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Tanzania: Samia - Universal Health Inevitable
8th November, 2019
By Tanzania Daily News (Dar es Salaam)

VICE-PRESIDENT Samia Suluhu Hassan has assured the Southern African Development Community (SADC) member states that Tanzania is committed to execute the universal health coverage (UHC).

She said the country has prioritised the strengthening of health infrastructures and systems to attain the goal.

The assurance has come just a month since the government signed the political commitment on UHC during the UN General Assembly's High Level Meeting on UHC in September this year.

"We will specifically ensure that health services are offered considering quality and geographical balance... we are determined to put in place systems that will enable citizens to afford health service costs," explained the vice president.

She was speaking at the official opening of the joint meeting of SADC ministers of health and ministers responsible for HIV and Aids in Dar es Salaam. Among other things, the meeting discussed and endorsed recommendations by the SADC senior officials in charge of health and HIV converged for two days in the city.

Part of areas in line with UHC, Ms Samia told the conference, was construction of health centres, countrywide.

In the period between 2016 and this year, the government has built over 350 new health facilities at ward level in different parts of the country and 67 others at district level.

The budget for the health sector from the domestic revenues has increased from a mere 30bn/- in 2015/16 fiscal year to 260bn/- in this financial year.

The government through the Medical Store Department has established pooled procurement systems for medicines and medical devices to improve efficiency and reduce costs of drug supplies to SADC member states.

Ms Samia challenged SADC ministers responsible for health and HIV/Aids to deeply look at achievements made in the region and identify challenges facing the countries and come up with strategies that will lead to achievement of health programmes, nationally and regionally.

Earlier, SADC Executive Secretary Dr Stergomena Tax commended SADC Heads of State and Governments for adopting the global political declaration.
on UHC during the recent UN high level meeting on UHC.

UN Secretary General António Guterres has described the political declaration as "The most comprehensive agreement ever reached on global health." "It is, therefore, incumbent upon us to ensure that the declaration is implemented for the benefits of SADC people," Dr Tax remarked.

She said one of the most important aspects in realising UHC is for SADC members to ensure that while providing quality health services, the burden of high spending on health care is also minimised.

"Without this crucial consideration, there is a risk that the high costs to access health care could potentially drive an increasing number of our people into poverty due to exorbitant out-of-pocket health care costs, which will further hamper the attainment of the SADC we want, where economic well-being, improved standards of living and quality of life, among others, are guaranteed," she stated.

WHO Regional Office for Africa (AFRO) Director Dr Rebecca Moeti insisted that the commitment be translated into actions. She commended the SADC countries for making several initiatives to address health challenges.

Rwanda: We Can't Afford Setbacks in Health Sector – Kagame
8th November, 2019
By The New Times (Kigali)
careers, but how you translate them from theory to actions is what determines the real understanding of those principles," he said.

"It is good and important for people to have principles, but it doesn't mean that they always apply those principles. And if those principles are not applied right, we lose a lot and that's the basis of most of the problems we face," he added.

The Head of State also indicated that the responsibility of medical doctor was to uphold professionalism and learn how to strike a balance between their personal needs and the needs of the people - the patients, their families and others.

"It is imperative to have the mindset that it starts with you. You don't have to wait for someone to tell you that what you are doing is wrong, it doesn't make sense." he noted.

He challenged the medical practitioners to explain the difference in the care given when a minister or someone perceived as important goes to the hospital and the entire hospital runs to attend to him, leaving the patients who are even more vulnerable to fend for themselves.

"How does a professional entertain that? How do you prioritize status over emergency?" he wondered!

Upholding the right principles
The President shared examples of cases where doctors have failed to perform their job as a result of negligence, favoritism, carelessness and absence of professional ethics and principles.

Kagame pointed to initiatives that stalled as a result of poor understanding of principles or failure to abide by those principles, one of which is the 'Human Resources for Health (HRH) Programme' which was aimed at improving the quality and quantity of healthcare professionals in the country.

Attitude and perception must change, he said, insisting that there is no way the country can spend more than 20 years building public healthcare and still continue sending people abroad to seek services that can be found in Rwanda.

"The best way to address the problem is to start talking to yourself individually. You will then recognize and accept that it all starts with you. We can't afford to have our health system decline or move forward faster," he noted.

The gathering comes following series of complaints and concerns raised by patients who accuse doctors of negligence, among other things.

"Our profession should be characterized by basic moral principles like justice, accountability and empathy, which is what we aim to have," Prof. Emmanuel Rudakemwa, the Chairperson of the Council said.

Despite remaining challenges, the healthcare sector has been developing for the past years.

According to the Rwanda Medical Council, the regulatory body of the medical practice in the country, there has been an increase of 22 per cent in the
number of medical practitioners in the last 25 years.

