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Uganda: Confirmation of Case of Ebola Virus Disease in Uganda
11th June, 2019

By World Health Organization (Geneva)

Kampala — The Ministry of Health and the World Health Organization (WHO) have confirmed a case of Ebola Virus Disease in Uganda. Although there have been numerous previous alerts, this is the first confirmed case in Uganda during the Ebola outbreak on-going in neighboring Democratic Republic of the Congo.

The confirmed case is a 5-year-old child from the Democratic Republic of the Congo who travelled with his family on 9th June 2019. The child and his family entered the country through Bwera Border post and sought medical care at Kagando hospital where health workers identified Ebola as a possible cause of illness. The child was transferred to Bwera Ebola Treatment Unit for management. The confirmation was made today by the Uganda Virus Institute (UVRI). The child is under care and receiving supportive treatment at Bwera ETU, and contacts are being monitored.

The Ministry of Health and WHO have dispatched a Rapid Response Team to Kasese to identify other people who may be at risk, and ensure they are monitored and provided with care if they also become ill. Uganda has previous experience managing Ebola outbreaks. In preparation for a possible imported case during the current outbreak in DRC, Uganda has vaccinated nearly 4700 health workers in 165 health facilities (including in the facility where the child is being cared for); disease monitoring has been intensified; and health workers trained on recognizing symptoms of the disease. Ebola Treatment Units are in place.

In response to this case, the Ministry is intensifying community education, psychosocial support and will undertake vaccination for those who have come into contact with the patient and at-risk health workers who were not previously vaccinated.

Ebola virus disease is a severe illness that is spread through contact with the body fluids of a person sick with the disease (fluids such as vomit, feces or blood). First symptoms are similar to other diseases and thus require vigilant health and community workers, especially in areas where there is Ebola transmission, to help make diagnosis. Symptoms can be sudden and include:

- Fever
- Fatigue
- Muscle pain
- Headache
- Sore throat

People who have been in contact with someone with the disease are offered vaccine and asked to monitor their health for
21 days to ensure they do not become ill as well.

The investigational vaccine being used in DRC and by health and frontline workers in Uganda has so far been effective in protecting people from developing the disease, and has helped those who do develop the disease to have a better chance of survival. The Ministry strongly urges those who are identified as contacts to take this protective measure.

Investigational therapeutics and advanced supportive care, along with patients seeking care early once they have symptoms, increase chances of survival.

The Ministry of Health has taken the following actions to contain spread of the disease in the country:

- The District administration and local councils in the affected area have been directed to ensure that any person with Ebola signs and symptoms in the community is reported to the health workers immediately and provided with advice and testing.
- The Ministry of Health is setting up units in the affected district and at referral hospitals to handle cases if they occur.
- Social mobilization activities are being intensified and education materials are being disseminated.

There are no confirmed cases in any other parts of the country.

The Ministry is working with international partners coordinated by the World Health Organization.

The Ministry of Health appeals to the general public and health workers to work together closely, to be vigilant and support each other in helping anyone with symptoms to receive care quickly. The Ministry will continue to update the general public on progress and new developments.

**East Africa: EAC Disease Preparedness for Testing Today**

11th June, 2019

By Tanzania Daily News (Dar es Salaam)

EAST African Community's (EAC) disease preparedness will be put to test today during a cross-border simulation exercise at the Namanga border.

Preparations for the much awaited four day cross-border exercise which will simulate an outbreak of an infectious disease from Namanga border between Kenya and Tanzania are reportedly on top gear. Today's Field Simulation Exercise (FSX) aims at assessing the preparedness and response capacities of both the secretariat and the two EAC partner states.
The simulation workout will follow the one health approach that involves different sectors affected by an outbreak and mitigating its impact.

"Everything is going on as per plan and we expect anything between 250 people to take part in the process," said Mr. Florian Mutabazi an official in the Public Relations Office at the EAC Secretariat yesterday.

According to the EAC official, up to 250 participants, primarily from the two partner states-Kenya and Tanzania-as well as from Burundi, Rwanda, South Sudan and Uganda, will participate in the workout.

The exercise that will take place at different sites in Tanzania and Kenya will also attract participants from regional and international institutions and organisations.

According to Mr. Mutabazi, the four-day exercise seeks to assess the use of early warning and event detection mechanisms at points of entry with emphasis on the Namanga border area between Tanzania and Kenya, assess the coordination mechanisms, command and control systems and information sharing channels between multiple sectors and countries like activation of the EAC emergency structure, incident management systems and relevant emergency operations centres.

