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EAC- Communique Of The 2nd Eac Joint Ministerial, Development Partners’ And Investors’ Roundtable On Investment In Health

Theme: Enhancing Health Sector Investments, Wellbeing and Wealth Creation In The East African Community

By Eac

1st November 2019

We, the Ministers responsible for Health in the EAC Partner States in collaboration with Investors, Development Partners, Private Sector and Civil Society Organizations’ Leaders, assembled here in Nairobi City, Republic of Kenya, today the 1st of November, 2019, for the 2nd EAC Joint Ministerial, Development Partners and Investors’ Roundtable on Investment in Health;

Noting that the Treaty for the Establishment of the East African Community provides for the promotion of the management of health delivery systems and better planning mechanisms to enhance efficiency within the Partner States;

Further noting that significant strides have been made in the development of policies to enhance cooperation in health and observing that Sustainable Development Goals (SDGs) 3, target 3.8 on achieving Universal Health Coverage (UHC), especially access to quality essential health care services, equity and financial risk protection;

Acknowledging that Universal Health Coverage is only achievable if there is political commitment from the Partners States and accountable governance in the policy making and service delivery process;

Concerned that external funding in health especially vertical programs such as HIV, TB, Malaria and immunization, is expected to decline over the coming years and could affect the gains made in health for the EAC Partner states;

Appreciating the continued support and commitment from the health development partners, Investors, Civil Society Organizations and the Private Sector;

Concerned about the high level of out of pocket expenditure for health services in the EAC region, for Partner States, compared to the recommended WHO threshold of 20%, and leading to catastrophic expenditures and later on to impoverishment of families,

Recognising that health is wealth and that investing in health is the cornerstone for socioeconomic transformation;

We, the Ministers responsible for Health in the EAC Partner States, in collaboration with Investors, Development Partners, Private Sector and Civil Society Organizations’ Leaders, on this First day of November 2019 hereby resolve to:

1. Continue to provide leadership and support in the implementation of the Health Sector investment

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priorities especially the operationalisation of the EAC Regional Centers of Excellence in Partner States;

2. Explore and implement innovative financing mechanisms to increase domestic resources for health in Partner States

3. Continue to support the strengthening of EAC regional capacities for infrastructure and human resources development for the prevention, preparedness, response and recovery from epidemic prone infectious diseases

4. Support mechanisms geared towards strengthening health professional regulatory bodies to ensure availability and performance of qualified and skilled workforce for the delivery of quality health care services;

5. Strengthen the capacities of National Medicines Regulatory Authorities (NMRAs) to improve access to quality, efficacious and affordable medicines in Partner States in line with the EAC decision;

6. Oversee the conduct of regular performance review, the generation of evidence for knowledge management and evaluation of programs in the health sector to inform policies for better delivery of quality health care;

7. Support the implementation of the digital health initiatives in Partner States for efficient health care service delivery;

8. Enhance Investors, Private Sector, Civil Society Organisations and other stakeholders engagement through Public Private Partnership to support governments towards better health care service delivery and attainment of Universal Health Coverage;

9. Sustain efforts in advocating for increased domestic financing for the Health Sector;

10. Promote and coordinate the establishment of an accountability framework for all health sector stakeholders.

South Sudan: Three Aid Workers Killed; Ebola Monitoring Suspended

31st October, 2019
By Voice of America (Washington, DC)

Three aid workers with the International Organization for Migration (IOM) have been killed in South Sudan, during fighting between government forces and National Salvation Front (NAS) rebels.

The aid organization said Wednesday it has suspended Ebola screening activities at various locations near the border with the Democratic Republic of Congo, because it is too dangerous to continue operations in those areas at this time.
The IOM communications officer in Juba, Liatile Putsoa, told VOA’s South Sudan in Focus that one female and two male volunteer aid workers from Morobo County were caught in cross-fire Sunday between government forces and NAS rebels who were fighting in the remote village of Isebi, in Yei River state.

"We are deeply saddened by the loss of our staff members. We reiterate that innocent civilians and humanitarian workers should not be targets of such a senseless act of violence," Putsoa said.

On Wednesday, the IOM still did not have a clear understanding of what the aid workers were doing when they got caught up in the fighting, according to Putsoa.

In a statement Wednesday, the aid group said a female volunteer and the son of the murdered female aid worker were abducted during the attack. Their whereabouts were unknown.

The statement said two more male volunteers suffered non-life threatening injuries and one of the injured was recovering from a gunshot wound.

Emmi Antinoja, head of communications for the U.N. Office for the Coordination of Humanitarian Affairs in Juba, said the aid organization strongly condemns "violence against humanitarian workers and demands that those responsible be brought to justice."

**NASA, SSPDF responses**

On Tuesday, the National Salvation Front issued a statement in which it accused government forces of attacking rebel positions in Morobo County on Oct. 27 and 28, adding that NAS forces fought back in self-defense.

When asked about the aid workers killed Sunday, NAS spokesperson Suba Samuel said he could not understand how IOM workers were among the 17 government forces that the NAS claimed to have killed during the fighting.

"I don't know how IOM personnel happened to be involved in that. But what we know, we pursued SSPDF (South Sudan People’s Defense Force) soldiers and it was purely a military operation. If there were civilians, they could be the wives of those soldiers that are around," Samuel told South Sudan in Focus.

SSPDF spokesperson Major General Lul Ruai Koang confirmed that clashes occurred in Morobo County on Sunday but accused NAS rebels of attacking government forces' positions in Isebi.