Rwanda has also succeeded in providing universal healthcare to its citizens, met the continental and global goal of investing 16 per cent of the national budget into the health sector, and bringing down the maternal mortality rate.

Tanzania: One Health Method Stressed As Very Key
3rd November, 2019
By Tanzania Daily News (Dar es Salaam)

HEALTH experts have recommended adoption of a one health approach in the country as part of the strategies for reducing antimicrobial resistance in humans caused by medicine injected into animals.

Speaking during a professorial public lecture on wicked health problems and the one health approach in Tanzania, epidemiology professor Japhet Killewo said that animals can also cause antimicrobial resistance in human beings if the withdrawal period was not considered after treating them.

"When animals are treated with the same type of medicine used to treat humans, and a person eats products like eggs, milk or meet of such animals before the safe period, this means the foodstuffs still have antibiotics and the person consuming them will in the long run be affected," he said.

Professor Killewo explained that when a person consumes antibiotics with no ailments, the body will create a certain familiarity with the medicine slowly, and will later create antimicrobial resistance, and when in need of such medicine it will no longer cure him or her.

He stressed that the antibiotics contained in the produce cannot be removed through cooking and the only way to avoid such health risks was to observe the withdrawal period of 14 days after treating the animals.

"The problem of antimicrobial resistance is increasing at an alarming rate, my worry is that time will come when we will go to the hospitals with just normal ailments and doctors will fail to treat us; because instead of getting medicine we will be getting sweets that wouldn't cure us."

He said there was a need of one health approach to solve the complex wicked health problems through the interdisciplinary strategy to address health issues from an integral perspective, which includes a combination of environmental, animal and human health.

Sokoine University of Agriculture (SUA) professor of veterinary medicine specialized in health of aquatic animals
Robinson Mdegela, stressed that there was a need for the one health concept to be known and used to curb infectious diseases between animals and human beings.

"It is known that 60 percent of diseases in the world involve animals and human beings," he noted, adding: "You cannot fight against such diseases fully without using the concept of one health. This cooperation involving wild, domestic, or aquatic animals and humans is of great importance."

He said medicine like streptomycin is commonly used in animals, but in humans it is preserved to be used in treating Tuberculosis (TB).

"Such a concept will facilitate cooperation between these sectors and help solve the antimicrobial resistance problem that is persisting."

Kenya: Adopting Microinsurance Will Boost UHC

4th November, 2019
By The Nation (Nairobi)

Beth Mugo Cancer Foundation and Co-operative Bank organise a free cancer awareness medical camp at Embu Level Five Hospital on November 1, 2019. Kenya is implementing a universal health coverage plan.

In Summary

- Technology has been identified as a key success factor, especially in reaching the hitherto uninsured individuals and families.
- A sustainable health microinsurance strategy should also target middle-income earners, especially in the informal sector.

Microinsurance refers to insurance products primarily designed for low-income clients.

The concept has been tested in some countries, including Kenya, and found to be effective in delivering affordable health insurance.

Health microinsurance, as distinguished from commercial microinsurance, is
especially vital in helping poor families to cope with financial shocks arising from treatment and management of diseases.

In countries such as Kenya, India, Pakistan and Bangladesh, where it has been tried with varying degrees of success, the model has had a positive impact on the overall health and financial well-being of low-income households.

As Kenya implements a universal health coverage (UHC) plan, it should rapidly expand access to affordable health insurance.

This entails developing sustainable and innovative responses to bring on board multiple players across the healthcare value chain.

Health microinsurance -- or micro health insurance -- is one such response, particularly in the context of the rising prevalence of communicable diseases (HIV/Aids, malaria, tuberculosis) and non-communicable ones (cancer, diabetes, stroke, hypertension).

HEALTH SIMPLICITY

The growing 'double-disease' burden has exposed many families to the risk of financial devastation.

The Ministry of Health estimates that 75 per cent of Kenyan households finance medical treatment out of pocket. This makes health microinsurance all the more imperative.

Besides shielding low-income families from financial risks associated with the double disease burden, its other benefits include improving access to quality healthcare and enabling early treatment and diagnosis of diseases.

Moreover, the money saved - instead of catering for medical expenses - can be used to meet food, education and other pressing needs in homes.

However, successful rollout depends on developing simple products -- easy to adopt, capable of wide distribution and deliver a positive customer experience.

In the era of pervasive mobile and digital technology, this should be easy. In fact, such products have been launched in Kenya with a mixture of success and failure.

STRATEGIES

Technology has been identified as a key success factor, especially in reaching the hitherto uninsured individuals and families.

The main challenge lies in developing micro health products that are not only simple to use and deploy but are also backed up by streamlined processes and efficient services.

Such products should also be designed in a foolproof manner to minimise fraud, as well as over-prescription of drugs and medical tests by hospitals, which tend to push up medical insurance premiums.

