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Rwanda: First Lady Jeannette Kagame Joins Saddleback Community for Mental Health Conversation
30th September, 2019
By The New Times (Kigali)

First Lady Jeannette Kagame on Sunday joined Kay Warren, spouse to American evangelist Rick Warren, and more than 300 members of Saddleback Church in California for the church’s monthly conversations, which revolved around addressing mental health.

Addressing the Saddleback community, Mrs. Kagame thanked Kay Warren for the invitation to join this month’s conversation, "to learn how to deal with mental health issues, which are often suffered in silence."

She also thanked Rick Warren, the Senior Pastor at Saddleback Church and her spouse, for standing by the nation and people of Rwanda during its most difficult times.

The First Lady expressed gratitude for Rwanda’s ability to navigate its diverse challenges and being where the nation is today, through the grace of God.

Warren, who sits on the Presidential Advisory Council of President Paul Kagame, is the founder of the PEACE Plan initiative, a network of church members through which local churches and leaders are empowered.

Warren, a globally renowned American evangelist, started the PEACE Plan after President Kagame invited him in 2004 to extend the initiative to Rwanda.

PEACE Plan works to involve every Christian and every church in countries where they operate in the task of serving people in the areas of the greatest global needs.

Meanwhile, at the event, Dan Adams who was the speaker of the day showed how a positive, proactive, and upstream approach to care using social networks can ultimately prevent bullying, substance misuse and suicide.

"We really need to move upstream to prevent people from getting in crisis," Adams who is the Director of Training from Sources of Strength, a globally recognized suicide prevention program in Colorado, said.

28th September, 2019
By Nairobi News (Nairobi)

This weekend, the world will be marking the International Safe Abortion Day, on 28th September. This comes in the wake of the recent High Court ruling to reinstate the 2012 Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya.

While many reproductive health advocates have lauded the court's decision as a win for women, many Kenyans are still in the dark regarding what the document actually says.

Unsafe abortion remains a leading cause of death for women and girls in Kenya, with an estimated 2,600 Kenyan women dying from unsafe back alley abortions annually. That's seven women dying every day!

The June 22 decision by the high court to reinstate the safe abortion Standards & Guidelines will greatly help women who suffer unintended pregnancies get adequate help.

STANDARDS OUTLINED

Yet, despite the ruling, many Kenyans and even health practitioners continue to be ignorant about the content of this document. Some of the standards outlined therein include:

- Community health workers and community health extension workers should be trained to pregnancy prevention information and services;

- All women, men and young people should be provided with family planning and contraceptive services of their choice without provider bias as long as they meet medical eligibility criteria;

- The media should be sensitized on unsafe abortions and supported to provide accurate community education and news reporting, champions should be identified and trained to provide information and advocate for pregnancy prevention services;

- Facilities providing sexual and reproductive health services should have protocols for providing abortion services to survivors of sexual violence;

- All termination of pregnancy should be carried in a health facility with appropriate equipment according to the article 26(4) of the constitution;

- Pregnancy termination must be performed by health professional who are trained and skilled in the provision of termination of pregnancy;

- All women undergoing termination of pregnancy must be given informed consent before the procedure, accurate information on the risks and benefit of abortion must be given to all women undergoing termination of pregnancy to enable them make informed choice;

FAMILY PLANNING
Family planning and contraceptives counselling and methods should be offered to all women undergoing termination of pregnancy.

These are just a few of the clear standards guided by the health policies and recognized as binding for all public healthcare providers. Articles 30 and 32 of the Maputo Protocol stipulate that it is the right of a woman to access both services and information.

Since Kenya is a signatory of the Maputo protocol which aids in protecting of the rights of women and girls, we ought to follow the protocol to the letter. The government should protect and safeguard the Kenyan constitution highlighting the rights of all Kenyans to reproductive health and emergency medical care (Article 43).

Article 26(4) of the Kenyan constitution also provides for safe abortion under special circumstances - such as when the life or health of a woman is in danger - yet many Kenyan women and girls remain ignorant about where to begin if they wanted help. No wonder they still resort to back alley procedures and further endanger their lives.

We should protect, promote women reproductive health by closing down quack facilities, clinics, and doctors operating illegally. We should also clarify societal values and transform attitudes through reproductive health education and empowerment of women to make informed choices over their bodies.

The author is a reproductive health advocate at the Network for Adolescent and Youth of Africa (NAYA)

**Rwanda: MPs Propose Longer Maternity Leave for Multiple Birth Mothers**

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

Working mothers who give birth to two or more children at the same time should be entitled to longer maternity leave than those who have a single birth, some members of parliament have proposed saying they do not get enough time to rest when they give birth to more than one baby.

Currently, all working mothers who deliver babies are allowed a fully paid three-month maternity leave under the maternity leave benefits scheme.

The MPs made their suggestion this week as the Parliamentary Standing Committee on Social Affairs began scrutinising the
new draft law establishing the general statute governing public servants.

Raising one child might be demanding, and for a mother who has given birth to twins, triplets or even quadruplets, the expenditure on raising, as well as taking care of the children can double, triple, or quadruple.

Given such a situation, MPs are advocating for the extension of maternity leave for such mothers.

Members of parliament want mothers who have given birth to more than one baby get more maternity leave. / Sam Ngendahimana

MP Glorioso Uwanyirigira wondered why a working mother who gives birth to one child gets the same maternity leave as one who gives birth to twins or even more.

