scheme or else, we become obvious culprits," Mr. Musiime said.

He added: "They should have engaged us more. We should work together with government in this initiative as opposed to them being on one side and us on the other because the objective is the same, trying to extend access to health care to people so we should work together."

However, Mr. Herbert Mukoza the general manager International Air Ambulance (IAA) insurance, said the national health insurance scheme will not affect them since they will provide comprehensive services.

"It is going to supplement because government is proposing to give basic care, but private insurers offer more comprehensive services. In other countries, there are national health insurance schemes and private ones. So we are excited about it," Mr. Mukoza said.

Mr. Joshua Akena, the head of life and pensions at Uganda Insurers Association, said the national health insurance scheme is going to promote universal health coverage.

Kenya: Nakuru Hospital Strained as Doctors Leave for Further Studies
25th June, 2019

By The Nation (Nairobi)

Doctors at a past function in Nairobi. A shortage of doctors has hit Nakuru Level V Hospital after at least 60 medics left to pursue further studies

In Summary

- Nakuru Level Five Hospital serves Nakuru, Bomet, Baringo, Narok, Kericho, Samburu, Laikipia and Nyandarua Counties.
- Nakuru Health CEC Gichuhi Kariuki says more doctors will be hired once the county public service board is operational.
- Dr. Kariuki said increased referrals have also contributed to the strain on the workforce.
One of South Rift’s largest referral hospital, Nakuru Level V Hospital, is reeling from a shortage of doctors after at least 60 of them left to pursue post-graduate studies, the Nation has learnt.

Their exit to pursue advanced studies has affected service delivery at the hospital which serves Nakuru County health authorities on Tuesday admitted that the medics exit to pursue Masters Programmes has hit service delivery.

The hospital serves Nakuru, Bomet, Baringo, Narok, Kericho, Samburu, Laikipia and Nyandarua Counties.

'WORKFORCE STRAINED'

But the county's Health minister, Dr. Gichuki Kariuki, said the hospital's workforce is also strained because of a high number of referrals.

"It is true the entire Nakuru Level Five Hospital is strained in terms of workforce and there is need to increase human resource. Remember it serves more than five counties from across the region. Sixty doctors left to pursue Masters degrees, six others also left in search for greener pastures. The exit further reduced workforce at the facility," said Mr. Kariuki.

But the health minister said the county plans to employ more doctors.

"Once the [Nakuru] County Public Service Board becomes operational, we shall employ more medics for all cadres, including nurses and specialists," said Mr. Kariuki.

BOARD SUSPENDED

The county's public service board was suspended for 45 days to allow Governor Lee Kinyanjui investigate allegations of gross misconduct levelled against members, staff and secretariat.

"I cannot easily take leave because of the strained workforce. I have to contend with long working hours and sometimes handle an entire ward," one of the caregivers at the hospital revealed.

Another source said the hospital’s maternity wing, Margaret Kenyatta Mother Baby Wing, has also been hard hit by the medic shortage.

The state-of-the-art maternity wing, which was built at a cost of Sh450 million, is the biggest maternity facility in Rift Valley.

After the 250-bed maternity wing was opened, many of the doctors posted there came from the same hospital.

And with the increasing deliveries, the hospital workers have been forced to work longer hours, said a nurse who sought anonymity.

Another source told the Nation that sometimes patients are left in the hands of unqualified trainee caregivers.

But the hospital superintendent, Dr. Joseph Mburu, downplayed the matter saying the facility is performing well.

"For instance, we record at least 50 deliveries daily at the Margaret Kenyatta Mother Baby Wing. The facility has seven obstetricians, four interns and 98 nurses," said Mr. Mburu.

Uganda: 27,000 Can't Access Cancer Treatment in Uganda
22nd June, 2019

By The Independent (Kampala)
Kampala — 27,000 people in the country do not access cancer treatment in Uganda. This is according to the Uganda Cancer Institute.

According to doctors at the cancer institute, the number of patients that receive treatment at the facility is much lower than the number that does not receive treatment.

Data from the Global Cancer Observatory shows that annually, 32,000 new cancer patients are registered in Uganda. However, only 5,000 are on average received at UCI. Last year, the cancer treatment centre received a total of 4,996 new patients.

Dr. Nixon Niyonzima the laboratory director and head of research and training UCI says that they receive a quarter of the cases that they should be treating at the institute.

He attributes the low number of patients seeking treatment to inadequate treatment facilities in the country.

Cancer can be treated either by using radiotherapy, chemotherapy or through surgery. Data from UCI shows that out of the 5,000 that seek treatment, 499 are estimated to be children while 4,497 are adults suffering mainly from cervical cancer, breast cancer, prostate and karposis sarcoma.

Dr. Joyce Balagadde Kamuddu says they receive few children due to lack of awareness about treatment at the centre. She says most times parents sit with children with progressing cancers without knowing it.

Dr. Niyonzima adds that due to the inadequate number of people able to access treatment, many patients are left to die or live in pain.

Data from the Kampala Cancer Registry, an estimated 22,000 people are believed to have succumbed to death due to cancer. Late diagnosis of the disease has been cited by doctors as the reason why most cancer patients pass away.

"Most people come to seek treatment when their cancers are in stage 4. We have very little to do except manage their pain. Chances of people recovering at this stage are low."

Dr. Jackson Orem, the Executive Director UCI says that more than 80 percent of the patients they treat appear at the institute when their cancers are mature.

"We are planning on setting up regional cancer treatment centres in Arua, Mbale and Gulu in addition to the facility in Mbarara now. We want people from all parts of the country to have easy access to cancer treatment."