And we must address the mistrust and misconceptions surrounding insurance. Though relatively more affordable, uptake of health microinsurance can be hampered by poor client experiences, like delayed settlement of claims.
Also, incorporate preventative strategies to promote wellness and healthy lifestyles.

Lastly, a sustainable health microinsurance strategy should also target middle-income earners, especially in the informal sector.

Ms. Ndegwa is the chief operations officer, AAR Insurance Kenya Ltd. [email protected]

**Rwanda: University of Rwanda Medical Students Cleared for Graduation**

4th November, 2019
By The New Times (Kigali)

Medical students from the University of Rwanda who were set to miss their graduation this Friday have been cleared to graduate, according to officials.

The decision was taken after a meeting between UR and the Higher Education Council (HEC), which took place on Friday last week.

Last week it emerged that at least 370 medical students were at risk of missing their graduation following a recommendation by the Higher Education Council (HEC) that their graduation be postponed because they had missed some course units.

The students are now set to graduate on November 8.

"We have decided that the students graduate, and we are happy about it," Dr Jean Claude Byiringiro, the Dean of the School of Medicine and Pharmacy at UR, to The New Times.

The meeting was attended by the Minister of Health, Dr. Diane Gashumba, Prof Philip Cotton, the Vice-Chancellor of the University of Rwanda, Dr. Charles Murigande, the Deputy Vice-Chancellor in charge of Institutional Advancement at UR, Dr. Eugene Mutimura, the Minister of Education, Benjamin Muhizi Kageruka, the acting Executive Director of HEC, Divine Rusa and Norbert Dukuze, student representatives from the School of Medicine, among others.

Speaking to The New Times, Dr. Charles Muhizi, and the Undergraduate Coordinator for the School of Medicine and Pharmacy at UR said he is happy about the decision.

"I am very happy that we have come to a common understanding. It is good news when you teach students and they end their studies well," he said.

He further explained that HEC had missed some information in their audit, which is why the previous decision was made.
In the meeting, the University tabled evidence containing details of the audit, which showed that there was no reason to postpone the graduation.

Christophe Ngendahayo, the student who called for action from those in charge on his Twitter, told The New Times that he was impressed by the immediate response from officials.

"I was impressed by how Dr. Diane Gashumba replied my Tweet in two minutes, and how the meeting was held in less than 24 hours".

"I am happy about the decision, and I am grateful to everyone who took part in the problem-solving. My fellow students are happy as well, because of the initiative I took to report our problem".

Prof Philip Cotton, the Vice-Chancellor of the University of Rwanda, on his Twitter, said he was looking forward to the graduation next week.

"Good things and great ideas emerge from meetings with students. Let’s keep listening to each other. Looking towards graduation next week. Thanks @emutimura Thanks @DianeGashumba".

Good things and great ideas emerge from meetings with students. Let’s keep listening to each other. Looking towards graduation next week. Thanks @emutimura Thanks @DianeGashumba pic.twitter.com/orsMFjyaAY

-- philip cotton (@ccpcotton) November 2, 2019

Benjamin Muhizi Kageruka, the acting Executive Director of HEC told The New Times that the students will graduate like others and that HEC nor UR had passed any announcement limiting them from graduation.

The 370 Medical Students will graduate on Friday, October 8th, in Huye District.

Rwanda: MPs Call for Caution on Civil Registration at Health Facilities

5th November, 2019
By The New Times (Kigali)

A proposal to allow health facilities to register births and deaths should be approached with caution in order to avoid costly mistakes, Members of Parliament have said.

Members of the parliamentary Standing Committee on Political Affairs and Gender Equality expressed their concern on Monday during a session in which they were scrutinising the draft law modifying and complementing the 2016 law governing persons and family.
The amendment intends to change the current situation where civil registration is only done by a civil registrar based at sector level or at Rwanda's embassies abroad.

If successful, the amendment will pave the way for health centres to have an officer authorised to register births and deaths.

Consequently, the civil registrar at the health centre will have the right to issue birth or death certificates.

The MPs argue that some women, mainly teen mothers, give birth but the fathers to their newborns are not identified.

With this, they argue, there is a likelihood of contested fatherhood.

MP Euthalie Nyirabega said that, while the initiative to have an IT enabled integrated civil registration system is a commendable development, its implementation process should be carefully thought through to avoid mismanagement.

"The health facility will register any information that one tells them because they don't have any other reference such as village or cell leadership to provide information," Nyirabega said. "What worries me is that we might record inaccurate data in the registers at health facilities because the person who will be registering civil status at the health facility has no way to verify whether the information they were told is true."

She suggested that the sector leadership should be linked to the civil registration at health facilities to help ensure that civil status-related information being provided by a parent is accurate.

Those who are pushing for the amendment of the current law argue that the number of children being born in health centres is on the rise yet the number of children registered in the civil status registers remains low.