"A mother who has given birth to more than one child has very demanding responsibilities to look after. This means that she does not rest as required. She should get additional maternity leave even if it is one more month," she said.

The Minister of Public Service and Labour, Fanfan Rwanyindo said that the MPs' suggestion makes sense as the mother who has more than one child at birth gets extra work to tend to the children, but, expressed that currently, it is not possible to extend their maternity leave.

"The Government is of the view that a new mother should get enough time to care for their child and return to work after the child has reached an adequate stage of growth," she said.

She said the government had made progress to enable working mothers to get their full pay in the current three-month maternity leave from one and a half month leave before.

"Before this development, it was a serious challenge because a working mother had the stark choice of leaving their one-and-a-half-month-old baby and return to work, or staying by its side and get only 20 percent of her salary," the Minister observed.

Uganda: New Refurbished Mulago Hospital Eases Services

30th September, 2019
By The Monitor (Kampala)

New look. The entrance of refurbished gate at Mulago National Specialised Hospital.

In Summary

Efforts. We are also still waiting for the organ and transplant law which is still at
Cabinet level, which law will aid in surgeries for infertility cases,” Mr. Emmanuel Ainebyoona, senior communications officer, Ministry of Health.

The paver blocks at the entrance of newly refurbished Mulago hospital, offers a glimpse of what to expect at this 106-year old hospital.

The national referral hospital now has many different entry and exist points for ambulances and ordinary vehicles. The pedestrian walkways have been beautified with brown pavers and all pathways manned with security check points.

The main entrance is protected by boom barriers to stop errant drivers from ramming into the hospital.

The hospital compound is strikingly greener, offering a good therapeutic environment. The main hospital has also been fenced off from the Medical School with a small entry left for accessing and exiting both facilities. The patient drop off points have also been gazetted and protected with barriers to protect patients from moving cars.

Mr. David Nuwamanya the hospital principal administrator and project manager, said accessing services at hospital will not be free of charge as it is in other government health facilities. Treatment will be based on your ability to pay for services categorised in: silver, gold and platinum.

Every patient that checks in to the hospital will have their beds and room numbers traced using their National Identification Number (NIN). Already, the hospital has been digitalised with biometric devices to capture such details.

"We have set up an Information and Communications Technology (ICT) system where we ask for your National Identification Number (NIN) and they trace where they are," Mr. Nuwamanya says.

There is a new block housing operating theatres with supporting areas for staff and training areas already equipped with furniture. These will also be used for telemedicine services where both students and doctors can consult their colleagues abroad. The training areas are also linked with live feeds from theatres so the students don't have to walk down the operation rooms. The theatre rooms and operating tables have soft vinyl floors, making them easier to disinfect.

The theatres too have already been fitted with pendants and digital screens to control the environment in form of temperature.

The lamina floor in theatres allows the air to move out in one direction to avoid air contamination.

The walls are non-static to avoid infections together with elbow taps since the specialists in theatre come out with blood in their hands. There are 22 theatres designed by UK's Brandon and these are backed up with Brandon Medical company Limited, the manufacturer and designer of world-leading technology for operating theatres.
With many Ugandans now seeking dialysis, the new hospital has 32 points equipped with internet points, oxygen and vacuum with a nurse on call.

However, Mr. Nuwamanya says unlike the dialysis unit in Kiruddu General Hospital the services here at Mulago will be limited to only those waiting for kidney transplant.

The floor housing dialysis unit also has a water treatment plant which is used to remove minerals from ordinary water before it is used on kidney patients.

All toilets in the hospital are colour-coded with pink indicating ladies and blue for gentlemen. The bulbs in the different theatres are also made with colour conditions to see the different body organs while the environment inside (temperature, colour) is controlled by a touch screen.

For the case of organ transplant, there are two theatres; one which will be for the donor and the other for the recipient.

The Intensive Care Unit (ICU) is equipped with 47 beds with 20 of them for children. To ensure a high level of sterilility, the ICU is equipped with modern feeding pumps which time when to feed the patient and how many meals to give.

**Rwanda: Health Ministry Set to Streamline Cancer Registry**

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

The exact number of cancer patients is not yet known but will be clearly available following the recently set up cancer registry system.

Rwanda will now be able to record accurate data related to cancer cases thanks to the National Cancer Registry that has been established.

Medical experts say the only cancer cases data they have is estimated by the World Health Organization (WHO), but with the national cancer registry, there will be clear status on the disease.

Dr. Faustin Ntirenganya, the Head of Surgery Department at Kigali University Teaching Hospital (CHUK) explained that the exact number of cancer patients is not yet known but will be clearly available following the recently set up cancer registry system.

"There are no consistent and accurate figures at the national level. The available figures are those from hospitals since the cancer registry was not yet available. We
are still using estimates by WHO but we are starting the cancer registry," he said.

He added that he receives at least 1,000 patients every year for breast cancer consultation and noted that breast and cervical cancers are the most common cancers in women.

"Of all consultations, we conduct surgery for at least 100 patients with breast cancer. Cancer cases are on the rise and breast cancer is the second killer among cancer disease affecting women," he said.

"Breast cancer attacks more women than men considering that out of 100 patients, only one is male. Cancer can be cured. We do surgery, provide drugs and others go for radiotherapy but not all patients with Mutuelle de Sante have access, especially when it comes to radiotherapy," he said.

Dr. Ntirenganya who is the only breast cancer surgeon at CHUK, said that the hospital also refers to stakeholders who help vulnerable patients access breast cancer treatment.