Kenya: In Remote Corner of Kenyan Coast, Red Cross Fights Drug Addiction

27th June, 2019

By Voice of America (Washington, DC)
A new drug rehabilitation center on the Kenyan coast is working to help heroin addicts turn their lives around. The facility, run by the Kenya Red Cross, opened six months ago in the remote village of Lamu. The center is renewing hope for addicts, many of whom have easy access to hard drugs and often turn to a life of crime.

In the kitchen of the drug rehabilitation center of the Kenya Red Cross in Lamu, Musa Mohamed, 43, a former drug user, is stirring a pan full of chicken and herbs.

Musa is one of the 18 clients in the center. He started using heroin 14 years ago after his friends promised him it would improve his love life.

“I tried once, and after trying I found out that it was true. Then I kept on trying and after a couple of days I wanted to stop and I was addicted already so I wasn’t able to stop,” he said.

**Thousands of users**

Kenya’s National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) says there are 40,000 heroin users across the Kenyan coast. Many reside in Lamu, frequenting drug dens.

Red Cross volunteer Nurein Mohamed visits the drug dens. Here, the heroin high collides with the bleak reality of life as a desperate drug addict.

Forty-three-year-old Yusuf Yunus wants to break the drug’s hold.

“He has two children of mine who will get in trouble,” he said. “I don’t know what to do because I am high. I am not healthy for them and I don’t know how to get money. I cannot help my children when I am high.”

Medication, counseling

The rehabilitation center helps by giving clients medication to suppress withdrawal symptoms. They also take part in group counseling.

The manager of the Lamu center, Christine Mosiori, says high unemployment and easy access to drugs are fueling the drug problem.

“When you combine these things it makes it easy for someone to just get into the drugs, the idleness, and also the availability of these drugs where they live,” she said.

The program of the Kenya Red Cross takes three months, after which the clients go back on the street. To prevent relapsing, the Red Cross provides vocational training. Musa says he won’t go back using drugs.

“My first daughter is 14 years now. She about the adolescent age and she is studying. So I don’t want to hurt my daughter and my family,” he said. “So I said enough is enough and I don’t think I’ll go back behind. Now it’s just going in front.”

**Pleased with progress**

Despite the magnitude of the drug problem, Mosiori says she is happy with what she and her colleagues have achieved in six months.

“I feel that what we have done so far has helped our clients,” Mosiori said. “Even those we have discharged, we have followed them up so far and they are actually doing very well back home. So I feel that our program has been beneficial.”

As the clients kneel for Islamic prayers, they share a bond of fighting against a stressful addiction. They pray that one day soon, they will regain control over themselves and their futures.
Uganda: Govt to Recruit More Pharmacists, Doctors

23rd June, 2019

By The Monitor (Kampala)

Ministry of Health Permanent Secretary, Dr. Diana Atwine.

Kampala — The Ministry of Health has said government will recruit more health workers this financial year, among them doctors and pharmacists.

"Government plans to recruit more pharmacists and health workers because the problem in this sector has been recurrent," the Ministry of Health Permanent Secretary, Dr. Diana Atwine, told Sunday Monitor in an interview yesterday.

Dr. Atwine was responding to the call by the Pharmaceutical Society of Uganda (PSU) to government to recruit more 330 pharmacists to help monitor the medicine supplied at different health facilities.

A 2014/15 human resources for health bi-annual report compiled by the Health ministry indicated that there was need for 370 pharmacists but only 31 positions had been filled which equated to only eight per cent.

Four years later, only 20 pharmacists have been recruited, bringing the number to 51 pharmacists. This equates to about 10 per cent despite the fact that there are more than 1,100 licensed pharmacists.

Dr. Atwine, however, said: "This is not the only solution to curbing the theft of medicine. We have big health centres with pharmacists but that is where the theft of medicine is even happening the more. We need biometric monitoring systems because computers don't lie."

"We have done so [use of bio metric] in some hospitals on the attendance of doctors and it has worked. We are determined to change this despite the limited funds," she added.

"The vice of stealing medicine at health centres has continued because the people who are knowledgeable about drugs have not been recruited. We want government to do this with urgency," Dr. Samuel Opio, the secretary of the Pharmaceutical Society of Uganda, told Sunday Monitor in an interview yesterday.

Dr. Opio was responding to the recent investigation done by BBC and NBS TV which unearthed the theft of public medicine at different health centres supplied by the government across the country.

"If the right people are deployed, the vice will stop because they will be accountable for every medicine that gets in and out of the system. At least each referral hospital as well as health centre IVs will have a pharmacist," he said.

The recent investigation report pinned pharmacists for aiding the stealing of medicine, quoting three of them.
While responding to these revelations, Dr. Patrick Ogwang, the president of PSU, said the named people in the story do not belong to the association and are not registered.

"These are people who are working to taint our names. We disown them because we do not know them in our books and we hope this can be corrected," he said.

**East Africa: Should Kinshasa Be Fast-Track to EAC?**

25th June, 2019

By The East African (Nairobi)

People go about their business in downtown Kinshasa. The DR Congo government is pushing for membership of the EAC bloc.

In Summary

- Current EAC members must first assess who in DRC is driving the EAC agenda, whether it is a minority elite or is the wish of the majority of the citizens.
- While DRC meets the condition of sharing a border with a member state(s) — Uganda, Rwanda and Burundi — it is still wanting in democracy, human rights and peace.

The East African Community Partner States are excited and ready to fast-track the application of the Democratic of Republic Congo as the seventh member, but questions abound.

The DRC -- with a population of 81 million -- is a welcome addition to the Community, since it means an expanded market and resource base that will give the bloc political and economic muscle. But does it meet the membership criteria?

There were precedents with Rwanda, Burundi, and South Sudan's applications. Kenya, Uganda and Tanzania argues that once admitted, the countries could be persuaded to pursue good governance. It didn't happen with Burundi and has yet to bear fruit with Juba.