Thus, they argue, that the move will boost the number of births and deaths registered and promote evidence-based planning for the population.

In the 2018/19 fiscal year, some 332,000 babies were born from health facilities, according to information from the National Institute of Statistics of Rwanda.

Josephine Mukesha, the Director-General of National Identification Agency (NIDA), said that the proposed amendment is an enabler for digital integrated registration system which will be providing authorised institutions with access to vital statistics.

She explained that the proposed system will produce watermarked birth certificates, which can be kept electronically or in the physical registry.

"If a doctor has assisted the mother to give birth, why don't you give them the authority to register that birth while they can attest that the mother gave birth to this baby?" she questioned.

However, she said that the gap can be identified if there is a single mother who has given birth.

"We are not moving the recognition [of a baby] to the health facility. So, if it's a
single mother, the baby will be registered under the mother only. But when the father goes to recognise the baby, the recognition is another civil act that is done according to the laws. It will be done at the sector level," she said.

Kenya: CS Kariuki Says Universal Health Coverage Well on Course

6th November, 2019
By Capital FM (Nairobi)

"We are on course and the project will be implemented fully," she told Editors at a monthly Press Club in Nairobi where she was invited to shed light on the project's implementation.

"Every part of this country will benefit," she said, "we have already made substantial progress in the pilot counties."

Kariuki said she is proud of achievements made so far, in the past 11 months saying about 50 percent of the population seek medication in public health facilities.

So far, she said, there has been an increase in outpatient and inpatient visits from 20 to 50 per cent.

"This means that poor and vulnerable groups who were previously unable to access health services are now able to," she said, "Health care is now affordable to them."

From all the four pilot counties, she said, more Kenyans have accessed health services.

"Premised on a primary health care approach, the pilot exercise has reaffirmed what global evidence has always alluded to; investments in primary health care are able to meet at least 80 per cent of the burden of diseases in our communities."

In the end, she said, the project is aimed at improving the quality of healthcare in the country while making it affordable to all.

The CS revealed that a number of projects are currently underway to ensure all

Health CS Sicily Kariuki during the Press Club organised by the Kenya Editors Guild on November 6, 2019

Nairobi — The government has assured that the Universal Health Coverage project, a key pillar of President Uhuru Kenyatta's Big 4 agenda, is on course.

According to Health Cabinet Secretary Sicily Kariuki, all measures have been put in place for the full implementation of the program that is being piloted in four counties of Machakos, Isiolo, Nyeri and Kisumu.
Kenyans benefit from Universal Health coverage.

Kenya: Provide Family Planning Services to Teenagers, Top Researcher Tells State

6th November, 2019
By The Nation (Nairobi)

The campaign to reduce teen pregnancies, maternal mortality and new HIV infections in Kenya faces hurdles due to little information and reproductive health services for sexually active young people, an academic and medical researcher has said.

Prof Marlene Temmerman, who is the chairperson of the department of obstetrics and gynaecology at Aga Khan University Hospital, said teenage girls carry the biggest burden and consequences of sex.

HIV RISK

"Statistics on teenage pregnancy and HIV infections have shown that a number of them are engaged in sex. Sexually active adolescents should be able to decide on when to get pregnant. If they are already having sex, why not let them get access family planning services?" she told the Nation Wednesday.

The burdens such girls bear include the risk of getting infected with HIV and other sexually transmitted infections like gonorrhoea and syphilis, she said.

"Adolescent girls are the major victims of consequences of sexual activity, including unplanned pregnancies. They should be able to access these services without being
judged, victimised or sent away from school and home," Prof Temmerman said.

She added that a huge number of teenagers do not have access to reproductive health services due to ignorance, stigma and false information.

According to the World Health Organisation, complications during pregnancy were the second cause of death for 15 to 19-year-old girls globally in 2014.

In 2015, Kenya developed a National Adolescent Sexual Reproductive Health Policy (ASRH) but it was opposed by religious groups.

According to the 2014 Kenya Demographic and Health Survey, some nine per cent of women aged 45 to 49 years were married by the time they were 15, compared to two per cent among those aged 15-19.

HEALTH RIGHTS

And 15 percent of women aged 20-49 had their first sexual encounter by age 15 while 50 per cent had had sex by the time they were 18.

The data also showed 23 percent of women aged between 20 and 24 had given birth before turning 18.

The United Nations Population Fund says an estimated 18 per cent of adolescent Kenyan girls aged 15 to 19 are already mothers or pregnant with their first child.

Kenya records 8,000 new HIV infections among children aged 14 years and below annually, with an estimated 22 teens being infected daily.

Recalling her experience as a practising gynaecologist, Prof Temmerman said she saw patients die because they arrived at hospitals with advanced complications resulting from septic infections and botched abortions.