He said that last week, he received 60 patients with breast cancer who are supposed to be operated in two weeks by a sponsoring team from different countries.

Reverend Osee Ntavuka, the Founder and Legal Representative of Rwanda Legacy of Hope that imports the team of medical doctors for surgery said that they also do brain tumor surgery.

"In March this year, we brought a team of 45 medical surgeons. This time we brought 10 medical surgeons for different diseases including cancer. This is the first time we are bringing a breast cancer surgeon. In March next year, we will bring at least five breast cancer surgeons since there are so many patients. We plan to bring 100 medical experts next year for surgery services," he said.

Uganda: Review Nursing Internship Charges, University Tells Government

29th September, 2019
By The Monitor (Kampala)
Issue. Prof Badru Ddungu Kateregga, the Kampala University vice chancellor says the charges for placing nursing and midwifery students in public hospitals for their mandatory clinical practice are exorbitant.

Government should revise nursing internship fees charged by public hospitals to make the training of nurses affordable and attract more students, a head university has said.

Prof Badru Ddungu Kateregga, the vice chancellor and proprietor of Kampala University, on Friday said the fees nursing students on internship in public hospitals pay are not only prohibitive, but worrying.

He pleaded to government through the Minister for Finance, Mr. Matia Kasaija who was the chief guest at the function, to look into the fees with a view of lowering them.

"Intern nurses supplement hospital staff and they serve the nation but charges frustrate us to recruit more nurses since they are covered by the institution," he said.

Over taxed

Prof Katerega revealed that he gave up one of his homes to house the institution as a contribution to the nation, but that the taxes imposed on the same are prohibitive.

"Apart from paying the incorporation tax, we are also subjected to the local services tax, property tax, ground rent and a hell of other taxes," he said.

He urged government to grant local investors some tax holidays and all benefits that pertain to serious investment.

Mr. Kasaija did not, particularly, respond to the concerns by his host but instead appealed to the graduating class to be ethical and emulate the good image of the institution.

Kampala University Nursing School principal, Ms. Robinah Nakijoba, revealed that the institution passed out 493 nurses and midwives who were awarded certificates and diplomas.

Of these, 102 were male, representing 26.35 per cent and the rest (285) female.

To date, the institution has so far graduated more than 1,000 students, who are either working in Uganda or abroad in the same profession.

President Museveni, while officiating at the International Nurses' Day celebrations in Kitgum Municipality in May last year, ordered for a review of the nurses fees.

Tanzania: Government Urged to Make Health Insurance Mandatory
1st October, 2019
By The Citizen (Dar es Salaam)

He was speaking today, October 1, at a health symposium, organised by the Benjamin Mkapa Foundation (BMF) in partnership with CRDB Bank.

"At least 65 per cent of the population doesn't have access to the quality health services in the country because they have are not enrolled on health insurance schemes," said Dr. Konga.

He added: "Therefore, this can be eliminated only if the health insurance enrollment is made mandatory just like it is in some countries."

Referring to the current and future plans of NHIF towards the attainment of UHC, Dr. Konga pointed out that the national health fund has embarked on various comprehensive strategies to improve the health insurance coverage in Tanzania, targeting mainly the private and informal sector players.

Under the improved health insurance scheme, the beneficiaries will be covered for the Non-Communicable Diseases (NCDs) including cancer, heart diseases and diabetes.

"We have short and long term strategies to ensure all people get enrolled in the health insurance schemes," added Dr. Konga.

Dr. Mohamed Kambi, the Chief Medical Officer (CMO) during the colourful event, also emphasized the need to make the health insurance enrollment a mandatory in the country.

"As a nation, we also need to embrace digital technology to effectively address
health conditions including NCDs," said Dr. Kambi.

Meanwhile, the CMO revealed that the government has embarked on making a new National Health Policy aimed at further enhancing the medical interventions in the country.

He further raised optimism that improving health insurance coverage would help reduce deaths that are attributable to lack of quality health services, particularly in rural areas.

Dr. Kambi during the event admitted that the government lacks enough funding to address the alarming NCDs which are currently on unprecedented high.

The event brought together a number of high-profile people including former President Benjamin Mkapa.

Uganda: Cancer Machine Closed for Servicing

30th September, 2019
By The Observer (Kampala)

The cobalt-60 teletherapy machine, used for the treatment of cancer, at the Uganda Cancer Institute (UCI) has been closed awaiting servicing.

For the past two weeks, patients seeking radiation treatment at the UCI have been treated after the Cobalt 60 radiotherapy machine closed down.

According to Christine Namulindwa, the institute's public relations officer, the machine was closed down awaiting an engineer from the International Atomic Energy Agency to service it.

According to a notice to patients, it was mentioned that services were to be halted for a week starting September 24, but Namulindwa says they had to close earlier than that on request by the agency to ensure that there are no people waiting at the time of servicing.

However, she notes that the machine was last serviced in October last year but added that this time should be shorter.
"We treat a lot of people with this machine. Because of this, we are supposed to service it more often", she said adding that services are set to resume by end of this week after the engineer arrived in the country last week.

According to the manufacturer, the cobalt 60 machine is supposed to be serviced every six months. In an earlier interview, Dr. Daniel Kanyike who heads radiotherapy at the institute said the machine works 24/7 every Monday to Friday and can treat 80 patients per day.