**MEMBERSHIP**

Article 3 (3) of the 1999 EAC Treaty gives conditions for membership admission that include adherence to universally acceptable principles of good governance, democracy, the rule of law, observance of human rights and social justice.

Other considerations are the potential members' potential contribution to the strengthening of integration; geographical proximity to and inter-dependence between it and the partner states; establishment and maintenance of a market-driven economy; and social and economic policies being compatible with those of the Community.

Despite a managed change of leadership that saw Felix Tshisekedi replace Joseph Kabila in Kinshasa, the DRC might find it hard to fulfil other conditions.
According to Harold Acemah, a retired Ugandan diplomat, the DRC is one Africa’s most resource endowed countries and its entry into the EAC is likely to boost the region’s economies in the long run.

"However, the EAC leadership must put proper assessment mechanisms in place before it is admitted.

First, politically, the country is unstable, with civil unrest in some parts. The risk of these must be assessed," said Mr. Acemah.

He said that current EAC members must first assess who in DRC is driving the EAC agenda, whether it is a minority elite or is the wish of the majority of the citizens.

While DRC meets the condition of sharing a border with a member state(s) -- Uganda, Rwanda and Burundi -- it is still wanting in democracy, human rights and peace.

SLOW CHANGES

DRC under Kabila was one of the leading human-rights abusers in Africa and while President Tshisekedi has released political prisoners and promised greater democracy, not much has changed on the ground, especially in the east.

Sources at the EAC headquarters in Arusha told The EastAfrican that the bloc will face a moral dilemma of fast-tracking the DRC application ahead of that of Somalia, pending since 2012.

Somalia and South Sudan applied at the same time and Arusha rejected Juba’s application on governance and peace issues. It was finally admitted in 2016, but has not been able to meet its obligations due to the ongoing civil war and falling oil revenue.

Somalia’s application is still pending. Burundi, on the other hand, is experiencing economic hardship due to sanctions by the European Union. Some members of the East African Legislative Assembly have called for the suspension of the two countries until they update their obligations.

Uganda: Who Regional Director Commends Uganda's Ebola Preparedness Response

26th June, 2019

By World Health Organization (Geneva)

Kampala, 26 June 2019 - After assessing one of the high-risk districts for Ebola virus disease in western Uganda today, Dr. Matshidiso Moeti, World Health Organization (WHO) Regional Director for Africa, commended the corps of health workers and Health Ministry officials for their sharpened preparedness to respond to an outbreak.

Dr. Moeti toured the Kasese border area with the Minister of Health of Uganda, Dr. Jane Ruth Aceng, who thanked WHO for the support the organization has provided both in preparing the country for Ebola and in responding to the recent confirmed cases.

"WHO has provided crucial support to Uganda in fighting Ebola," said Dr. Aceng. "I
am glad to see how my teams on the ground have responded quickly and effectively."

Since 11 June, when Uganda declared the Ebola virus disease outbreak, there have been three confirmed cases, all of whom had travelled to the neighbouring Democratic Republic of the Congo (DRC). Uganda shares a nearly 900-kilometre long, often porous border with the DRC, where the disease has claimed more than 1,400 lives since August 2018.

More than 100 people who had contacts with the confirmed cases are being monitored. Since the outbreak was declared, 1,063 high-risk individuals have been vaccinated. This vaccination of contacts and contacts of contacts, known as ring vaccination, has shown good results in the DRC and other countries in West Africa.

There are currently no new, confirmed cases of Ebola in Uganda.

"I commend Uganda for its quick response to the Ebola outbreak," Dr. Moeti said. "During my visit to the Kasese area, I spoke with health authorities who told me how the training they had received in detecting the disease meant they were on high alert for patients with any signs of infection. They were able to move swiftly when the first Ebola cases arrived in their health facility and to restrict possible exposure to relatively few health workers."

During her two-day visit, Dr. Moeti travelled to Bwera Hospital, near the border with the DRC where two of the three people who had the infection had died. A further three suspected cases are being treated at the hospital. Due to its investment into preparedness, the hospital can now obtain presumptive results to tests for the Ebola Zaire strain within two hours.

With support from WHO and partners, Uganda has trained more than 16,000 community leaders and volunteers in remote border areas to spot the symptoms, provide medical attention to potential patients and to alert the authorities. The local teams serve as the eyes and ears of the district and national emergency systems that cover surveillance, infection prevention and control, patient care, cross-border activities and coordination with communities.

"People are aware of the problem, how to protect themselves and where to report for action and support," Dr. Moeti pointed out.

**Rwanda: Nyabihu Steps Up Efforts to Fight Malnutrition**

27th June, 2019

By The New Times (Kigali)

Nyabihu mothers feed their children with a balanced diet through the home based Early Childhood Development Centres (ECDs). Régis Umurengezi.

Two years ago Jacqueline Uwitonze visited a witchdoctor in search of treatment for her two young children who were abnormally frail.
She thought that the toddlers had been bewitched or poisoned by her enemies.

At two years, the boy used to weigh seven kilogrammes while his one year old sister weighed 5 kilogrammes. They should weigh at least 13 kilogrammes.

Uwitonze had also experienced domestic violence, at times seeking refuge in near bushes with her babies to avoid her abusive husband.

The resident of Rugera Sector in Nyabihu District acknowledged that; "The babies became prime victims of our wrangles."

Efforts to get a solution for her ailing children, who often missed meals, through sorcery were fruitless.

In 2017 as health workers were carrying out their biweekly routine visits to families with babies Uwitonze is one of the parents that were visited.

"Community health workers visited me and confirmed that my children were struggling with severe malnutrition," she told The New Times.

After stabilising the problem, community health workers transferred the children to Shyira Hospital where they spent three months under intensive care.

When they left hospital, the children were fed on Shisha Kibondo, a cereal nutritious food product used for preparing porridge for children.