"In my 40 years of experience as an obstetric gynaecologist, I have supervised more than 18,000 deliveries. I have seen women and girls die because they came for assistance when it was already too late," she said.

The Belgian-born medic added that Kenya has made progress in ensuring women have increased access to family planning methods and services but added that adolescents are not yet empowered to take control of their reproductive health rights.

"Kenya has done well as evidenced by the achievement of our target on contraceptive use among married women, which is at 58 per cent. However, our women and girls need support to be able to decide on when to have children," she said.

Prof Temmerman said adolescents are still subjected to sexual abuse in many parts of the country without the option of family planning and contraception.

"Girls are getting pregnant in abusive situations like child marriage and defilement," she said.
Tanzania: Zanzibar Uses Drones for 'Eliminate Malaria' Campaign

7th November, 2019
By Tanzania Daily News (Dar es Salaam)

WITH great success recorded in the past decade in controlling the spread of Malaria using multiple interventions, the government through its Ministry of Health has decided to deploy drones for spraying anti-larval chemicals in paddy fields, ponds and difficult to reach areas full of stagnant water.

Last Saturday, the spraying, arguably the first ever use of drones against malaria in Eastern and central African region, was launched in Cheju village famous for rice farming in the central district of Unguja Island. It was a formal launch of the programme beginning as a pilot project before extending to other areas including Pemba and small inhabited Islands.

According to Andy Hardy from the Aberystwyth University in Wales, his institution worked with the Zanzibar Malaria Elimination Programme (ZMEP) to fly drones over known malaria hot spots in November 2017 as experiment. He said the mapping of malaria hotspot areas at that time showed good results.

Hardy mentioned that during the experiment two years ago, in 20 minutes, a single drone was able to survey a 30 hectare rice paddy. He said this imagery could be processed and analysed on the same afternoon to locate and map water bodies.

In the latest development, the pilot programme launched last week is being undertaken by the State University of Zanzibar (SUZA) in collaboration with the Ministry of Health, and support from China DJI technologies where the drones were made.

"This technology is a milestone in our campaign to eliminate Malaria. Our aim is to reach all areas still breeding sites for mosquitoes," Mr Hamad Rashid Mohamed- Minister for Health said at the launch of the anti-mosquito larvae spraying drones in Cheju.

He said possible sites for larvae which grow into mosquitoes causing malaria, still exist, adding to the number of people who contract the disease during their travel outside Zanzibar. "We have managed to keep the prevalence down at 0.2 (from 40 percent in the past two decades) percent, but we need to beat the 0.0 percent target in the near future."

The Minister said that the drone technique was important to speed up the spray exercise and reaching areas that may be difficult to access using traditional/manual way of spray.
Normally it takes several weeks for many workers to cover the intended areas, yet there would be areas not reachable for manual spraying.

Mr Mohamed said "I thank SUZA and other key players in the drone programme. I urge residents to provide maximum cooperation to the sprayers so that Zanzibar is free of malaria in the near future. This is possible because our earlier interventions have given good results."

The interventions in the past include repeated Indoor Residual Spray (IRS) covering almost all houses in Unguja and Pemba Islands, manual spray in some ponds, improved diagnosis and treatment using combined medicines, distribution of free treated mosquito nets, and the ongoing public awareness on the importance keeping surroundings clean.

The executive director of Tanzania Flying labs, Mr Leka Tingatana said that his institute is working with experts in flying drone from SUZA to implement the new anti-malaria program by drones made in China. Two drones will be used, each with a capacity of spraying 50 hectares.

"We start here in Cheju village before moving to other areas," Tingatana said before enthusiastic gathering astonished to see the drones for the first time. The village is famous for rice growing, therefore, a land with moisture, favorable condition for mosquito breeding.

Mr Simai Mohamed Simai, Assistant Director-social welfare, Unguja Central district administrative Council said that malaria in the area is still a challenge as people here are frequently diagnosed malaria positive.

He said that between July and September this year, 262 out of 4223 diagnosed were malaria positive of which 64 percent of the people found with malaria had travelled outside Zanzibar. "As we encouraged people at home to take preventive measures like using mosquito nets, those travelling should do the same."

Simai said the data indicates that Jumbi, Kiboje, Miwani Ndijani-msemeni, Jendele, Mitakawani, Chwaka, Uzingambwa, Chuchumile, Bungi and Tunguu are other surrounding villages still with common cases of malaria.

Health experts say that mapping aquatic malaria habitats is important because in shallow sunlit watermosquito larvae grows to adult mosquitoes and then in search of a blood for its meal from a human infected with malaria, it will become a vector for the disease and continue its deadly transmission cycle.

Zanzibar like the Tanzania mainland, have been fighting for long, but the interventions have bore fruits in recent years. Globally, the disease infects over 200 million people annually and is responsible for killing approximately 500,000 people each year.