Koang said he was not aware of any deaths among IOM workers.

"The report I received did not indicate that we had personnel from that organization that were killed along with our service men. You could find out from the civil authority in the area but the area attacked is purely ours. ... Maybe they were attacked in a separate incident," Kuang told South Sudan in Focus.

**Ebola monitoring**

The IOM has suspended Ebola awareness and monitoring activities along the South Sudan-DR Congo border following the recent violence.
"Right now the measure that we have taken is, we have suspended operation in five locations; that is in Isebi, Bazi, Kirikwa, Lasu and Okaba, and so we cannot guarantee the safety and security of our personnel," said Putsoa.

This marks the first killing of aid workers in South Sudan since 2018, according to the UNOCHA.

A total of 115 aid workers have been killed in South Sudan since the outbreak of violence in December 2013, which touched off a five-and-a-half-year conflict between government and rebel forces.

Most of South Sudan’s warring parties signed a revitalized peace agreement in September 2018; however, the NAS was not one of them.

Kenya: Clinical Officers Threaten to Down Tools Over Unpaid Salaries

30th October, 2019
By The Nation (Nairobi)

Officials of the Kenya Union of Clinical Officers (Kuco) during a presser in Migori on October 30, 2019.

In Summary

- Clinical officers are also demanding an increase of risk and call allowances from Sh3,000 and Sh10,000 to Sh30,000 and Sh70,000 respectively.
- They also want the health workers’ allowances increased from Sh20,000 to Sh30,000.

Clinical officers across the country are planning to down their tools from Friday over unpaid perks.

The disgruntled health workers plan to paralyse services in health centres countrywide in a strike organised by their union in the November to push for settlement of salaries and other benefits.

DEMANDS

According to Kenya Union of Clinical Officers (Kuco) Deputy Secretary Austin
Oduor, more than 7,000 clinical officers are expected to participate in the go slow.

"We have mapped out major offices in Nairobi, which include Afya Centre, Council of Governors offices and Harambee where we will organise major sit-ins until our issues as a union are addressed," Mr. Oduor said Wednesday.

Clinical officers are demanding an increase of risk and call allowances from Sh3,000 and Sh10,000 to Sh30,000 and Sh70,000 respectively.

They also want the health workers' allowances increased from Sh20,000 to Sh30,000.

The officers also want the government to employ an additional 4,700 officers and for it to put in place a revamped comprehensive medical cover.

Speaking in Migori where they addressed the press, Mr. Oduor said the union's attempts to have the national and county governments solve the stalemate over the clinicians' demands have proved futile as there is 'no one to listen to them'.

In 2017, negotiations were held between the parties who agreed to revise the scheme of work among clinical officers. This is yet to be actualised.

The negotiations also included a Collective Bargaining Agreement (CBA) to unlock pending promotions and salary increment, a matter they vowed to table in court.

Kuco also demands apology from government after police used teargas last week against a demonstration by their interns over pending six months' salary allocation.

"We are aware that interns in various facilities have been working consistently throughout the week, without pay. Our strike will be a reprieve to their plight," Maureen Maramba, Migori branch secretary said.

Mr. Chris Onditi, the Migori branch chairman said their demands were geared towards improving healthcare in public facilities that will go a long way in benefiting all Kenyans.

"We have an acute shortage of clinical officers in the country who have been filing up for the huge shortage of doctors in the country, we need these addressed in better remuneration," Mr Onditi said.

Migori branch treasurer Ms Sheila Abuyu noted that their counterparts in private hospitals will be flushed out to join in the strike in a show of solidarity.

"We are humans, we have families to take care of and for us to remain unpaid for over six months while working in facilities is sad," said Mr. Joash Wasonga, the chairman of intern clinical officers at Kisii Referral Hospital said.

"The issue revolving around our pay, despite allocation being made, has been a circus which we hope the strike will tackle," he stated.

Clinical officers play a central role in Kenya's medical sector today. They are trained for four years -- three in school and a year of internship at designated teaching hospitals.
The internship involves supervised rotations in the major clinical departments, namely casualty, medicine, paediatrics, surgery, obstetrics and gynaecology.

They are supervised by consultants in the respective fields.

The workers say the government's 'Big Four' agenda will remain a pipe dream if the welfare of health workers is not addressed.

**Tanzania: State Introduces Shielding Pills for HIV High Risk Groups**

31st October, 2019
By Tanzania Daily News (Dar es Salaam)

PrEP is an arrangement of shielding people who have tested HIV negative but are at high risk of contracting the deadly infection through taking a daily pill.

According to the National Aids Control Programme (NACP), the pills will be given to people at high risk, following a research by the Ministry of Health, Community Development, Gender, Elderly and Children.

NACP Programme Officer Dr. Zeye Masunga, detailing government strategies to control HIV prevalence in the country, said: "The ministry has moved from research to service... we are going to start provision of the pre-exposure prophylaxis in November."

The move is part of execution of the Southern African Development Community (SADC) protocol on HIV and Aids.

Prior to PrEP supply, the health service providers will be trained on the best provision of the pills to the risky groups—sex workers and drug abusers, in particular, Dr Masunga told a media workshop in Dar es Salaam on Tuesday ahead of SADC four-day ministerial meeting on HIV and Aids.

He further said plans were underway to start offering antiretroviral (ARV) drug packages to HIV infected people for three or six-month usage instead of the daily doses.