The flour is distributed by the Government, for free, to families whose children face malnutrition.

Uwitonze children recovered and they now have normal weight.

"Community health workers advised me to set up a kitchen garden so I could have access to vegetables. I can now provide balanced diet to my children to ensure they don't suffer from malnutrition again," she noted.

Nyabihu is one of the country's top producers of Irish potatoes.

Yet, it's one of the districts with the highest rates of malnutrition in the country, a phenomenon largely blamed on lack of knowledge on healthy feeding.

The 2015 Demographic Health Survey (DHS) showed that Nyabihu had the highest rate of preventable stunting in children under five years of any district, recording 59 per cent stunting rate, above the national average of 38 per cent.

However, the district vice-mayor for social affairs, Pascal Simpenzwe, said there was a significant reduction of malnutrition thanks to multi- sectorial approaches all aiming at changing the residents’ mindset toward appropriate nutrition.

Home based ECDs

He told The New Times that the district has put much emphasis on home-based Early Childhood Development Centres (ECDs) that operate at every village under the supervision of local leaders.

"We embarked on an intensive sensitisation campaign to change people's mindsets towards a balanced diet. ECDs are drivers of our success, because we are able to trace children with malnutrition cases and immediately give them free milk and Shisha Kibondo among other forms of support," noted Simpenzwe.

He pointed out that the district has 469 home-based ECDs.
These have helped drive down the stunting rate in the district to 46.2 per cent.

**Civil society speaks out**

A coalition of civil society organisations under the Scaling up Nutrition (SUN) alliance, one of the partners of Nyabihu District in the fight against malnutrition appealed to the district to increase its spending on initiatives aimed at fighting malnutrition.

"Malnutrition is a very worrying issue for our country, that's why we are appealing to the district and their partners to own this issue by allocating enough funds to deal with it," said Venuste Muharyankaka, the Executive Director of SUN Alliance Rwanda.

Rwanda aims to reduce stunted growth among children under 5 years old to 19 per cent by 2024.

SUN alliance says the country will not reach its goal if funding allocated to tackling malnutrition is not increased significantly to speed up the implementation of various measures.

The organisations propose that the Government increases spending on fighting malnutrition from 2.7 per cent to 5 per cent of its national budget.

**Uganda: Two Health Workers, Security Guard Arrested Over Theft of Drugs**

26th June, 2019

By The Monitor (Kampala)

In Summary

- The chairperson management committee of the facility, Mr. Ben Mbusa who is the former district health inspector said late coming and absenteeism have also affected service delivery at the facility.

Bundibugyo — Police in Bundibugyo District are investigating three health workers attached to Bukangama Health Centre III in Bukonzo Sub County for allegedly stealing government drugs at the facility.

The suspects who include a security guard at the facility, were arrested early this week.

The District Health Officer, Dr. Christopher Kiyita said the suspects have been interdicted and when investigations are complete and are found guilty, they will be transferred and demoted.

The Sub County chairperson Mr. Gorge Mutwalughuma said the suspects were found with boxes of malaria drugs and strips used in testing malaria and HIV/AIDS.

"Theft of drugs has been a major problem at this health facility. We appeal to the district
health department to help in fighting this problem”, Mutwalughuma said.

The councillor representing Bukonzo Sub County in the district council, Mr. Joshua Muganzi said that on Monday he made an impromptu visit at 10am and found no health worker at the facility and patients stranded at veranda without any help.

However, the in-charge of the health centre, Mr. Godfrey Tinkasimire declined to give a comment about the alleged mess at the facility.

The chairperson manageme...
churches, mosques and any other identified sites in the community.

Meningitis is a bacterial infection of the protective membranes (meninges) that surround the brain and spinal cord.

The bacteria is transmitted from person-to-person through droplets of respiratory or throat secretions from carriers.

Symptoms of the disease include intense headache and fever, sensitivity to light and muscular rigidity, leading (in severe cases) to convulsions, hallucination and death.

Close and prolonged contact -- such as kissing, sneezing or coughing on someone, or living in close quarters (such as a dormitory) and sharing eating or drinking utensils with an infected person -- facilitates the spread of the disease whose average incubation period is four days.

There are six primary strains of meningitis bacteria that cause meningococcal disease: A, B, C, W, X and Y.

While side-effects of the meningitis vaccine are rare, the ministry advised caregivers to report any serious cases to the nearest hospital for guidance.

EPIDEMIC

Common side effects include pain in the injection site, redness and mild fever which usually last no more than one or two days.

The Northern part of the country was marked as one of the 26 areas with the highest rate of meningitis.

The highest burden of the disease is in the meningitis belt of Sub-Saharan Africa, stretching from Senegal in the west to Ethiopia in the east. Around 30,000 cases are still reported each year from that area.

In Kenya, the eight affected areas are Turkana, Pokot, Mandera, Laisamis, Marsabit, Moyale, Chalbi and Wajir North, which in total have a population of about 1,435,384.

In 2016, global vaccine experts and officials from the African "meningitis belt" convened in Addis Ababa, Ethiopia, to celebrate the introduction of a vaccine, MenAfriVac®, designed, developed and produced for use in Africa.

The vaccine was developed by the World Health Organisation in partnership with PATH in response to a call for help from African ministers of health after one of the worst epidemics.

Cases of the deadly infectious disease went from over 250,000 during an outbreak in 1996 to just 80 confirmed cases in 2015 among countries that had not yet conducted mass immunisation campaigns and among those unvaccinated.

In 2008, the Gavi Alliance approved support to immunise the at-risk population (aged one through 29 years) in the 26 meningitis belt countries with preventive campaigns.

Uganda: Ebola - Health Ministry Asks Shs28b More
26th June, 2019

By The Monitor (Kampala)
A medical officer attends to a suspected ebola patient. Dr. Mathew Lukwiya (inset) died of ebola when the disease first broke out in 2000.