However, the ongoing anti-malaria campaign globally is bringing down malaria. The government with support from multiple development partners such as the US, WHO, Global Fund, Italy, and China among other have spent billions of Tanzania shillings in the anti-malaria campaign in Zanzibar, but the budget for
the malaria Drone project was not revealed.

Mr Hardy from the Aberystwyth University in Wales says despite advantages of drones, operators need to be mindful of the negative side of drones: invasion of privacy; collisions with aircraft and birdlife; their association with warfare. These are very real concerns for the public.

He also reminded that it important to work alongside leaders in the villages to show them the drones are safe, and explain exactly what we plan to use them for, to reduce wrong perceptions and rumors about the drones.

He said working close to encourages them to understand how drones and similar technologies, used alongside traditional indoor-based interventions, can really help to make malaria elimination in their community a reality.

With malaria free Zanzibar, it is anticipated more tourists and investors will come to the country already famous as a tourist destination. The country relies on tourism industry and services as its main source of income to run the government.

Rwanda: Medics Seek Increased Investment in Facilities, Education

7th November, 2019
By The New Times (Kigali)

More than 800 medical doctors meeting at the Intare Conference Arena in Rusororo have said that increased investment in hospital facilities, training programmes and updating tariffs of medical services will improve healthcare services in Rwanda.

The medical doctors were deliberating on how to improve healthcare in the country.

Dr. Violette Akingeneye, the director-general of Kibuye Referral Hospital in the Western Province said on a panel discussion that while healthcare has improved in the country, there remains a number of challenges.

"For instance, our facilities are old and maintenance sometimes takes longer. It could take a year even when it's a minor issue to fix," she said, adding that facilities like hers don't have enough ambulances.

The effects all that spillover to how services are delivered.
She also pointed to the current financial constraints facing hospitals, especially public hospitals.

"We have outdated tariffs that date back to 2012. While we have, for instance, 80 per cent of the people who have universal coverage, 20 per cent still need to be financed. We end up taking on the burdens," she noted.

According to Akingeneye, District hospitals pay about Rwf20 million to those who cannot cover their medical bills, something she said is a lot for hospitals that are still underfinanced.

Dr. Dominique-Savio Mugenzi, the representative of private medical practitioners, also argued that the current tariffs of medical products and services are not aligned with the time.

"The price of medical consumables have to be reviewed and updated," he said without highlighting how much it costs hospitals to procure consumables.

The Ministry of Health and other stakeholders set standard prices for medical consumables, which many doctors think are outdated.

Doctors say pharmaceutical and other medical prices were rising on the market and, therefore, the prices charged on services in hospitals must be increased because it has been affecting service delivery.

Despite that, Mugenzi said private facilities have been increasing in the country. Today, there are about 73 private establishments across the country, eight of which are specialised clinics and eight others are polyclinics.

On the other hand, he said, more than 70 per cent of Kigali based patients go to private hospitals.

"That highlights the commitment of doctors to play a role in improving healthcare in the country," he noted.

Still, he admitted that there has been "malpractices and fraud" in some private hospitals, which affects the reputation of private medical service providers and have an overall effect on services delivery.

Education

Medical doctors also indicated that investing in improving the education of medical practitioners will help accelerate the level of services delivery and turn around the healthcare sector in Rwanda.

According to Dr. Jean-Claude Byiringiro, Dean of the Medical School at the University of Rwanda, schools like UR have been preparing students for medical careers.

The school presently has 14 medical programmes that train doctors, including one for general medicine and 13 for specialized doctors. That, he said, has contributed to raising the number of doctors in the country.

As of the end of September 2019, medical doctors were 1,464 physicians working in both private and public health facilities. These include 504 specialists, 751 general practitioners as well as 209 residents.
"However, we still have challenges such as fundamental physics labs being very few in addition to most of them not being equipped with advanced equipment," he said.

Investing in educational, specialized training and skills development programmes could change that.

Dr. Claire Karekezi, a neurosurgeon, concurs with Byiringiro, saying that training programmes could enable the country produce more specialists in areas where the country still have to spend large sums of money to hire foreign specialists.

"We still need more specialists, especially surgeons because we lose a lot of money transferring patients abroad. We also need to improve our environment because if we bring in specialists and we don't have the supporting environment, they will leave," she said.

Specialized courses, she added, can change this.

President Kagame is expected to address the medics this afternoon.

**Africa: Nine African Countries Agree to Begin Journey Towards Pooled Procurement to Increase Their Access to Affordable Life-Saving Vaccines**

7th November, 2019
By World Health Organization (Geneva)

Regional collaborations can reduce costs and make life-saving care more widely available, in the quest to achieve the UN Sustainable Development Goal #3 - "ensure healthy lives and promote well-being for all at all ages".