"Normally, HIV victims were required to attend hospitals daily for the ARVs but they will now get the three-month..."
package if they meet criteria," said Dr Masunga.

Earlier, Health Minister Ummy Mwalimu told reporters that Tanzania has so far made great achievements in controlling HIV in response to the SADC protocols and declarations.

She said the country’s HIV prevalence rate has declined from seven per cent in 2003 to the current 4.7 per cent and efforts are underway to attain the 90-90-90 global targets.

The targets aim at diagnosing 90 per cent of all HIV-positive persons, providing antiretroviral therapy (ART) to 90 per cent of the diagnosed and achieving viral suppression for 90 per cent of those treated by 2020.

Article nine of the SADC Health Protocol dwells on communicable disease control and articles 10 through 12 look specifically at HIV and AIDS, malaria and TB.

The protocol wants SADC member states to cooperate in harmonising and where appropriate standardising policies in disease definitions, notification systems, treatment and management of major communicable diseases.

One of the greatest challenges facing SADC member states as they move towards greater integration is the adverse effects of HIV and AIDS on social, political and economic development.

The region has the highest levels of HIV prevalence globally. Many countries are now grappling with the severe impact of mature HIV and AIDS epidemics and the related epidemic of tuberculosis (TB) that are reversing the hard-won development gains of the past few years.

SADC region remains the area most affected by HIV epidemic. According to the UNAIDS 2010 Global Report, 34 per cent of all people living with HIV worldwide in 2009 resided in ten SADC countries.

The regional bloc attributes the wide spread of HIV to, among others, extreme poverty and income inequalities, high mobility and migrant labour between rural and urban areas, within countries and between member states, alcohol abuse and multiple sexual partners.

South Sudan: Strengthening Disease Surveillance and Outbreak Response in South Sudan to Save Lives

31st October, 2019
By World Health Organization (Geneva)

Juba, 25 October 2019: To improve reporting performance and capacity to
detect outbreaks, South Sudan reviewed and adapted the Third Edition of the Integrated Disease Surveillance and Response (IDSR) guidelines for timely detection and prompt response to disease outbreaks and public health risks.

With Support from the World Health Organization (WHO), the South Sudan Ministry of Health intends to train a pool of national master trainers on the updated guidelines. The master trainers will then facilitate the cascade rollout to the state, county, health facility, and county level and will be reinforced by regular technical support supervision to the technical officers at all levels.

The revised and adapted IDSR guidelines contain explicit guidance to public health workers at national, state, county, health facility, and community level on routine reporting of diseases from the health facilities; the reporting of public health risks from informal sources; strengthening community surveillance; establishing cross border surveillance; the use of new information technologies to establish electronic surveillance systems; guidance on using Public Health Emergency Operations Centers (PHEOC) to improve coordination of public health emergencies; and guidelines on establishing IDSR in complex emergencies.

"Given South Sudan's increased vulnerability to disease outbreaks, strengthening national disease surveillance, response and control systems is crucial for early detection and rapid containment of major disease outbreaks to help reduce needless illnesses and deaths," said Dr. Pinyi Nyimol Mawien, Director General for Preventive Health Services in the Ministry of Health in South Sudan. "In 2019, measles, a vaccine preventable disease, caused outbreaks in at least 16 counties and four internally displaced people's (IDP) camps where at least 3,477 cases including 23 deaths were reported" he added.

"The implementation and strengthening of disease surveillance by adopting and implementing the IDSR strategy at all levels is one of the key priorities of WHO in South Sudan", said Dr. Olushayo Olu, WHO Representative in South Sudan. "The system has been instrumental in identifying and responding to disease outbreaks and has helped to target interventions to prevent excess illnesses and death," Dr. Olu said."

With Support from WHO, the Ministry of Health continued making progress towards building a robust national disease surveillance system. In 2019, the IDSR system helped in identifying, investigating and responding to 3,574 alerts, including outbreaks of measles, malaria among others from multiple locations.

Since 2006, South Sudan has implemented the Integrated Disease Surveillance and Response (IDSR) strategy. The strategy offers a framework for attaining the IHR (2005) core capacity requirements to strengthen the national disease surveillance system. The strategy has been rolled out to all the states and counties countrywide to support surveillance for at least 26 priority disease and several lessons have accrued over years of implementation. These lessons informed the revision of the IDSR guidelines to fit current context and emerging disease trends.
The implementation of IDSR and the early warning alert and response network (EWARN) is supported by USAID and ECHO.

Notes to editors:

Integrated Disease Surveillance and Response (IDSR) is; a strategy adopted by WHO AFRO member states for; implementing comprehensive public health surveillance and response systems for priority diseases, conditions and events at all levels of health systems in African countries. The strategy aims to integrate multiple surveillance systems, and link surveillance and laboratory data to guide public health decisions with the county as the center of implementation.

Kenya: Public Health Facilities in Nairobi Get Drugs From KEMSA

26th October, 2019
By Capital FM (Nairobi)

Drugs from KEMSA being distributed to a health facility in Kayole on October 26, 2019

Nairobi — Several public health facilities have received drugs distributed by the Nairobi County Government after going for months without drugs.

The exercise, which is being overseen by the County’s Health Executive Committee member Vesca Kangongo, is aimed at addressing drug shortage that has been witnessed across the city.

"I am glad we have done 80 percent of the distribution and some facilities such as Mama Lucy, Mutuini, Mbagathi, Pumwani and Kayole are fully stocked with drugs," Kangogo said, "now that we have enough supply of drugs I don't expect any Nairobi resident to purchase drugs from outside."