Kampala — The Ministry of Health is in need of $7.5 million (about Shs27.8 billion) to respond to the Ebola outbreak in the country, which has since claimed three people.

Mr. Emmanuel Ainebyoona, the senior ministry spokesperson, said the money is only enough to facilitate the western district of Kasese, where the haemorrhagic fever was confirmed early this month and not the whole country.

"It [the money] will facilitate our health workers who are managing different health facilities, manning all points of entry, people doing outreaches, among others mass media messages," Mr. Ainebyoona said on Monday.

Temporary measure

Mr. Ainebyoona also said the money, expected to come from both government and other funders, will "just take us for some period of time."

The funds are on top of the $18 million (about Shs66.8 billion) that Ministry of Health used during the 10 months of preparation, according to the Ebola accountability task force.

By press time, Uganda had not registered any new confirmed Ebola Virus Disease (EVD) case in Kasese or any other area, although there are 110 contacts to the confirmed Ebola cases in Kagando and Bwera, who are being followed up daily.

There have been Ebola scares in the country, with the most recent one recorded at the China-Uganda Friendship Hospital Naguru in Nakawa Division as patients and some health workers dashed out of the wards after one of the patients presented with Ebola symptoms.

The Ebola scare at the hospital, also commonly known as Naguru hospital, is among those that have caused panic in different districts, including Mbarara, Hoima and Pakwach.

An isolation camp has since been established at the hospital to prepare for any unlikely event of Ebola outbreak in Kampala given that the country is still at high risk.

"It is better to create an isolation unit because you don't know how it will end because you cannot be keeping the patient at the general ward," Health minister Ruth Aceng said last week.

Meanwhile, the results of blood samples taken from a 19-year-old male patient who died on Wednesday night at Naguru hospital after presenting symptoms of viral hemorhagic fever (VHF) have shown he was negative for Ebola.

The blood samples tested at Uganda Virus Research Institute also showed he was negative for other VH fevers, including Marburg, Crimean Congo Hemorrhagic Fever, Rift Valley fever and Sosuga, despite exhibiting their symptoms of fever and bleeding from the mouth.
Kenya: Kisumu Doctors Return to Work After Striking for Three Days
24th June, 2019

By The Nation (Nairobi)

Nyanza Region KMPDU Chairman Kevin Osuri (centre) and other officials signing the return to work formula at the county Ministry of Health offices in Kisumu on June 24, 2019 shortly after the union called off a doctors strike which had lasted for three days.

In Summary

- The agreement favoured all the four grievances which had been raised by the doctors.
- The issues addressed were promotions, NHIF cover, statutory deductions and study leaves.
- Nurses, lab technicians and other medical staff will also benefit from the CBA agreement.

Doctors in Kisumu have called off their three-day strike that had threatened to paralyse services in public hospitals in the county.

Nyanza Region Kenya Medical Practitioners, Pharmacists and Dentist Union (KMPDU) Chairman Kevin Osuri called off the strike Monday after the doctors downed their tools on Friday.

The new turn of events followed negotiations on the 2017 collective bargaining agreement (CBA) that were held over the weekend with the Kisumu Governor Anyang’ Nyong’o and the Nyanza region and national KMPDU officials.

AGREEMENT

"Kisumu Governor, Prof Nyong’o, formed a public service board [through] which we were able to reach an agreement with the county government," said Dr. Osuri on Monday.

Dr. Osuri led his members and the Kisumu County representatives in signing a return to work formula on Monday at the offices of the county’s department of Health.

The agreement favoured all the four grievances which had been raised by the doctors, namely promotions, NHIF cover, statutory deductions and study leaves.

BENEFICIARIES

Apart from the doctors, nurses, lab technicians and other medical staff will also benefit from the CBA agreement.

About 250 doctors downed their tools on Friday midnight over unfulfilled demands captured in the 2017 CBA between them and the county government.

The doctors had issued a seven-day strike notice on June 14.

DEMANDS
Through their union, the doctors demanded the promotion of all their members who are qualified for the same, comprehensive NHIF coverage, release of doctors who are qualified for study leave and remittance of their deductions to relevant bodies.

While calling the strike, Dr. Osuri had said that doctors in Kisumu had been denied study leave for unknown reasons while those who came back from study leave still stagnated in very low job groups.

In March, the doctors suspended, at the last hour, a looming strike after the county government promised to address their demands by July.

The doctors have always protested that the county has failed to promote about 100 of them who are due and also failed to give them a comprehensive medical cover.

Uganda: Landslide Victims Abandon Camps Over Cholera Outbreak
26th June, 2019

By The Monitor (Kampala)

Affected. Residents walk past a carcass of a cow at Shisakali in Buwali Sub-county, Bududa after mudslides hit the area on June 5.

As rain continues to pound some parts of the country, Bududa District authorities have ordered landslide victims to return to their homes following cholera outbreak in Buwali Sub-county.

The landslide victims had temporarily been relocated to camps at Buwali Catholic Church and Bubiita Sub-county headquarters in Buwali and Bubiita sub-counties.

However, their lives could still be at risk since the government has severally warned of looming landslides in the district.

More than 200 households have been living in the camps after they were displaced by the recent landslides triggered by heavy rain in several villages, especially in Buwali and Bubiita sub-counties.

The disaster left more than six people dead, 27 injured and more than 400 families displaced.

With the outbreak of cholera in the district, leaders have taken measures including forcing the victims to immediately abandon the camps.

The district health officer, Dr. Imelda Tumuhirwe, on Monday said: "We have confirmed three cases of the nine admitted in the isolation centre."

The patients are currently admitted to Bukigai Health Centre III.