"It will also evaluate the deployment of rapid response teams, validate the activation and deployment of selected mobile laboratories and evaluate selected preparedness and response measures at the Jomo Kenyatta International airport (JKIA) and Kilimanjaro International airport (KIA)," he disclosed.

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH is supporting the FSX on behalf of the German Government, while the EAC and World Health Organisation (WHO) are the technical lead in the implementation.

A number of health, agriculture, livestock, trade, tourism and wildlife, environment and natural resources ministers from the partner states as well as regional defence have also been invited to the opening ceremony, according to Mr. Mutabazi.

Recently, East African region has experienced a number of outbreaks of infectious diseases, including Ebola, Rift Valley, Marburg and Crimean Congo Haemorrhagic fevers, Cholera, Polio, Anthrax and Plague.

Studies have indicated that six out of the 10 diseases are zoonotic, transmitted between animals and humans. The 11th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health on March 24, 2015 directed the EAC Secretariat to conduct a cross-border simulation exercise at Namanga.

Tanzania: National Health Insurance Is Still Ineffective in Villages
14th June 2019
By Tanzania Daily News (Dar es Salaam)
CITIZENS with National Health Insurance Fund (NHIF) cards face difficulties in accessing treatment in remote villages because the cards are not accepted in village facilities.

"Let us find ways to help people in remote villages like Micheweni, because they cannot use NHIF cards there. The facilities in the villages need cash or unable to follow-up payments," Mr. Suleiman Makame Ali (Ziwani) observed.

The legislator was joined by his colleagues to urge the government to find better ways to help those using NHIF in those areas so that they can get equal opportunity in accessing health care in the Islands.

Under Zanzibar's health policy, treatment is free-of-charge in all public facilities in Unguja and Pemba Islands, but there are some people, including civil servants working in the union government institutions who use NHIF.

President Ali Mohamed Shein has repeatedly said that his government cannot introduce health insurance because health services in Zanzibar are free to both the citizens and visitors who fall sick while here.

Uganda: Medics Warned On Giving HIV Post-Exposure Drugs to Minors
13th June, 2019

By The Monitor (Kampala)

Medical practitioners in the eastern districts have been warned against administering HIV Post-exposure Prophylaxis (PEP) drugs to children below 12 years, saying it damages their liver.

Dr. Andrew Katumba, a senior medical practitioner of Jinja Regional Referral Hospital, explained that PEP is a strong medication, which is usually taken for 28 days and that livers of children are not mature enough to detoxify the medication, hence damaging it.

"Children have young livers which are in the process of growing into maturity unlike adults whose livers are mature enough to perform their functions of detoxifying drugs appropriately. One of the functions of the
liver is to combat the drugs swallowed into a non-toxic state ready for removal from the body via the kidney or feaces," Dr. Katumba cautioned

"A young liver is not ready to carry out that function of detoxification, for example, a child of two years. Remember, drugs are poisonous if taken in bigger quantities or for a longer period."

The medic, who was speaking on Monday to a group of judicial officers and police officers from eastern region during a training on effective adjudication of sexual offences against children in Jinja, instead advised that suspected defilers of these young children be arrested and tested for HIV immediately.

This, he said, would minimise the chances of administering PEP to children defiled incase their perpetrators are HIV negative.

"That is why it's necessary to arrest the perpetrators and subject them to an HIV/Aids test and in case they are negative, there is no need of subjecting this young defiled children to PEP, which is usually taken for 28 days," he advised.

PEP means taking antiretroviral medicines (ART) after being potentially exposed to an HIV infection to prevent an infection.

Speaking at the same training, Dr. Livingstone Sewanyana, the executive director of Foundation for Human Rights Initiative, said: "Most of the violations against children occur in Busoga, so I am calling upon you (judicial officers) to act."

Equally, Justice Eva Luswata, the Jinja High Court resident judge, said sexual offences form the majority of the criminal cases they handle in the sub-region.

Dr. Donald Rukare, from Freedom House organisation, cautioned judicial officers from revealing the identities of children who have been sexually abused while they write their judgments, reasoning that their decisions are records which might negatively affect them in future.

In Uganda, the effective prosecution of sexual offences, especially against children, has been hampered due to poor access to justice. Children continue to be exposed to diverse forms of sexual violence, often permissible and buttressed by cultural beliefs and practices.

Findings on sexual offences

Research by the Uganda Parliamentary Women's Association in 2005 on sexual offences Bill established that in spite of the elaborate provisions on the law prohibiting the sexual offences, the number of sex-related offences has continued to increase with rape and defilement being the most prominent.