Kangongo said the County’s health department has installed systems in all the major county health facilities for monitoring the flow of drugs from hospital pharmacies to patients to curb diversion.

"We have very good governance framework in our facilities, and no pilferage has been experienced so far since we have automated systems for monitoring drugs and that also help us to re-order drugs before they run out of stock," she said.

Rogue hospital administrators and health officials who divert drugs were also warned that they will face disciplinary measures.
"Matters health must be observed keenly and anyone caught diverting county drugs either for personal use or for sale will face the full force of the law," she stated.

The drugs are supplied and distributed through the Kenya Medical Supplies Authority (KEMSA), who committed a steady supply to the County.

"We have put into consideration all the requests made by our health facilities and the distribution process will go on until they are all served," a statement from KEMSA stated.

Last year, KEMSA had stopped issuing drugs to the Nairobi County Government health facilities due to a huge debt that had accumulated over the years even before the current administration came into place.

Going forward, Kangongo said the County and KEMSA have agreed that supply of medicine in County hospitals will be done promptly.

Rwanda: Kigali to Host International Pharmaceutical Congress

28th October, 2019
By The New Times (Kigali)

Rwanda will, this week, host the International Pharmaceutical Congress, which is expected to attract over 700 delegates from Africa and the rest of the world.

The two-day summit, which runs on October 30 and 31, will attract pharmacists, health professionals, academicians, researchers and policymakers.

Themed 'The African Pharmacist in Contemporary Practice', the congress will gather professionals from around the world to share experiences, skills and embrace new pharmacy practices.

According to Patrick Rugambya, the Permanent Secretary of National Pharmacy Council, the congress will also empower Rwandan pharmacists and other health professionals to improve their contribution to healthcare delivery, mainly in primary healthcare.

It comes at a time the number of pharmacists in the country is growing steadily but remains low.
The number of pharmacists in Rwanda grew from 100 in 1994 to 1,000 currently, Rugambya said.

"They are starting to work everywhere and even if they are few in hospitals, at least we now have one in each hospital and more in teaching hospitals," he said.

Despite the growth in the number of pharmacists in the country, the scope of practice in Rwanda such administering vaccines or screenings is still limited.

"We want to expand on our knowledge and expand our scope, so there will be policies to advocate for," he said.

Industry players are keen on advancing the pharmaceutical workforces in Africa and contribute towards strengthening health systems and achieving universal health coverage by 2030.

Marie-Claire Nyinawinkindi, the Head of Organising Committee, said the forum will assist Rwanda in assessing its pharmacy workforce needs and priorities in the contemporary era: support them to develop needs-based workforce strategies and infrastructure; and provide co-created solutions, tools, mechanisms and resources for implementation.

"One of our main topics of interest is the need for pharmacists to shift from logistics to patient-care. Pharmacists in Rwanda are mostly considered as procurement officers yet patients' safety is a topic discussed around the world so we have to adapt in the global pharmaceutical trend," she said.

South Sudan: 'The Only Way to Move around the Hospital Now is by Boat' – MSF

By MSF
28th October, 2019

Rising waters in MSF’s primary healthcare centre and compound in Pibor town forced us to reduce life-saving activities and discharge patients.

Pibor — MSF medical team leader Benedetta Capelli is just back from Pibor, in South Sudan, where rising floodwaters have engulfed MSF’s hospital and much of the surrounding area. She spoke to us on 24 October 2019.

"Our hospital in Pibor is on the outskirts of town, about 100 metres from the River Gumuruk, with the river creating a loop around it. October usually marks the end of the rainy season in South Sudan, and we haven't had much rain in recent weeks. But with rain falling in neighbouring Ethiopia and Kenya, two weeks ago Pibor river suddenly started to rise rapidly.
Flooding is nothing new in Pibor – there were major floods in 2013 and 2017 – so we had a plan in case the MSF compound was at risk. But we had no idea how serious this was going to be. We had already moved the isolation area to higher ground in September. On 13 October we also moved the adult ward, children's ward and therapeutic feeding centre.

When the water started to creep towards the operating theatre, we had to close it. We lifted the most expensive – and heaviest – equipment to an area we hoped would stay dry, hoping to preserve it. Next under threat were our warehouses. We did our best to move as many items as we could to a water-free zone. By now we were seriously worried. Every day the water continued to rise by a further 10 to 20 cm. We all started to fear that our efforts were in vain. For our South Sudanese staff, the distress was doubled. Just as our compound was disappearing underwater, their own homes were being flooded, so they also had their families and their houses to worry about – a double stress for them.

The moment we saw the water infiltrate the new 'safe' tents, we decided to look for another location for our hospital. The authorities found us a space in Pibor’s marketplace, and over the following days we dismantled the hospital and moved it, piece by piece, to the new location. We created an area with tents for all the main medical activities, but with a reduced number of beds – there simply wasn't space. Last Friday [18 October] we finished moving the remaining patients – nine in total – to the temporary site.

By now our team was exhausted, so we sent most of the international staff to the capital, Juba, to recuperate, leaving a skeleton team of three – one medic (me), one project coordinator, and one water and sanitation expert who arrived from Juba, supported by our local staff. We no longer felt comfortable sleeping in the MSF compound. The water was coming from all sides now. On our final night there we all slept together in the highest-up container. We had to paddle in a plastic boat to reach the toilets. In fact, the only way to move around the hospital now is by boat – the compound has literally become part of the river.