Other nine people with similar signs of cholera in the sub-counties of Bukalasi, Nakasi, Bushiyi and Bulucheke were also admitted to different health facilities.
The district LC5 chairperson, Mr. Wilson Watila, said although they had not registered any case of cholera in the camps, they took the decision for fear of an outbreak.

He added that they have embarked on massive sensitisation of the public to curtail the spread of the disease.

Dr. Tumuhirwe said the outbreak was due to heavy rain that has been pounding the area, which destroyed most of the pit-latrines in the rural communities.

"The locals have been practising open defecation in the communities after their pit-latrines were destroyed by floods," she said.

She said a team of health workers is sensitising the affected communities on proper hygiene such as eating hot food, hand washing, and proper use of pit-latrines, among others. "We have also closed some of the eating places that were operating below the required health standards," Dr. Tumuhirwe said.

Ms. Justine Khainza, the Bududa Woman Member of Parliament, said cholera would certainly break out in the camps because hygiene and sanitation is lacking. "The issue of hygiene in the camps was very worrying but the permanent solution is relocation of the victims because their homes are also at risk of landsides," she said.

Ms. Khainza said government should implement the decision of giving money to the victims to resettle themselves, saying it will save time.

"The construction of houses for the landslide survivors has been very expensive compared to handing over money to families to look for suitable places and construct their own houses," she added.

**Uganda: Health Officials Accused of Selling Hepatitis B Vaccines**

24th June, 2019

By The Monitor (Kampala)

**In Summary**

- Mr. John Kiwagalo, a father of six children, said the health workers demanded Shs30,000 to vaccinate all his children.

Bulambuli — Residents of Buginyanya Sub-county in Bulambuli District have accused the health workers attached to Buginyanya Health Centre III of extorting money from them when they visit the facility for Hepatitis B vaccination.

The residents said they are asked to pay before they are vaccinated against the disease.

They made the remarks on Saturday during a baraza (meeting) organised by the Office of the Prime Minister at Buginyanya Primary School playground.

Ms. Oliver Nabukonde, the chairperson of Kidodi Village, said when she visited the facility to get vaccinated, she was asked for money by the health workers yet Hepatitis B vaccination is supposed to be given freely.

"I went to the facility but was shocked when I was asked for money. I decided to go back home. I have never visited there again," she said.

She said many of her village subjects have reported to her office, accusing health workers of extorting money from them.

"Most of our people can't afford to get the required money and yet we always hear on media that the vaccination is free," she said.
Ms. Jessica Neumbe, another resident, said they have reported their concern to the district leaders but they have never intervened.

"Our issues are not listened to by our leaders. This is a government facility but it operates like a private unit," she said.

The health facility serves close to 12,000 people in the four sub-counties of Buginyanya, Bumugibole, Masila and Luhya.

Mr. John Kiwagalo, a father of six children, said the health workers demanded Shs30,000 to vaccinate all his children.

Mr. Richard Waniala, the officer-in-charge of the facility, said it is true there was one of their staff, whom he did not name, who was charging residents money for Hepatitis B vaccination.

"I got the information and the said health worker was summoned and disciplined. We have since opened a suggestion box for you to report such cases if they reoccur," he said.

Kenya: Ministry Reassures Public Vaccines Are Available
27th June, 2019
By The Nation (Nairobi)

Cabinet Secretary Sicily Kariuki acknowledged that there was a shortage of the polio vaccine, but added there were enough supplies to last two months as the ministry awaits a new consignment to ensure an uninterrupted supply.

In Summary

- The shortage exposes children under five years to life-threatening conditions or even death.
- Without the vaccine, Kenya’s hopes of being certified as a polio-free country are pushed further back.
- But Ms. Kariuki insisted that the vaccines were available, advising mothers to take their children to be vaccinated.

The Ministry of Health has taken the necessary measures to ensure that all vaccines are available. Whereas Cabinet Secretary Sicily Kariuki Wednesday acknowledged that there was a shortage of the polio vaccine, she added there were enough supplies to last two months as the ministry awaits a new consignment to ensure an uninterrupted supply.

ADEQUATE STOCKS
"At the moment, there are doses of polio and measles-rubella vaccines to last two-months as new consignments are expected between today and mid-next month," the minister said in a statement.

The available polio vaccines can last 1.9 months from today, translating to 1,130,000 doses, against a monthly reservoir requirement of 596,000.

A further 600,000 doses have been procured and the batch is expected to arrive country today, with a further 2,254,000 expected in the second week of July.

She further noted that there were adequate stocks of the measles-rubella vaccine, with 2.4 months’ worth of stock of 1,148,000 doses against a monthly reservoir requirement of 477,000.

Health workers across the country have reported a shortage of the life-saving vaccines. Nurses the Nation talked to said many public health facilities in several counties lacked the polio, measles-rubella and tetanus toxoid vaccines.

A shortage means that children who are not vaccinated are left vulnerable to vaccine-preventable diseases like polio and measles.

The oral polio vaccine is given to newborns at birth, at six weeks and 10 weeks, before they receive an injectable version at 14 weeks. The measles vaccine is administered at nine and 18 months.

**LIFE-THREATENING**

The shortage exposes children under five years to life-threatening conditions or even death. Without the vaccine, Kenya's hopes of being certified as a polio-free country are pushed further back.

But Ms. Kariuki insisted that the vaccines were available, advising mothers to take their children to be vaccinated.

"We would like to assure parents and the communities of the availability of these vaccines and urge them to take their children for immunisation," the CS added.

On April 6, 2018, Kenya Medical Research Institute personnel found live polio viruses in sewage samples from Nairobi’s Eastleigh section during a routine investigation.

Health workers, who requested to remain anonymous for fear of victimisation, confirmed that they had turned away mothers because they did not have the vaccines in stock.