This machine was brought in the country in 2016 after the irreparable breakdown of the previous one that had been in use for more than 20 years. Then, the country was thrown into a panic since it was the only one in the country.

Many patients died because they couldn't access treatment whereas others sought services outside the country. Although by that time the new one had been ordered three years ago in 2013, it only got to be used in 2018 because it was still going through various safety checks. Now, Namulindwa says, radiotherapy services should resume by end of this week.

Tanzania Hit by Shortage of Emergency Medicine Specialists

3rd October, 2019
By The Citizen (Dar es Salaam)

"The government has continued to invest and encourage the development partners to support the expansion of Emergency Medicine in Tanzania," said Dr. Elias Kvesi from the health ministry during the Third Tanzania Conference on Emergency Medicine (TACEM) held in the city yesterday.
Dr. Kwesi who serves as Director of Emergency Preparedness Response and Regional Cooperation further said the government through Muhimbili University of Health and Allied Science (Muhas) will continue to train Masters level students so as to prepare them to be leaders in disseminating emergency care across the country.

"I encourage doctors and nurses from different regions and districts to enroll into various emergency medicine programmes, existing within the country and abroad," added Dr. Kwesi.

Dr. Kwesi was the Chief Guest at the conference themed, "Increasing Access to Emergency Care in Tanzania: The Regionalization Agenda" organized by the Emergency Medicine Association of Tanzania (EMAT).

The event brought together over 180 delegates from the government, private sector and development partners.

This year’s TACEM conference seeks to come up with concrete solutions to complement the government efforts in improving the delivery of emergency services in Tanzania.

Speaking during the event TACEM Chair Dr. Kilalo Mjema revealed that through the conference over 190 participants (health care providers of different cadres) were trained in the pre-conference workshops on emergency medicine.

The EMAT President Dr. Hendry Sawe reiterated the association’s commitment to embark on in-service training of the healthcare providers including the doctors and nurses from the emergency medicine departments.

Uganda: Why Cancer Burden in Uganda Is Rising

2nd October, 2019
By The Monitor (Kampala)

Checkup. A woman undergoes breast cancer screening in Kampala. As part of the NMG annual cancer awareness campaign, some hospitals will offer free or subsidised cancer screening services.

In Summary

- Health focus - This month, we commiserate with cancer patients, celebrate with the survivors and urge everyone to go for screening because early detection saves lives. Today, read about the rising cases of cancer and the ones Ugandans are most likely to suffer from.
Ms. Hellen Owiny was diagnosed with breast cancer in 2015, forcing her to give up her teaching job in Lira Town to travel to Uganda Cancer Institute (UCI) for treatment.

She underwent mastectomy, which is the complete removal of the breast, and was later introduced to chemotherapy and radiotherapy to fight off any remaining cancer cells.

Ms. Owiny later acquired a prosthesis (artificial breast slipped into a bra). The prosthesis is given at a free cost.

Currently, she prides herself to be one of the survivors of cancer and is a member of the Uganda Women Cancer Support Organisation. She attributes her recovery to strict adherence to medication.

But current statistics from UCI indicate that all cancers are on the rise, and deaths continue to occur.

According to referral guidelines for suspected cancer from UCI, the disease is on the rise and the cause of the trend is multi-factorial, ranging from environmental agents, lifestyle, infections and the HIV epidemic.

There are more than 60,000 cases of cancer per year in the country, of which 25,000 are incident cases.

Each year, about 22,000 deaths occur in the country due to cancer. In addition, the risk of cancer before the age of 65 years is 10 per cent, and in the next five years, it is estimated that there will be 80,000 cancer cases in the country at any one time.

The trends are also observed at the UCI, where almost 80 per cent of patients present the disease in advanced stages, hence limited interventions to prolong survival.

For all the common cancers, more than 50 per cent of patients present it with distant metastases.

This indicates the level of knowledge in the public and their perception of cancer, its symptoms, where to access treatment, and the care by the general practitioners is lacking.

Dr. Noleb Mugisha, an oncologist at UCI, says different cancers are more common in different age groups and gender.

Dr. Mugisha says the institute receives between 15 and 30 new cancer patients per day.

The 2018 GloboCan statistics on cancer in Uganda, compiled by the World Health Organisation, indicate that 32,617 new cancer cases were recorded.

Of these, 18,068 were female while 14,569 were male. The number of cancer deaths stood at 21,829 of which 11,819 were among females and 10,010 in males.

Women

Cervical cancer is the commonest in women and among all the others in Uganda.

It is one of the preventable cancers because of the Human Papilloma Virus (HPV) vaccine. New cases of cervical cancer as of last year were 6,413, and the number of deaths stood at 4,301.
Dr. Mugisha says the cancer is the most common because its risk factors are more prevalent.

He says the HPV is a strong risk factor among Ugandans. Its prevalence is about 34 per cent in women of reproductive age.

Dr. Mugisha adds that cervical cancer is also highly associated with HIV, noting that once a woman has an infection, they are more likely to develop the disease than those who do not have HIV.

For a woman with suspected cancer of the cervix, the first symptom is an alteration in the menstrual cycle, intermenstrual bleeding, postcoital bleeding, postmenopausal bleeding or vaginal discharge.

Risk factors include persistent HPV infection, multiple sexual partners, high risk sexual partners, history of STDs (including genital warts), high parity, tobacco smoking, oral contraceptive use, chronic immunosuppression (for example HIV) and low socioeconomic status.