At the temporary site in the marketplace, our team is providing about 60 outpatient consultations each day, as well as antenatal care, inpatient care and deliveries. But we are worried about the site and how we can care for the most severe patients – both existing patients and new ones who are arriving. The site has no electricity and is knee-deep in mud. We lost a lot of items to the flood – we now have just one oxygen concentrator. We have enough drugs to last a week, unless many more new patients arrive. We are waiting for more drugs from Juba, but transport – now only possible by helicopter – is challenging. The helicopter landing strip is just a thin strip of land surrounded by water.

We have no surgeon, so can't perform emergency caesareans. As a midwife, I know that if a woman has a uterine rupture, both she and her baby could die,
leaving her existing children without a mother. We've lost our cold chain, so can't carry out vaccinations. In a place like Pibor, where vaccination coverage is uncertain due to people moving around and the lack of health facilities, this could be a time-bomb.

Most people in Pibor are semi-nomadic: they follow their herds in the dry season and settle in town in the rainy season. They are still around the town, but 90 percent of their shelters are under water. They are staying in a site above the waterline, but it has no latrines and there is only one working borehole for the 50,000 or so people in Pibor. Waterborne diseases are a major health concern – and cholera is the biggest fear.

A measles outbreak was already underway, and we are worried that cases may increase. We also expect an increase in respiratory tract infections, malaria and snakebite. We may also see future outbreaks of childhood diseases related to the current lack of vaccinations. Our next step is to find a location to install an emergency hospital partly equipped with an inflatable tent – but the spot we identified yesterday [23 October] is already under water. We have no idea how long the floods will last – in 2017, the floodwaters took three months to subside – and right now the water is still rising. There are so many challenges and we cannot do this on our own – we desperately need other organisations to respond.

When I left Pibor yesterday, the town and its surroundings looked like a lake. Flying over the flooded grasslands, I could see the green of the grass overlaid with the reflection of the sun and the clouds in the water. On the surface it looked beautiful – but it's not at all beautiful when you think of all the people forced from their homes and all those cut off by the floodwaters."

Kenya: Alarm Raised Over Misuse of Morning after Pills in Coast

28th October, 2019
By The Nation (Nairobi)

Gynaecologists in the Coast region have raised the alarm over abuse of contraceptives (morning after pills) among university students and commercial sex workers.

In Summary

- The specialists said seven out of 10 young women are abusing contraceptives in the Coast region.
- According to Dr. Ramadhan Marjan, a lot of women fear
getting pregnant and will do whatever it takes to prevent pregnancy, ignoring the risk of contracting STIs.

- “There is need to increase awareness on the work of emergency pills and when they should be used,” Dr. Marjan said.

Gynaecologists at the Coast have raised the alarm over abuse of contraceptives (morning after pills) among university students and commercial sex workers.

They have said this misuse leads to destruction of the womb and even infertility.

The specialists said seven out of 10 young women are abusing contraceptives in the Coast region.

The Kenya Obstetrical and Gynaecological Society Coast Chairman Ramadhan Marjan said many young women and commercial sex workers are using the pills as a form of contraceptive and not for emergency purposes.

Dr. Marjan explained that for fear of getting unwanted pregnancies, young women in colleges opt for the pills, not knowing they are endangering their lives.

"They use the pill for the wrong reasons. Majority who have unprotected sex take these pills to cover for their mistakes which definitely prevents one from getting pregnant but cannot stop sexually transmitted infections," he cautioned.

CONTRACEPTIVE ABUSE

According to him, a lot of women fear getting pregnant and will do whatever it takes to prevent pregnancies.

Ms. Faith Karanja (not her real name), a 22-year-old student from a Mombasa university says she uses the pill every time she engages in sex.

"I cannot say how many I use in a week, it depends on when my boyfriend is around and because he does not like using protection then we opt for the pill," she said.

She is not the only one regularly abusing morning-after pills. A number of young women take more than two pills in a day depending on the number of times they have sex.

Dr. Marjan associated long term use of the contraceptives to depression, ovarian cyst enlargement, gallbladder disease, high blood pressure, respiratory disorders, increased risk of ectopic pregnancy and finally death.

The specialist says there is need for learning institutions to educate their students on sex and contraceptives to protect the well-being of the future generations.

"There is need to increase awareness on the work of emergency pills and when they should be used," Dr. Marjan said.

MISCONCEPTIONS

Dr. Rukiyah Abdulwahab, a consultant obstetrician and gynaecologist at to the Aga Khan Hospital in Mombasa, said that in a bid to earn more money, sex workers accept to have unprotected sex with their
clients then use the pill to prevent them from conceiving.

The specialists added that there are existing misconceptions that using the P2 pills immediately after a sexual encounter prevents one from contracting diseases.

"This is merely a lie. Emergency pills such as P2 do not prevent sexually transmitted infections. They only prevent ovulation hence prevent pregnancies," said the medic.

The doctor explained that some young women, especially in secondary schools and colleges, use emergency pills to avoid stigma that the whole issue of contraceptive is shrouded in.

"People fear and see the whole idea of asking help from a qualified medical practitioner as humiliating because they will be seen as having have loose morals," Dr Abdulwahab explained.

The specialists advised sexually active women to visit medical professionals to get advice on long term contraceptive methods to avoid negative reproductive health effects and risking their lives.