Brazzaville — Nine middle-income countries in Africa have agreed to work towards pooled procurement mechanisms by first sharing vital information on their vaccine purchasing practices, including the prices they pay and their suppliers. Sharing information and ultimately pooling their orders will better leverage their individual purchasing power and thus strengthen their vaccine security and increase their access to affordable life-saving vaccines.

Their commitment on 1 November to improve in-country and cross-border processes was made following a three-day workshop organized by the World Health Organization (WHO) Regional Office for Africa in Mbabane, Kingdom of Eswatini to address access to safe and affordable vaccines in middle-income countries, where immunization coverage is decreasing.
The workshop brought together the countries that, due to their middle-income status, are not eligible for immunization financing support from Gavi, the Vaccine Alliance (Algeria, Botswana, Cabo Verde, Kingdom of Eswatini, Gabon, Mauritius, Namibia, São Tomé and Príncipe and Seychelles). Participants included officials from the respective health and finance ministries, procurement officials, immunization officers and members of national regulatory authorities for vaccines and medicines.

Despite progress in reducing morbidity and mortality due to vaccine-preventable diseases, around 8.5 million children living in the WHO African Region still do not receive all the basic and necessary vaccines. With many middle-income countries in the region transitioning from donor-supported to domestically funded immunization programmes, access to vaccines remains a challenge due to limited financial resources and to obstacles in accessing a timely and affordable vaccine supply.

A shift towards more strategic approaches to vaccine procurement is critical to improve access to affordable vaccines for middle-income countries in the African Region.

The nine countries agreed on activities to be conducted in common that will work towards a pooled procurement process in the future. These activities include coordinating joint market research, sharing vaccine supplier information and monitoring vaccine prices. By coordinating the informed buying of vaccines, these countries will have greater stability in their vaccine supply as well as increased bargaining power for lower prices.

Five of the countries, those in the regional organization of Small Island Developing States, have already created a single purchasing bloc, which was highlighted during the workshop as an innovative model due to its ability to leverage a better negotiating position and thus achieve reduced prices. Pooling demand can be particularly beneficial to countries with small populations that combine their orders to improve their negotiation terms with suppliers.

Pooled procurement also contributes towards strengthening existing specialized skills for national vaccine procurement and allows for continuous stability in vaccine supply.

The country representatives agreed on collaborating with different models of group purchasing, with all committing to share information and some agreeing to work towards joint price negotiating.

"Pooling vaccine procurement is a major step towards increasing immunization coverage in these countries and the African Region as a whole," said Dr Matshidiso Moeti, WHO Regional Director for Africa. "We must work together to improve vaccine delivery so that all children are protected from preventable diseases. I am heartened to see such strong cooperation between countries to make universal immunization coverage a reality."

The workshop followed a consultative meeting organized in April 2018 by the
WHO Regional Office for Africa, during which 17 low-, middle- and upper-middle-income countries in the African Region called for improved procurement skills and knowledge, harmonized product choice and registration processes and the use of pooled procurement options to enhance vaccine security.

On the final day of the recent workshop, the nine countries agreed on the next steps in the areas of advocacy, decision-making, regulation and information exchange.

Create a dedicated web-based community platform for information exchange.

Set up or leverage upcoming opportunities for regular information sharing and discussion on market information, national immunization technical advisory group discussions and decisions and on product registration information.

Utilize the platforms of the African Union, the Regional Economic Communities and the Pan-African Parliamentarian Caucus on immunization for high-level political engagement to raise the profile of immunization.

Through the WHO Regional Office for Africa, commit to engage with the African Vaccine Regulatory Forum and the African Medicines Regulatory Harmonization Initiative to ensure inclusion in the effort, beginning with simple devices, such as auto-disabled syringes.

Kenya Seeks Polish Health Investors to Address Universal Health
8th November, 2019
By The Exchange (Dar es Salaam)

Dr. Amit Thakker during the second Kenya Polish health Summit. Photo source: Kenya Healthcare Federation

Kenya is urging Polish investors to take advantage of a government push to provide basic and affordable healthcare for the country by investing in various aspects of the healthcare system. This was part of the discussions going on at the 2nd Kenya-Poland Health Summit held under the Polish Investment and Trade Agency (PAIH) office in Nairobi together with the Polish African Business Association (PAfBA).

The Managing Director of Kenya Investment Agency (KenInvest) Dr. Moses Ikiara noted that Kenya was providing an ideal environment for investment in the health sector with the GDP of the health sector growing at an annual rate of 11% higher than the national growth.
He also noted that Kenya had key parameters that would make it ideal for health techs to thrive. "Kenya ranks only second to Ivory Coast in ease of doing business, we have the highest internet penetration in Africa as well as a high mobile phone usage. If you have a tech solution, this is the best place to position your product," he noted.

Dr Ikiara also noted that the country has a high population that the government aims to cover under the Universal Health Coverage and is seeking partners to bridge this. "At the moment, we are only able to cover 50% of this population but aims to have covered each and every one of the 50M plus population by 2022. These are immense opportunities that Polish companies should grab."