Breast cancer

Breast cancer is the second commonest cancer among women in Uganda.

However, Dr. Mugisha says the cancer affects women and men of all ages, therefore, all women should be encouraged to undertake regular self-breast exam and a clinical examination.

Often the first symptom is a lump palpable in the breast. However, not all patients referred with a breast lump are diagnosed with the disease.

Risk factors include personal history of breast cancer, increased breast density, increased age at birth of first child, treatment with hormone replacement therapy, family history of breast cancer, family history of ovarian cancer, tobacco smoking and alcohol consumption.

New breast cancer cases as of last year were at 2,318 and deaths stood at 1,076.

Other risks of cancer include obesity, high fat diet and the female sex hormone, which puts them at a higher risk developing the disease.

Breast cancer presents itself as a swelling in the breast, arm pits, nipple, bloody discharge, change of the breast skin, which has a resemblance of the orange peel.

Another risk is old age. As men and women grow older, the risk for getting cancer increases.

The risk in developing prostate cancer is directly proportional to the increase in amount of alcohol consumed.

The risk of developing breast cancer is high in the second breast. Sometimes the mutation could have developed already in the breast. If the first one has developed cancer, the second is likely to be infected.

Men

Prostate cancer is the commonest cancer among men in Uganda, and the leading cause of cancer mortality among men.
In 2018, there were 2,086 new cases of prostate cancer and approximately 1,177 deaths.

Risk factors include increasing age, family history, high fat diet, especially dairy products. The cancer is associated with minimal physical activity.

Signs of prostate cancer include difficulty in passing urine because of an enlarged prostate.

Men above the age of 40 years are at high risk to get the disease.

Children

At least 500 children are diagnosed with cancer every year at the cancer institute.

However, Dr. Mugisha says there is a projection of 5,000 children with cancer across the country, which is about 10 per cent of what they receive at the cancer institute.

The commonest cancers in children currently are brain tumors, leukemia and lymphoma.

Non-Hodgkin lymphoma had 1,888 new cases last year and 1,341 deaths.

It presents with itching, night sweats and fever. On the other side, Non-Hodgkin's lymphoma typically shows a more rapid progression of symptoms, and may present itself with breathlessness, lymph nodes are non-tender, fever or weight loss of the axillary nodes are involved (in the absence of local infection or dermatitis).

Leukemia had 711 new cases in 2018, and 599 deaths.

Its signs and symptoms include sustained fatigue, continuing unexplained irritability, fever, any infection that does not resolve as expected, persistent or unexplained bone pain, unexplained bruises.

Brain tumors presented 432 new cases and 387 deaths as of last year.

Symptoms and signs include persistent headache as the primary one in children.

This is followed by vomiting, drowsiness, posture-related headache, blackouts, change in personality or memory.

Dr. Mugisha says cancers in children have no risk factors.

"We appeal to all parents to be keen when taking care of children so that they are able to be checked for cancer as well. Cancers in children do not present specific symptoms and signs for certain cancers.

Cancer screening is not done in children but it can be identified early.

Commonest cancer in women, men

Kaposi’s Sarcoma is the second commonest cancer among people living with HIV, and it is the third commonest cancer in either men or women in the country.

Last year, registered new cases stood at 4,238 and 2,159 deaths.
Risk factors include HIV infection and low social economic status and its sign is mainly severe anaemia.

Rare cancers on the rise

Cancer of the ovary is one of the cancers that affect women. It is a silent killer because it is hard to detect at an early stage.

It does not present any early signs and symptoms until its late, notes Dr. Mugisha.

Ovarian cancer is the second leading cause of death from gynaecological cancer.

The incidence increases with age and the median age at diagnosis is 45 years and more than 70 per cent of the patients present it with advanced stage at diagnosis.

Common signs and symptoms include pelvic or abdominal, persistent abdominal bloating, loss of appetite, increased urinary urgency and unexplained weight loss.

Penile cancer is also on the rise. It is relatively among HIV-infected patients. Commonly, the disease presents with a painless lump or an ulcer on the penis. Its risk factors include HIV and HPV infection.

The symptoms may require an urgent referral for suspected penile cancer and progressive wounds particularly the skin of the penile shaft.

Cancer treatment and diagnosis

Dr. Mugisha says every cancer has a screening test. However, not all cancers are screened but can be identified early.

For anyone interested in screening for cancer, he says is advisable to go to the nearest health unit.

He says most cancers can be treated in the country as long as they are still at an early stage, but if a patient prefers treatment abroad, they need to seek approval from the cancer institute because different countries have different health systems and laws.

Cancer treatment has five modalities; namely surgery, chemotherapy, radiotherapy hormonal therapy and immunotherapy.

Surgery

It involves medical personnel operating on the patients to remove the swelling or the part that has cancer.

Surgery is for early stages, but sometimes it is done late to improve the quality of life of a patient.

Chemotherapy

It involves administering drugs or injection to a patient to kill or arrest the growth of the cancer cells. The process treats cancers that have spread or late stage cancer.

Radiotherapy

This involves directing a high energy radiation beam to the body part affected to kill cancer cells in that area. It is not used to treat cancer that has spread.
Hormonal therapy

When some cancers progress or growth is mediated by hormones, such cancers are treated using hormonal drugs.

These may include tablets and injections. For instance, prostate cancer is treated using injections, while breast cancer is treated using hormonal tablets.

Immunotherapy

Dr. Mugisha says some patients have cancers that respond better if their immunity is boosted.