"The shortage has been there since March, but our stock ran out at the beginning of this month," said a nurse at a public hospital. "Whenever we place orders, we receive between 500 and 1,000 doses, against more than 40 facilities."

**Uganda: 6,000 Miss Out On Government Admissions to Nursing**
27th June, 2019

By The Monitor (Kampala)
Trained. The Minister of Education and Sports, Ms. Janet Museveni, chats with nurses and midwives during the release of Uganda nurses and midwives examination results in 2017. The ministry has admitted only 2,500 students to study nursing and midwifery certificate courses in government-aided institutions.

In Summary

- Solution. The ministry says it will invite private institutions to admit some of the applicants who passed the interviews but were not taken.

Kampala — The Ministry of Education has dropped 6,000 students, admitting only 2,500 who had applied to study nursing and midwifery certificate courses in government-aided institutions.

Mr. James Mugerwa, the assistant commissioner-in-charge of vocational education, told Daily Monitor that because of limited space, they only managed to admit fewer students on certificate programmes even when majority of the applicants had the minimum qualifications.

"We are going to invite the private institutions and give them a chance to pick from those who passed but we didn't take," Mr. Mugerwa said in an interview.

However, Dr. Safina Musene, the commissioner of Business and Technical Education, yesterday said they had not concluded admission of candidates with Senior Six results who would like to pursue diploma in nursing.

Once the process is complete, they will join another 1,500 nursing students who applied to upgrade from their nursing certificate qualifications.

"The competition is too high. We are getting many applicants and I have been warning people against paying any money for interviews because it is free," Dr. Musene said.

There are 87 private institutions and the ministry officials put the number of certificate applicants to 8,500.

For one to be admitted to the nursing and midwifery course, they must have passed Chemistry, Physics, Biology, Mathematics and English subjects with a pass eight (8) at Uganda Certificate of Education (UCE) level.

However, those candidates who fail Physics, the ministry can substitute it with at least a pass in Agriculture and Geography to be admitted to any of the 11 government-aided nursing institutions.

But Uganda Nurses and Midwives Examinations Board chairperson Mariam Walusimbi early this month asked government to review the entry requirements to Nursing and Midwifery programmes to a minimum of credits in all the required subjects at Ordinary Level.

She also wants students using Senior Six results to have scored at least principal passes in sciences.
"The nursing and midwifery profession affects the life of human beings in the most vulnerable state and any skills gap may cause loss of life. The board proposes the Ministry of Education considers review of entry requirements to credits," Ms. Walusimbi presented as the board released last year’s nurses and midwives results in Kampala.

She appealed to government to upgrade health centre IVs to expand practicum areas for the increasing number of nursing students.

According to Ms. Walusimbi, there is also a need for the ministry to revisit the Diploma in Pediatric and Child Health nursing and Diploma in Public Health nursing programmes which continue to attract less than five students annually yet they are essential health ingredients.

Warning

Dr. Musene warned institutions against double intakes saying they will not register the students if their individual schools lack enough training equipment.

On the attitude complaints that have been raised against the nursing profession, Mr. Mugerwa noted that the ministry had introduced life skills in the curriculum to address the entrepreneurial and customer care gaps, complaints that they have received from the public about the profession in the past few years.

Kay: Revealed - City Hall Spent Sh10,800 to Buy a Cooking Gas Cylinder Meant for Medical Drugs

28th June, 2019

By Nairobi News (Nairobi)

Nairobi County government spent Sh10,800 to buy a cooking gas cylinder at one of its health facilities, it has been revealed.

The damning revelation emerged during a County Assembly Public Accounts Committee (PAC) sitting where it emerged that officers at Mutuini Hospital irregularly spent Sh309,734 meant for the purchase of emergency drugs at the facility.

It was revealed that the officers diverted the money meant for purchase of crucial and emergency drugs for the facility to buy cooking gas cylinders and charcoal.

Interestingly, the 13 kilogram cylinders were bought at different prices even though they were of the same quantity.

One cylinder was priced at Sh10,800, another at 2,800 and the third one at 2,300. In the market, an empty 13kg cylinder retails at between Sh4,000 and Sh5,000 while filling one costs between Sh2,000 and Sh2,300.

CASH SPENT

Kilimani MCA Moses Ogeto sought to know how cooking gas falls under the emergency drugs category.

Nominated MCA Silvia Museiya and Karen MCA David Mberia wanted to know where the balance of more than Sh300,000 went to as the cash spent on cooking gas amounted to only Sh20,500.

"What we have received today are only vouchers of the purchase of cooking gas. Do you mean all this money was only used to purchase cooking gas?" posed Mr. Mberia.

Health Services chief officer Dr. Washington Makodingo told the committee that the cooking gas was used for maternity procedures at the health facility.
However, he was unable to explain the remaining expenditure amounting to more than Sh300,000 and requested to be given more time to table evidence before the committee.

SUMMONED

"The facility offers maternity services which means they even do sterilization and that requires the use of cooking gas cylinders. However, give us more time to reconcile our records and appear before the committee on Monday as the annexures we have provided are not clear," said Dr. Makodingo.

The watchdog committee, chaired by Mabatini MCA Wilfred Odalo had summoned the chief officer and officials from Mutuini Hospital over the irregular expenditure.

This was after the Auditor General Edward Ouko raised queries over the expenditure by the hospital's officers.

The report stated that the hospital had collected revenue amounting to Sh3.4 million but only Sh3.1 million was banked, spending Sh309,734 was spent at source.

The officers will appear before the committee again next week to provide adequate documentary evidence on the flagged expenditure.

Uganda: Unions, Insurers Warn Govt on Health Insurance

28th June, 2019

By The Monitor (Kampala)

The National Health Insurance Scheme (NHIS) passed by Cabinet on Monday and billed as a silver bullet in providing universal healthcare will face major hurdles in enforcement, workers unions and insurers have warned.