The 2017 police crime report recorded 14,985 defilement cases and 1,335 rape cases.

A total of 4,651 cases were taken to court, of which 609 led to convictions and 3,704 cases were pending disposal.

Court cases
Uganda: Statement by USAID Acting Spokesperson Tom Babington on Monitoring Ebola in Uganda
13th June, 2019
By United States Department of State (Washington, DC)

The isolation centre set up in Bwera, Kasese District where the five-year-old boy who tested positive for Ebola died from.

Three cases of Ebola have been confirmed in Uganda, resulting in one death. This marks the first cases of the deadly disease outside of neighboring Democratic Republic of the Congo (DRC) since the ongoing outbreak began in August 2018. USAID is monitoring the situation and will continue to work alongside partners to support the response in Uganda. USAID will also continue to help neighboring countries prepare for a potential outbreak and provide other critical assistance to help stop the spread of disease.

In light of this alarming public health crisis, USAID Administrator Mark Green will travel to Eastern DRC next week, where he will visit with USAID partners, community and local leaders, and health care workers responding to Ebola. Working alongside the Government of the DRC, World Health Organization, and other international partners, USAID has been responding to Ebola in the DRC since the beginning of the outbreak, including the deployment of an elite Disaster Assistance Response Team to the region in September 2018 to coordinate the U.S. response to Ebola.

Tanzania: Health Insurance for Bodaboda Riders Coming
11th June, 2019
By Tanzania Daily News (Dar es Salaam)

DETERMINED to reduce road accidents particularly motorcycles- bodaboda-related, the government intends to set rules, which will direct every motorcycle operator/rider to have health insurance before processing the driving licence.
The Ministries of Health, Community Development, Gender, Elderly and Children and Home Affairs are jointly working on the initiative, the Health Minister, Ms. Ummy Mwalimu said in Dar es Salaam yesterday.

She revealed the initiative while launching the Indian sponsored 'Artificial limb fitment project camp' at Muhimbili Orthopaedic Institute (MOI).

The Indian government disbursed 700m/- for the camp that targets to benefit a total of 600 physically-impaired people from across the country.

Launching the camp, the minister affirmed that the number of road accident victims at MOI has been increasing especially after motorcycle operators entered into the business.

"Currently, MOI receives between 500 and 600 road accident victims monthly, unlike the past-before the entry of bodaboda business-when the institute used to receive between 200 and 400 victims," she said.

According to the minister, the target beneficiaries for the launched artificial limb fitment camp were 500 but the number increased to 900 with the large per cent of the needy being road accident victims.

Only 600 persons will benefit with the on-going project while the government seeks other means to attend to the rest, said Ms. mwalimu. She reminded members of the public to go for insurance covers to ease medical services to everybody.

The minister appreciated India for her continuous support to Tanzania's health sector, citing the 2bn/- medical equipment and drug that the Indian government released in September last year.

According to the Minister, India also promised to give another 2bn/- medical equipment support to Tanzania in the nearest future.

"Because I have received the good news in this event here, a portion of the 500m/- drugs and medical equipment will be allocated to MOI and the rest will be distributed to other areas," she promised.

Indian High Commissioner to Tanzania Sundeep Arya affirmed that apart from the fund for artificial camp, India also dispatched a technical team of seven specialists from Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), Jaipur (India) to offer charge-free consultations to the end of the exercise in July.

He said that the camp was providing physical, economic and social rehabilitation by helping the victims to regain their mobility and dignity as well as becoming self-respecting and productive members of the society.

Mahatma Gandhi said 'the best way to find yourself is to lose yourself in the service of others'. Mahatma Gandhi's life and work continues to inspire millions of people in India and around the world in various ways, including community service, said the high commissioner.

"The artificial limbs fitment camp in Dar es Salaam is inspired by the life and message of Mahatma Gandhi," added Mr. Arya.
South Sudan: From 8 to 700 Midwives in 8 Years, South Sudan Is Making Huge Strides in Saving Mothers' Lives, With UNFPA Support
11th June, 2019
By UNFPA East and Southern Africa (Johannesburg)

Thanks to professional care being provided by more trained midwives, the maternal mortality ratio in South Sudan has dropped from 2,054 deaths per 100,000 live births in 2006 to 789 per 100,000 in 2015 - but much more needs to be done.

With only eight midwives and the highest maternal death rate in the world at the time of independence in 2011, South Sudan has since made great strides in ensuring maternal health care is more accessible to women.