For instance, Kaposi’s Sarcoma is a cancer resulting mainly from HIV. When such patients are given ARV drugs, their immunity recovers and many cancers show regression. Some immune factors can be used in Lukemia.

Palliative care

It involves alleviating symptoms of a cancer patient to control the pain and other distressing symptoms. It also involves giving good care to a patient.

Dr. Mugisha discourages patients from prescribing what treatment should be given. It is the medical personnel to determine which treatment options to give to the patient.

He also notes that every cancer drug has its side effects. Many cancer drugs cause hair loss, discolouring of nails, suppressing of the bone marrow, resulting into less blood in the body, vomiting, oral sores, diarrhoea, and fever.

Challenges in treatment

The Uganda Cancer Institute is currently faced with a challenge of inadequate diagnostic equipment, with most of the tests done in private facilities outside the hospital. This costs patients large amounts of money. For example, the institute's main radiotherapy machine currently performs below capacity, notwithstanding breaking down on regular occasions.

The Cobalt 60 machine was installed in 1995 and has become less effective with its radioactive substance decaying off as a single patient takes long time while receiving treatment.

On a daily basis, the radiotherapy department receives about 100 cancer patients who need external exposure to radioactive waves to receive relief against cervical cancer, prostate cancer, breast cancer and other organ cancers.

Mastitis

How it happens. Mastitis is an inflammation of breast tissue that sometimes involves an infection. It occurs in women who are breastfeeding or have a crack on the skin around the nipple of the breast. The cracking into the breast results in inflammation and increased blood flow to the area. Sometimes mastitis may lead to an abscess, containing a collection of pus, which has to be surgically drained.

Common Cancers in Uganda

According to Referral Guidelines for Suspected Cancer, Uganda has different cancers clustered according to their groups below:

International Hospital Kampala: Prostate cancer at 30 per cent discount, HPV-V brush at Shs125,000, PAP smear (Cervical Cancer) 30 per cent, breast cancer physical examinations.

Alexander Medical Center: Free doctor's consultation and breast cancer screening, 50 per cent discount on cervical cancer screening (pap smear test) for two weeks.

Rwanda: Student Designs System to Save Patients in Congested Hospitals

3rd October, 2019
By The New Times (Kigali)

Jean Bosco Mugiraneza (with a phone) explains how his 'Security and Service Call Transceiver System' works.

In September last year local tabloid websites were dominated by a story of an expectant woman who arrived at a hospital in Ruhango District in critical condition only to die along with her baby having failed to see a doctor who was supposed to take care of her.

The sad story gave Jean Bosco Mugiraneza sleepless nights thinking about how best patients can be saved to avert a similar incident in the future.

Towards the end of 2018, Mugiraneza, 19, a senior six student who is currently undertaking Auto Electricity and Electronics Engine Technology at Integrated Polytechnic Regional Centre (IPRC) Karongi, came up with a prototype he dubbed 'Security and Service Call Transceiver System'.
"My system looks to solve problems that impede our society, mainly in the health sector," he noted.

**How it works**

A simple telephone set with a SIM-card, speaker and a computer make up the prototype.

Mugiraneza explained that his prototype is built under call transceiver technology with Global System for Mobile (GSM) that allows users to send and receive verbal communication instantly.

"My prototype has a GSM in its nature and speakers which facilitate users to communicate verbally," noted Mugiraneza.

He went on to say that he believes that with the use of his system service delivery in hospitals will be improved, a move he stresses that will primarily benefit patients who reach hospitals in critical condition.

"It is designed that a push to talk button will be fixed at every patient bed with some microphones around for a patient or a patient attendant to ask for emergency services from either nurses or doctors," explained Mugiraneza.

"When the push-to-talk button is pressed an alert goes to a telephone in service from a hospital that a patient from a given room needs an urgent service without necessarily leaving the room," he added.

Mugiraneza revealed that he spent about Rwf50,000 to design his prototype by saving portion of his pocket money that his parents would give him at the beginning of every school term.

"My wish is to scale up; I would like to introduce my system to every hospital, especially those with many patients, to ease service delivery," he said.

He went on to say that, with his innovation he will never face unemployment upon completing his studies stressing that he will instead create jobs for others.

"I am eager to provide jobs given that a single person can't run this system," he noted, adding that he was also in the process of acquiring the intellectual property rights for his innovation.

Mugiraneza, however, said he is still grappling with taking his prototype to the market citing networking among other prime challenges.

**Prestige award**

'Security and Service Call Transceiver System', by Mugiraneza, on September 6, 2019 won Best Innovations and Best Practice in Schools awarded by the Ministry of Education.

The High Education Council (HEC) particularly rewarded Mugiraneza with a special gift to attend any university of his choice.

Speaking to The New Times, Paul Umukunzi, the Principal of IPRC-Karongi, said the school was looking for ways to assist Mugiraneza improve and market his prototype.
He added that IPRC-Karongi always strives to nurture outstanding talents by linking them with investors and respective ministries.

**Uganda: Museveni Orders Salary Rise for Teachers, Doctors**

2nd October, 2019
By The Monitor (Kampala)

In a September 30 letter addressed to Health minister Jane Ruth Aceng and copied to Public Service minister Wilson Muruli Mukasa and others, the President directed that the salaries for scientists be moved to the "desired levels".

He, however, advised the non-academic and non-technical staff, who for years had a longstanding outcry for salary enhancement, to wait until such a time when the country is able to increase their pay.