Speaking to Daily Monitor in an interview on Wednesday, the National Organisation of Trade Unions (NOTU) chairperson, Mr. Wilson Owere, warned of likely troubles in determining the contribution of money to the health scheme.

He also cited problems of collection of contributions from the informal sector, saying many groups have received no support from government to get organised.

"We brought some informal sector groups under Amalgamated Transport and General Workers’ Union (ATGWU), but we encountered many challenges in bringing them together," Mr. Owere said.

The NHIS Bill proposes that government will deduct 4 per cent from employee’s monthly salary while one per cent will be contributed by the employers.

The Bill also says self-employed people will contribute Shs100,000 annually to the NHIS while pensioners will contribute one per cent from their monthly pay.

The scheme exempts those deemed living below the poverty line.

Mr. Owere said government wants to shift the burden of contributing revenue for NHIS to the salaried workers, who are already heavily taxed.

"The methods proposed by Ministry of Health to collect contributions for NHIS are not any different from those Local Government instituted to collect Local Service Taxes. But since enforcement of the Local Service Taxes, only salaried workers are paying since the deductions are made on their salaries," Mr. Owere added.
Mr. Timothy Mabirizi, an insurance consultant, said health insurance is one of the most expensive products and Shs 100,000 as an insurance premium is too low for one to secure quality healthcare.

"The profitability of this insurance scheme will be very difficult. You have heard that some hospitals are asking for a deposit of Shs 3m just on patient admission. The average premium you can get for reasonable health insurance is Shs 1m," Mr. Mabirizi said.

Mr. Mabirizi said with the stated contributions against the demands, the total revenues may not sustain the scheme.

Health ministry spokesperson Emmanuel Ainebyoona said the NHIS Bill when passed by Parliament will be implemented in a phased manner, starting with the salaried employees, then the self-employed through their community savings associations.

"The government will be required to carry out an annual assessment to establish those who are below the poverty line to be able to access the scheme for free," Mr. Ainebyoona said.

**Sector control**

Data from Uganda Bureau of Statistics (UBoS) statistical abstract of 2018, indicate that the informal sector controls more than 60 per cent of the economy while only 20 per cent is in formal sector.

Workers unions, including ATGWU, have often fought government agencies implementing laws that seek to impose more charges on their members. ATGWU comprises motorcyclists, taxi and lorry operators.

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**Uganda: Apac Hit With High Malaria Cases**

28th June, 2019

By The Monitor (Kampala)

Health officials demonstrate to the community members how to safely use a mosquito net following a Malaria outbreak in Gulu in 2016. Residents of Apac District have been advised to sleep inside insecticide treated nets following an upsurge of Malaria cases in the district.

Residents of Apac District have been advised to sleep inside insecticide treated mosquito nets following rampant malaria cases in the district.

Apac started experiencing the upsurge in malaria transmission towards the end of May this year when mosquito breeding shot up following a downpour, according to authorities.

Currently, outpatient departments in various health units are reportedly crowded with long queues of patients seeking malaria treatment. There are a total of 18 health centres in Apac.
The District Health Officer (DHO), Dr. Mathew Emer, confirmed the upsurge in malaria cases in Apac on Wednesday.

He said about 80 of 100 suspected cases being registered at some health facilities are those suffering from malaria.

"In some facilities, of 100 people you suspect to be having malaria, you find 70 or 80 of them confirmed to be having the disease," Dr. Emer said.

Treatment

So, those presented with symptoms such as headache, cold and fever are now advised to immediately seek the assistance of the Village Health Teams (VHTs) before their health deteriorates.

"In the event that the trained VHTs cannot handle the case, then they will refer you to the nearest health facility for proper management," he said.

Dr. Emer further appealed to the community to use their nets religiously.

He said in households with inadequate nets, priority should be given to children and pregnant mothers.

Residents are also encouraged to close their windows and doors early because the mosquitoes tend to enter late in the evening, at around 5pm.

"And if somebody feels unwell, the VHTs are there to offer support," he said, adding that malaria rapid diagnostic tests and Coartem (anti-malarial) are still accessible at the community level.

However, the only challenge now is that most health facilities are stocking out of essential medicine, especially the drugs used in the first line treatment.

"But we have made an emergency supply order [with the National Medical Stores]. We are maintaining the facilities by redistributing the ones which have more. That is how we are still surviving now. But before the end of this week, we should be having the supplies delivered," Dr. Emer added.

The start

Dr. Emer said Apac started experiencing the upsurge of malaria cases since May this year.

"Although we have been following our normal channel in the month of May, it has just crossed now the alert line," Dr. Emer said.

However, he said there is no cause for alarm.

"We cannot say we have an epidemic because it has just crossed our alert line and we are responding," he said.

Health experts said accurate, well-validated systems to predict unusual increases in malaria cases are needed to enable timely action by public health officials to control such epidemics and mitigate their impact on human health.

"Such systems are particularly needed in epidemic-prone regions such as the East African highlands," Dr. Dawit Teklehaimanot, a medical director and zonal malaria control programme officer in Ethiopia, said in his research report.

"In such places, transmission is typically highly seasonal, with considerable variation from year to year, and immunity in the population is often incomplete. Consequently, epidemics, when they occur, often cause high illness and death rates, even in adults," he added.

Malaria prevalence in Apac
Located in northern Uganda, Apac is surrounded by water bodies, including Lake Kyoga and two big swamps known as Arocha and Wiriiwiri.

According to the etymological infective rate (EIR) conducted in 2004, the district was found to have the highest number of mosquito bites in the world standing at 1,564 bites.

Dr. Myers Lugemwa, the deputy manager of malaria control programme in the Ministry of Health, said when 1,564 is divided by the number of days in a year, an individual living in the district suffers about five mosquito bites every night.