**Tanzania: 'Breast Cancer Test Vital for Men Too**

29th October, 2019
By Tanzania Daily News (Dar es Salaam)

MEMBERS of the community, especially men, have been warned not to ignore the fact that men are also vulnerable to breast cancer and should therefore undergo testing.

The advice was given by a medical practitioner from the KCMC Super referral Hospital in Kilimanjaro Region Ms. Dorah Mrema, when making a presentation during the eleventh Cancer Prevention and Awareness Camp (PrevACamp) which was held at the Momella Health Centre grounds in Momella, Arumeru District, in Kilimanjaro Region.

"Just like women, men can also get breast cancer although those affected are mostly women; therefore may I take this opportunity to advice men to come out and test for symptoms", she said.

According to her, there was no need for men to ignore the advice due to the fact that the side effects are also the same, including that of amputation of the affected breast and that currently there
were several men who have been diagnosed with breast cancer and were now subject to breast cancer treatment at the KCMC hospital.

In her presentation, the Director of the Momella Health Centre, Dr. Cornelia Wallner, advised members of the community not to ignore the fact that cancer needs regular testing despite of someone’s health status when seen physically.

"I testify this due to the fact that I was also found positive of this deadly disease; I felt I was in good health as did those who saw me, but when I went to test for cancer I was found positive.

I was shocked because I didn't imagine I could be positive as I looked strong and healthy," she remarked, adding: "This may apply to you; you may think that you are strong and neglect the idea of testing for cancer; this is not advisable because when you neglect, you might be found to be positive and the lateness to get treatment may prove fatal."

In his presentation during the camp, Dr. Christian Issangya from KCMC Super Referral Hospital, reiterated the benefits of early testing for the colorectal and throat cancer.

"These types of cancers are not easily known to many because they are not outside compared to that of skin cancer unless someone starts to feel pains; that’s when he or she goes for testing and this where one would be able to know if he or she has contracted the disease", he said, adding: "When someone is subject to symptoms like stomach pains or sweating from time to time, one should report to health specialists to test for colorectal cancer, or test for throat cancer, if one feels pain when swallowing food, to mention but a few symptoms."

One of those who benefited from the free of charge PrevACamp, Mr. Jeremiah Nassari (82) thanked the KCMC hospital and the Momella Health Centre for organising the camp which he said would help many know their status related to cancer and other related diseases.

"This is a good move to save those who can’t afford the high costs of testing for cancer and even its treatment; as you see, the number here is big," he said, adding: "There are those who came from as far as 32 kilometres from here, I know them; this is a clear indication that there are many who are in need of these services but can’t follow the procedures due to lack of funds to do so or don’t have knowledge on where to start."

The founder and the main coordinator of the camp Ms Antje Henke, stressed that the camp was for free of charge, saying she was impressed by the big number of those who turned up for testing and advice over the weekend.

Meanwhile, the Medical Officer in Charge of the Momella Health Centre said the centre will host a free hernia testing and operation to patients at the centre from November 4.

"This is a chance for those who are in need of these services to come and check their status concerning hernia and get treatment when needed, from specialists who will be here for them", he said.

29th October, 2019
By Capital FM (Nairobi)

Nairobi — Nominated Senator Sylvia Kasanga has emphasized the need to develop a comprehensive policy on mental health to address the needs of those affected.

Speaking during the launch of sexual harassment and anti-bullying policy, Kasanga said with recent statistics showing at least one out four people are affected by mental illness, there is need to develop policies to address the challenge.

Her remarks come at time when mental health has been rated as the leading cause of suicide in the country.

The number of people seeking counselling services has also been low due to what has been attributed to a mainly conservative society which exposes those suffering from mental illness often to stigmatization.

Psychologists have linked increased cases of suicide or mental health to tough economic times and inadequate skills to face life.

Kenya was ranked fourth in Africa with 1.9 million people who have the condition, according to a report published in 2014.

According to the Kenya Mental Health Policy (2015-2030), mental disorder cases in Kenya continue to rise rapidly.

Estimates show 20 to 25 per cent of outpatients in primary healthcare present symptoms of mental illness at any one time, while government statistics indicate that at least 1 in every 4 Kenyans suffer from mental illness at one point in their lives.

"It is okay not to be okay, there is need to seek help as there is no harm in it," Kasanga said.

Law Society of Kenya Chairperson Allen Gichuhi further termed gender-based violence as a cancer to the society.

A survey carried by international bar association in six continents showed 1 in to 2 women have experienced harassment in their workplace.

"Both sexes suffer from it, there is need to seek help for more productivity in
workplaces, we should avoid bullying and intimidation,” Gichuhi said.

Gichuhi urges all seniors to respect juniors to provide a conducive environment for everyone to work.

Speakers at the launch of sexual harassment and anti-bullying policy called for the speedy adoption of proposed amendments to Mental Health Amendment Bill (2018) to address emerging concerns.

The National Assembly is considering the Mental Health Amendment Bill (2018) which proposes a framework to promote the mental health and well-being of all persons, including reducing the incidences of mental illness, coordinate the prevention of mental illness, access to mental health care, treatment and rehabilitation services of persons with mental illness.

**Rwanda: Students Welcome Move to Ease Teenage Access to Contraceptives**

29th October, 2019
By The New Times (Kigali)

"Once in the forest, I looked up at the black sky; it was too late. I hadn't intended to be out this late. The sun had set, and the empty road ahead had no streetlights.