Referring to an agreed government position, the President directed Mr Mukasa to conclude the issue of pay to government scientists and university teachers.

The Presidents wants a professor to earn Shs15m per month; senior consultants (medical) Shs17m; university lecturer Shs12.2m; director-science Shs16m; doctor Shs5m and scientist Shs3.5m.

Other undisclosed categories and number of medical workers, government scientists and academicians will also benefit from the pay rise.

By last evening, it was however, not yet clear exactly when the beneficiaries will start receiving the new salaries.

In one of the biggest pay increments in recent times, President Museveni has given significant salary boost for science lecturers, doctors and other scientists.

 Asked whether the money for salary enhancement was put in the 2019/2020 budget, Mr. Jim Mugunga, the Ministry of Finance spokesperson, said: "I am not privy to the letter. However, when an executive directive is given, the relevant ministries work with us [Finance] to implement the directive, and that may take various forms of identifying the
required funds to implement the presidential detective."

Besides the Shs150b in the 2019/2020 budget earmarked for salary enhancement for lecturers and teachers, by last evening, it was not clear how much will be required to effect the new presidential directive.

In the past, Opposition leaders have complained that unplanned supplementary expenditures distort budget priorities as government cuts funds from planned activities to finance unforeseen or foreseen 'emergencies'.

But in his directive, the President made it clear that the pay rise should not be mixed with the pay for the non-academic and non-technical personnel.

"The latter will be [handled] later, when we are able," the President's one-page letter reads in part.

Although Uganda Medical Association president, Dr. Ekwaro Obuku, last evening called the President's directive "an important gesture", the decision to leave out the non-technical government workers, infuriated non-teaching staff and others who did not expect the President to fix the current salary disparities using what they called "a piecemeal approach."

Mr. Jackson Betihamah, the chairperson of the Public Universities non-teaching Staff Association, said: "I don't believe scientists are the only people who can gear national development. We must use interdisciplinary approaches. People from the humanities will keep their hands folded and you will see if the scientists will work alone."

However, Mr. Obuku said: "It is an important gesture to fulfil his promise. We are seeing doctors running away. Some hospitals don't have specialists. Senior doctors have been leaving mainstream public service to the private sector and education institutions. Moroto regional hospital returned salaries for about eight specialists. They have all left," Dr. Obuku said.

He added: "They would rather come and work in Kampala where they can make that money a day. Moroto District officials are sleeping in doctors' housing. The doctors are sleeping far away from the health facilities. But you expect these doctors to wake up at night to attend to this expectant mother in emergency."

Senior Presidential Press Secretary Don Wanyama last evening confirmed the authenticity of the presidential directives, and asked the addressed government officials to act without delay.

"I don't know who gave you those letters. Anyway, it's true the president gave those orders on Monday and instructed that the relevant government officials must implement his directives without delays," Mr. Wanyama said.

Background

Last month, the President warned non-teaching staff to desist from demanding for salary increment whenever pay for teachers is increased, saying such protests disrupt government plans, hold educational institutions and the country
hostage and also disadvantage the students.

"When I directed [that] professors at public universities earn up to Shs15m, the sweeper also asked for [salary] increment just because they sweep near the professor. Does sweeping near a professor make you a professor? This must stop," he told the 4,000 primary teachers, who met for the second National Primary Teachers' Day at St Lawrence College in Maya, Wakiso District, last month.

At the same function, the President promised better pay for public servants, singling out teachers, doctors, police officers and soldiers.

He also undertook to send a circular to teachers explaining the steps his government was taking to improve remunerations for public sector workers and fix salary disparities.

Explaining why he decided to prioritise scientists, the President said: "Paying the medical workers, the government scientists and the academicians removes the temptation of double loyalty - to the public service and to the private interest of the employee. We can, then, be able to ban completely the practice of government health workers running parallel clinics or drug shops. It was not reasonable to do that when the salaries were so low."

What stakeholders say

Different view. Public Service Permanent Secretary, Catherine Bitarakwate.

"I have not seen the [President's] letter. Where did you see it? We are just beginning budgeting. We have to be patient for the budgeting season to end."

Uganda Medical Association president, Ekwaro Obuku.

"We are seeing doctors running away. Some hospitals don't have specialists. Senior doctors have been leaving mainstream public service to private sector and education institutions. Moroto regional hospital returned salaries for about eight specialists. They have all left. [People] are starved because the pay is very low.

Dr. Grace Lubaale, Forum for Public Universities Academic Staff chairperson

"The President has said these words since 2003. After 10 years in 2014, he said a professor would get Shs15million a month. It required Shs300 billion then. Finance said they will give us the money in instalment. On the way it got lost. We continue to remain in anticipation that Public Service and Finance implement the President's directive."

Mr. Jackson Betihmah, chairperson of the Public Universities non-teaching Staff Association

"I don't believe scientists are the only people who can gear national development... A professor needs that cleaner or laboratory attendant. They cannot work alone. Let's stick to our traditional public service payment system and first have a job evaluation."
Tanzania: Uganda to Deploy Ebola Frontline Workers at Tanzania Border

3rd October, 2019
By The Monitor (Kampala)

Uganda is going to deploy frontline health workers on the Uganda-Tanzania Mutukula border as a response measure for the Ebola outbreak in the Democratic Republic of Congo (DRC).