The Polish Health Summit is a business event aimed at establishing valuable connections between Polish and Kenyan entrepreneurs in healthcare to form long-lasting and profitable partnerships. The event focused on presentations of Polish enterprises to the Kenyan audience followed by moderated networking sessions and B2B zone meetings aimed at facilitating direct business connections and productive information exchange between businessmen.

Some of the areas that Polish health companies have been encouraged to venture to include the establishment of hospitals, seeking telemedicine initiatives, generic drug provisions, home-based health care, medical equipment, medical supplies and human resources for health.

With the coming into effect of the Africa Continental Free Trade Area in July 2020, Dr. Ikiara asked Polish companies to set up shop in Nairobi as it offers the best and vantage point to attack the continent.

"We can give you an ideal location, good financial services, apt human resources, telecoms, and infrastructure for you to reach all of the regions. Africa free trade area will have 1.2 Billion people who you can target right from Kenya."

Amit Thakker, the Chair of Kenya Healthcare Federation noted that Kenya was improving the environment including raising the budgetary allocation. He, however, said Kenya, like most of its African neighbors needed to see spending in health investment.

"In Europe, 4,000 dollars are spent on health per person. In the US, it is 10,000 dollars. But here in Africa, the average is 200 dollars. But we understand, the governments might not have all the budget but now through Private-Public Partnerships, we can be able to do this," he observed.

Kenya is also looking at Poland as a reliable alternative for Kenyans seeking specialized care abroad as a form of medical tourism and equally providing exchange programs between Kenyan and Polish doctors on best practices of e-health.

Kenya: Heeding Kenyatta's Call, Elders Pledge to End FGM By 2022

8th November, 2019
By The Nation (Nairobi)
Community elders and religious leaders from across the country on Friday committed to end Female Genital Mutilation (FGM) in Kenya by 2022.

The leaders made the commitment at State House, Nairobi, during a meeting with President Uhuru Kenyatta and First Lady Margaret Kenyatta.

The declaration by the opinion leaders from 22 counties most affected by FGM is in support of the declaration by President Kenyatta to end the illegal practice in the country by 2022.

"We appreciate the government's efforts to end FGM through creating and implementing progressive policies and legislative frameworks and programmes towards its eradication," said Njuri Ncheke Secretary-General Josephat Murangiri, who read the elder's declaration.

As part of their anti-FGM efforts, the elders said they would work with both the national and county governments and other stakeholders in creating awareness on the need to promote education and the wellbeing of the girl child.

ARCHAIC

President Kenyatta thanked the elders and religious leaders for agreeing to lead the onslaught against the retrogressive practice and assured them of the government’s backing.

The President termed FGM an archaic cultural practice that assaults the wellbeing of individuals and society, and pitched for its complete eradication.

"FGM is a retrogressive practice whose continued existence in our country, in actual fact, assaults our individual and our national consciousness," he said at the ceremony that was used to launch the national policy on the eradication of FGM.

"The practice is inimical to our shared fundamental values as enshrined in our very own constitution that we as Kenyans passed."

NEW LIFE

The President called on Kenyans to shun destructive practices such as FGM and embrace progressive cultural activities that bestow honour and dignity on women and girls.

"A time comes when one gets exposed to newer ways of life. It is time therefore for all of us to discard retrogressive cultures for the benefit of the nation," the Head of State said.

He tasked government officials in the ministries of gender, education, health and public administration to take the lead in championing government efforts aimed at ending FGM in all parts of the country.

"If you find any government official, whether a chief or assistant chief, who supports this retrogressive culture, inform relevant offices so they are dealt with firmly."

The President cautioned cross-border communities against escaping to neighbouring countries to undertake FGM, saying he and his counterparts were
discussing how to deal with offenders in other jurisdictions.

HUGE VIOLATION

Dr Ademola Olajide, the County Representative of the United Nations Population Fund, said FGM is one of the initial violations of the rights of women and girls.

Dr Olajide further noted that FGM has serious economic and health consequences on the victims.

He thanked the President and First Lady for their leading roles in the fight against the practice and assured them of the organisation's full support in ensuring the country ends the practice by 2022.

Gender Cabinet Secretary Margaret Kobia commended the First Lady for her outstanding contribution to the promotion of maternal and child health, and to safeguarding women against consequences such as obstetric fistula through the Beyond Zero Initiative.

ICT minister Joseph Mucheru, Gender Chief Administrative Secretary Rachael Shebesh, Canadian High Commissioner Lisa Stadelbauer and Austrian Ambassador to Kenya Dr Christian Fellner also attended the ceremony.

The President and First Lady Margaret Kenyatta were given special beaded bracelets for their efforts to end FGM in the country.

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