Today, the young nation has more than 700 midwives, thanks to a midwifery project initiated by UNFPA, the sexual and reproductive health agency, through the support of the governments of Canada and Sweden, and in partnership with the Ministry of Health.

The maternal mortality ratio in South Sudan has dropped from 2,054 deaths per 100,000 live births in 2006 (South Sudan Household Survey) to 789 per 100,000 in 2015 (estimate by World Bank and United Nations).

This good news was shared by UNFPA South Sudan Country Representative, Dr. Mary Otieno, at the Women Deliver 2019 Conference in Vancouver, Canada last week.

"Through the midwifery project, we were able to reach around 2 million women and girls with a wide range of sexual and reproductive health services," Dr. Otieno said at the pre-conference Global Midwifery Symposium.

The midwifery project also supports prevention of and response to gender-based violence (GBV). "Not only do we focus on maternal health but through the midwifery initiative, we launched one-stop centres providing integrated medical, psychosocial and legal services to survivors of GBV," Dr. Otieno said.

In 2018, three centres supported by the midwifery project assisted 813 GBV survivors. Seventy-one cases have been taken to court, leading to 45 convictions so far.

The results encouraged other donors, such as Norway and Switzerland, to support the establishment of more centres, Dr. Otieno said. The overall target is to have at least one centre in every state.
At a panel discussion focused on South Sudan and the 25th anniversary of the International Conference on Population and Development (ICPD), Dr. Otieno said the life-saving sexual and reproductive health services of the midwifery project, such as safe deliveries and family planning, are at the very heart of the ICPD Agenda.

However, South Sudan has much to do to complete the unfinished business of the ICPD.

"We have brought down maternal deaths but it remains high. We need more health professionals to work in the health sector and ensure sustained deployment and retention of health workers, especially doctors, midwives and nurses," Dr. Otieno said.

"We also need to bring health services closer to or more accessible to the people. Less than 40 per cent of health facilities are functional to some degree. There is very limited access to health services in rural communities, so we need to rehabilitate the facilities and put in place a strong referral network so that women and girls have access to life-saving services when they need those."

At the EdTech Talk, a side session on the use of technology and innovation for training and education, Dr. Otieno highlighted the challenges faced by the midwifery education in South Sudan, particularly on sustainability of skills upgrading and addressing weak infrastructure, such as electricity and internet connectivity. She also expressed optimism that opportunities for the use of apps in education could become a reality, with implementation of South Sudan's revitalized peace agreement.

The achievements of the midwifery project shared at the Women Deliver Conference mean more than just the numbers, Dr. Otieno said. The numbers represent people whose lives have been saved or have changed in one way or another because of the services established through the midwifery project.

"The gains achieved, despite the challenges and difficulties, serve as motivation for UNFPA and partners to do more. We will work hand in hand to support South Sudan's women and girls to realize their full potential," she said.

**Tanzania: Our Girls Deserve Affordable Pads in School**

9th June, 2019

By Tanzania Daily News (Dar es Salaam)

ARDENT news readers, viewers and listeners have in the recent past be educated on the importance of giving our school girls pads during their menstrual periods.

So far, stakeholders' nationwide campaigns to provide affordable sanitary towels to women and girls in Tanzania have proved positive results. More women in Tanzania shall be able to access sanitary towels because the Value Added Tax (VAT), has been scrapped, so these kits shall now sell at a cheaper price.

While reading the 2018/2019 National Budget in Parliament last year, the Minister for Finance Dr. Phillip Mpango said the government was determined to enabling more women access these towels at cheaper prices during their menstrual periods.
We should recall how TGNP Mtandao has in the past played a great role in sensitisation campaigns aimed at preventing girls from missing out on education during their menstruation periods.

By ensuring sanitary pads are available in schools. In the recent past, TGNP Mtandao has been educating women Members of Parliament of all political parties on the link between the high absentee rate of girls in schools and the lack of menstrual hygiene products.

For many girls, the cost of sanitary pads is so high that they are unaffordable to some.

The government's move shall definitely help them access these sanitary gears. A research done last year showed that without access to sanitary products, girls in rural areas don't go to school on average of five days each month, when they are menstruating.

The deputy speaker of the national assembly of Tanzania, Hon. Dr. Tulia Ackson is a hero here, because she has participated in the TGNP education session and on several occasions she pledged "to solve the problem starting by setting tax charges that will be allocated to cover the expense of having sanitary pads in schools". She was convinced that having the pads is one thing.

But the society needs to ensure that the budget looks on the availability of water in schools. To ensure a better hygiene for girls, and that reality is slowly being put into practice.