Minutes passed, yet it seemed like hours and days. The further I travelled into the forest, the darker it seemed to get. Then surprisingly I... saw a lion. I began to whistle to take my mind off the noises I was hearing: one voice said hide, and the other said fight back".

This analogy is an example given by Ange Umutoni, a student at the University of Rwanda, between using contraceptives or using education to combat teenage pregnancy.

She was talking during an inter-university debate that brought together students from 10 tertiary institutions which took place last Friday at the Kigali Independent University of (ULK) at Gisozi.

This last edition of the contest, backed by Health Development Initiative through
the support of Amplify Change, aimed at increasing awareness and interest in youth’s sexual and reproductive health in the country’s academic circles.

The contest attracted students from the University of Rwanda (Huye, Remera and Rukara campuses), University of Lay Adventists of Kigali, INES-Ruhengeri, University of Kigali, Kigali Independent University, Akilah Institute, Mount Kenya University and the University of Kibungo.

"Educating and sensitising citizens has been done by government institutions and organisations like Rwanda Biomedical Centre, Imbuto Foundation, Health Development Initiative, Haguruka and others but they seemed not to be productive enough. So what is missing is giving young people access to contraceptives," said Mig Ndayishimiye, a student at the University of Rwanda.

According to statistics from the National Institute of Statistics in Rwanda, teenage pregnancies rose from 6.1 per cent in 2010 to 7.3 per cent in 2016.

At least 17,337 cases and 19,382 cases of teenage pregnancies were reported in 2017 and 2018 respectively.

These statistics showed that several policies mostly related to sensitisation and education have not been productive enough.

The use of religion to combat the problem has also not paid off.

"We’ve preached the gospel but that gospel can't quench sexual activities," said Francoise Abimana, a scholar at the University of Rwanda, Remera Campus.

Do we have examples where this has worked?

In Switzerland, where Protestantism was regarded as the principal religion, sex education and contraception were available in most clinics from the 1970s.

It had a great impact from that time. Although unplanned adolescent pregnancy will never disappear, Swiss medical and social service providers emphasise on continuing to try and improve contraceptive prevalence and efficacy for adolescent females facing pregnancy crisis, said the debaters.

The United States has seen a decrease of teenage pregnancies from 86 per cent because adolescents were becoming effective contraceptive users, affirms Ntwarane Abbiel, a law scholar at the University of Rwanda, Huye Campus.

Though claims that contraceptives allegedly have side effects, recently Victorien Ndacyayisenga, a Gynaecologist at Hopital La Croix du Sud, dismissed them.

"All side effects of contraceptives are manageable and all the myths regarding the vice has been proved to have no evidence," asserted Dr. Ndacyayisenga.

The Rwanda population is increasing and if no measures are put in place to control the growth, it will have doubled by 2030.

Dr. Rukundo Athanase, The Programs Director at HDI said that debates are aimed at equipping students with skills and knowledge on reproductive health to help them prevent teenage pregnancies among their peers.
"It creates wide spaces for young people to discuss existing reproductive health issues and make informed arguments and opinions. Debates encourage active involvement and applying content in meaningful ways compared to just listening," said Rukundo.

The competition saw University of Rwanda (Huye campus) emerge the winning team and Abayo Divine and Kurama Pius as the best female and male debaters, respectively.

University of Rwanda, Huye Campus and Ines Ruhengeri were the first and second runner up respectively.

Kenya: Meru Village Plagued By Cancer Calls for More Research

29th October, 2019
By The Nation (Nairobi)

Perched on the hilly tea growing fringes of Nyambene Forest, about five kilometres from Maua town in Meru County, Riaki village stands out as a serene neighbourhood.

The cool waters of Kanoro River, which originates from Nyambene Forest, cuts across the village forming two ridges before feeding an expansive swamp covered by arrowroot farms.

Tea plantations cover the steep landscape of Ikumbo, Rwataali, Mwaali and Auki settlements of Riaki in Akachiu Ward.

CANCER SCOURGE

But the physical serenity and agricultural abundance of this village easily covers up the cancer scourge that has visited almost every home in the area.

Mr Silas Kithinji, a head teacher at Amwamba Primary School, who lost his mother to ovarian cancer last year, argues that the village could possibly have the highest concentration of cancer cases in the country.

He counts more than 10 people who have died from the killer disease while several others are suffering in the same area as they grapple with different stages of throat, tongue, eye and mouth cancers.

A few metres into a dirt road off Maua-Mikinduri road towards Rwataali hamlet, we bump into one of the cancer patients on her way to hospital.

Ms Lydia Muthoni says her mother, Mary Kanini, was diagnosed with throat cancer in March kicking off their family's journey of suffering.
"She cannot talk. We have been to Kenyatta hospital and many other hospitals but she is yet to improve. We have sold land, and cattle and borrowed extensively besides devoting most of our time to take care of mum. We are suffering," Ms Muthoni says.

ENDLESS FIGHT

She is quick to add that they are not alone as almost every family in the village is battling cancer.

No sooner we are finished talking to Ms Muthoni at the roadside, than Auki sub location area manager Patrick Kiini shows up.

Mr Kiini, whose mother is fighting breast cancer, says the area started witnessing an upsurge in cancer incidences in 2015.

"We have a crisis in this village - everyone is affected. We have lost more than 11 villagers to cancer in the last two years. We have been financially and emotionally drained by the disease," Mr Kiini said.