The minister of health Dr. Jane Ruth Aceng has said. She revealed this during the 25th Health Sector Joint Review Mission in Kampala today.

Dr. Aceng said her ministry has resolved to deploy health workers as a protective measure. She, however, adds that the development is not a confirmation of Ebola in Tanzania.

"I am not saying that Tanzania has Ebola. We are planning to deploy to protect the country at all fronts," she said.

This follows concerns from the World Health Organisation (WHO), about Tanzania’s obstinacy in investigating the suspicious death of a female student who succumbed to an Ebola-like disease a few weeks ago. The student died on September 8, in Dar-es Salaam, after travelling to the towns of Songea, Njombe, and Mbeya.

According to WHO reports, testing performed by the Tanzanian National Health Laboratory reportedly indicated that the student was positive of the virus.

Subsequent reports indicated that there were several other suspected cases and contacts in quarantine in various sites in Tanzania. Another case involving a 27-year-old male was reported days later of September 12.

But Tanzania has not declared a case of Ebola or the results of tests carried out on the suspected victims.

As Uganda plans to carry out deployments on the border, Dr. Aceng urged health workers not to get tired of working in Ebola high-risk districts.

"This comes at a time when there’s a lot of fatigue both in financing and staff. But I encourage health workers and everyone involved in the Ebola fight not to tire," she added.

The UK and US government offices have also issued warnings to travellers about the possibility of a concealed Ebola outbreak in Tanzania. The US Centers for Disease Control and Prevention (CDC) and the State Department updated their
travel advisories for Tanzania on September 27, 2019.

The CDC’s warning published on their website urges travellers to take extra care and to avoid direct contact with people who are ill.

“No travel restrictions to Tanzania indicated. However, travellers should remain aware of the situation and avoid direct contact with people who are ill, when possible. They should also monitor themselves for symptoms of EVD (fever, severe headache, muscle pain, weakness, fatigue, diarrhoea, vomiting, abdominal pain, unexplained bruising or bleeding) both during and for 3 weeks after travel,” the statement said.

According to the health ministry, as part of the deployment, people entering Uganda through the Tanzania border will have to adhere to Ebola protective measures like hand washing.

Uganda has in the last year since the Ebola outbreak was declared in DRC deployed several teams in more than 13 districts that border Uganda and the DRC.

Rwanda: Medics Tipped on Neurological Disorders, Acquire Practical Skills

3rd October, 2019
By The New Times (Kigali)

As part of the efforts to put in practice the acquired knowledge from an ongoing specialized training, 20 medical doctors on Thursday consulted and treated patients at the Central University Teaching Hospital of Butare (CHUB).

The medics who were under the supervision of their trainers, are undergoing a week-long training that focuses on treating neurological disorders.

The training to close on Friday is a joint programme funded by the East African Development Bank (EADB) and implemented by British Council, Royal College of Physicians and the Ministry of Health through CHUB.

Dr. Marcelin Musabente, a general practitioner with focus on internal medicine at Byumba Hospital in Gicumbi district and one of the trainees, said the practical programme was fruitful.
"At our hospital we also receive cases of neurological disorders. We are here to gain more knowledge in treatment compared to the way we have been doing it," he said, adding that this will go a long way in benefiting his patients back home.

He said the gained skills are going to enhance patients' access to quality treatment.

Dyna Nyampinga, a PhD student specializing in internal medicine said that as part of acquiring practical skills, they consulted the patients at CHUB and provided advice and will continue following up on them.

"We went to hospital to consult patients so as to practice knowledge we acquired from the training. We often consult patients but we have gained more skills. At CHUB, we have examined patients with diseases we learnt about during the training.

"One has paralysis around the legs and we were able to advise doctors at the hospital on how to treat the patients with such conditions. The practice has enabled us to master the skills in the treatment in this field," she said.

Dr. Francois Xavier Nshimiyimana, the consultant neurologist at University Teaching Hospital of Kigali was (CHUK) who is the trainer said that trained medical doctors spent the morning hours at CHUB to demonstrate that they can put in practice skills they acquired from the training.

"We have consulted patients with stroke, paralysis in legs, brain tumor and other conditions," he said, adding that the patient with paralysis in the legs was diagnosed with issues of back disorders.

The training is expected to come a long way in enhancing access to treatment in this particular field since there are only three neurologists in Rwanda with one in CHUK and two at Ndera Neuropsychiatric Hospital.

Through the programme, so far 50 general practitioners from across the East African Community have been trained for treating neurological disorders and the plan is by the end of 2020 to have trained at least 600 doctors will have been trained across the region.

Nshimiyimana said that to build strong network with trained medical doctors and the specialists, telemedicine technology could be deployed to ease treatment and reduce referrals.

Ange Uwineza is a mother whose child is admitted at CHUB with a paralysis in legs and was one of the patients consulted by the trainee medics.

She said her child started having difficulties around her legs at the age of 7 and he is now 9 years.

"It is not easy for him to stand up or sit down. We started from the health centre and we were eventually transferred here. He has been consulted and doctors prescribed drugs for him. I am still waiting for his recovery."

Dr. Jules Ndori Minega, the consultant anesthesiologist who is in charge of
training and research division at CHUB said that since they have no resident neurologist at the hospital, the trained medical doctors were needed.

"These medical doctors trained at treating neurological disorders came for practice in internal medicine and pediatric department. They have performed well thanks to skills gained from the training. At CHUB, in internal medicine neurological disorders are among the top ten diseases cases we receive," he said.