Mr Kithinji's mother Beatrice Ciokiunye is among those who succumbed last year after being diagnosed in 2015.

A few metres away from the late Ciokiunye's gravesite, Mr Bernard Kimathi's mother had her leg amputated due to cancer.

"My mother in law, two uncles and a cousin are also suffering from various cancers. This has reached alarming levels for us. I have had to take my children out of boarding school. We are helpless," Mr Kimathi says.

HUGE BURDEN

We walk for a few steps from Mr Kimathi's home to the house of Mr Ezekiel Bundi whose wife Doris Kawira was diagnosed with tongue cancer.

The condition has pushed the family into the edge of an emotional and financial cliff.

"I have so far spent Sh300, 000 in various hospitals but she is not improving. She needs special foods because she cannot chew or swallow hard food. I have incurred a lot of debts and neighbors are overwhelmed because almost everyone has a cancer patient," Mr Bundi recounts.

Opposite Mr Bundi's homestead is Mr Morris Kaberia's family whose son Stephen is struggling with cancer of the mouth.

We find Mr Kaberia and his wife Agnes picking coffee berries for sale to raise some money for his son who is undergoing treatment at Kenyatta Hospital.

"He was diagnosed with cancer last year and is currently undergoing radiotherapy. We are financially drained and do not know what to do. The last one year has been hell on earth for the family," a distraught Mr Kaberia says.

Further away, less that a kilometre from Rwataali, at Ikumbo hamlet is a fresh grave of 36 year old Jacinta Karimi.

She was laid to rest on Thursday last week after succumbing to throat cancer which was diagnosed in September last year.
DRAINED FINANCIALLY

The late Karimi’s father Henry Michubu, says his niece who is married across the river is also fighting mouth cancer.

"My daughter started coughing last year and we thought it was a cold because she used a motorbike to work. We have borrowed against our tea leaves to sustain her treatment but we lost her last week. The cancer had spread to the brain," Mr Michubu said.

He adds that five other neighbours at Ikumbo have succumbed to cancer in the last couple of years.

Across the road, Mr Hezekiah Mugambi, a teacher from Riaki, recounts how he lost his mother and two uncles to blood cancer.

Nearby, Ms Esther Rukunga is still nursing the pain of losing her younger sister to cancer of the eye last year- just years after losing a niece and father to blood and stomach cancer respectively.

"We are tired of fundraising for cancer treatment every now and then. There is an urgent need to establish why cancer is concentrated at Riaki village," Ms Rukunga says.

Mr Kithinji who says the government should now give priority to cancer research focusing on the village.

They suspect the carcinogens might be in Kanoro river which serves the community as most of the affected families use the water.

"It is no longer enough to do cancer screening at Riaki because people are dying every day. We want the government to come in and establish whether the carcinogenic substances are in the water, the forest or the air in this area," Mr Kithinji said.

RESEARCH

He noted that neighbouring Kiegoi, which also borders the Nyambene Forest, has a high prevalence of cancer.

According to Dr Cyprian Thiakunu of Nyambene Nursing Home, the high incidence of cancer in Kiegoi and Riaki had led to formation of a consortium to establish the cause of cancer’s prevalence.

He however said the consortium comprising of doctors in private practice, Meru University, KeMU and government doctors has only managed to identify the prevalent types of cancers.

"We are aware of the high cases of cancer in Kiegoi and Riaki and the research was meant to identify the predisposing factors but we did not get funding. There must be a comprehensive research to pick out what chemical is concentrated in this area," Dr Thiakunu said.

He adds, "A comprehensive research would analyse the water, soil, air and food used by the locals."

Dr Thiakunu noted that the most hit area is around the Nyambene forest and the researchers were also curious to find a link in the bombs used by colonialists to fight the Mau Mau.
Mr James Kimathi, a nurse who has practised at Riaki area for several years also says a research should focus on the Nyambene Forest.

"Could there be carcinogenic substances in Nyambene Forest? The cases around the forest are very many and the situation is alarming," Mr Kimathi said.

Dr Joshua Kibera, an anatomical pathologist at GracePark Hospital in Meru town, earlier said up to 40 tests brought to his lab, from Meru and neighbouring counties, turn out positive to cancer every month.

DATA

At Cottolengo Mission Hospital, Chaaria, which sees most cancer patients from Meru, 545 people were diagnosed with cancer in 2018.

In an earlier interview, former medical director at Cottolengo Mission Hospital, Dr Giuseppe Gaido also noted a sharp rise in cases of gastrointestinal cancers in Meru.

He said that out of five endoscopies (examination of the digestive tract) done at the hospital in 2018, three were turning out positive.

"We suspect the food being consumed in the region for the high cases of oesophageal, stomach and liver cancers. However, this is subject to verification through a comprehensive research," Dr Gaido said.

According to the National Cancer Institute, prostate, oesophagus and stomach cancers respectively are prevalent among men while top cancers among female patients are breast, cervix, and oesophagus.

A study on oesophageal cancer incidence at Cottolengo Mission Hospital, published in the East African Medical Journal, about 379 patients were diagnosed with oesophagus cancer between 2010 and 2017.

Data from Kenyatta National Hospital indicate that about five percent of all cancer patients seen at the facility come from Meru, after Nairobi with 26.4 percent, Kiambu 15 percent and Murang'a 6.6 percent.

Meru County government is planning the first mountain race in Africa, which will take place on Mt Kenya in February next year, to raise funds for a Meru Cancer Institute in efforts to fight the disease.