TGNP and other organizations have been advocating for schools to have a special teacher and exchange room for girls to help them during the monthly cycle days.

This should now be realized, and this will set a comfortable environment for girls to study peacefully. Private philanthropists also deserve credit for providing schools of their choices with free sanitary towels.

I think Tanzania urgently needs proper policies about menstruation and sanitary towels that will help the country's hygiene of girls and young women.

Neighbouring Kenya is an example here, because that country provides some guidance in this regard: In one of that country's major informal settlements, Kiandutu, the state broadcasting corporation introduced and led a campaign that donated sanitary towels to adolescent girls every month for a year.

There are a few ways for Tanzania to tackle this important issue proactively, though the VAT on pads has been removed.

For instance, the country should start looking at low-cost local production methods for sanitary towels. In fact, imports cost money and this might make any programme unsustainable in the long term.

TGNP Mtandao Executive Director, Mrs. Lilian Liundi once told me that if the government works with vocational and training colleges, it could deal with two issues - the need for cheap but hygienic sanitary towels and the need to create jobs.

She is optimistic that poor, unemployed women could be taught to make these products.

Indeed, Tanzania parliamentarians deserve a credit for displaying a political will in these affordable sanitary pads agenda.
Policymakers and education practitioners should push for a special fund that will support nationwide free sanitary towels.

Of course it is not menstrual issues alone that keep girls out of school, and work is needed in other areas to ensure that attendance improves.

A proper, politically backed policy is crucial if the country is really serious about keeping girls in school and not letting a biological fact of life hold them back. Informal urban settlements are increasingly common in Tanzania, as they are in many African countries.

There is often minimal sanitation and low levels of hygiene in such settlements, as they are overcrowded and lack formal infrastructure. Researchers have pointed out that many reproductive infections are potentially triggered by poor menstrual hygiene management.

These diseases can, if left unchecked, make women more vulnerable to complications in pregnancy and childbirth, and as these settlements grow, so does the demand for schooling in and around them.

In Dar es Salaam's Manzese informal settlement for instance, there are more than 25 primary and secondary schools.

Some of these are surrounded by congested makeshift houses with poor drainage systems. Most of the schools have very few toilets or latrines—certainly not enough for all pupils and teachers.

In reality, while parents don't have to pay tuition fees, they do bear the costs of things like textbooks, uniforms and bus fare.

The country's free education programme doesn't consider the issue of menstrual health, and providing these towels is a key way to keep girls in school, as research from neighbouring Kenya has proved.

This is a matter of some concern for our authorities and education experts, that the dropout rate among girls is high, with many never enrolling in secondary school.

The fact is most girls in rural primary schools who have reached puberty do not use appropriate sanitary wear during their monthly menstrual.

These girls are at times forced to use local pads, which may include rags, raw cotton and even maize cobs, and due to water shortage in most rural schools, washing of re-usable pads poses a serious challenge.

TGNP Mtandao deserve credit for taking action to prevent girls from missing out on education during their menstruation periods by ensuring sanitary pads are available for our girls.

Kenyan FGM Survivor's Film Urges Women Not to 'Die in Silence'
11th June, 2019

By Thomson Reuters Foundation (London)
0-year-old in rural Kenya, Beryl Magoko was not surprised when her Kuria community arranged for her to undergo female genital mutilation (FGM), as it was normal for girls.

But she was shocked to learn about reconstructive surgery for FGM at a 2013 screening in West Africa of her award-winning documentary "The Cut" - and started to film her own quest to decide whether to undergo this surgery, invented a decade ago.

"I wanted to use myself as a mirror so that women can reflect about their lives ... and encourage circumcised women (to realize) that it helps to talk about this trauma," Magoko, now 35, told the Thomson Reuters Foundation.

"We don't have to die in silence," she said from Germany where she now lives.

In her second documentary "In Search...", which has its U.S. premiere at the Human Rights Watch Film Festival on June 17, Magoko talks frankly with other women about FGM and her uncertainties about undergoing surgery to feel complete again.

The World Health Organization says about 200 million women and girls worldwide have undergone FGM, which involves the partial or total removal of the external genitalia and can cause chronic pain, infertility and death.

Reconstructive surgery involves breaking open the scar formed by FGM, and pulling the clitoris, the majority of which lies beneath the surface, back to the surface, relieving the pain associated with FGM and restoring sensitivity.

The technique was developed in 2004 by French urologist Pierre Foldes, who has trained hundreds of doctors in the practice.

Doctors from Clitoraid, a U.S.-based non-profit, have performed 500 such surgeries since 2009 and have a two-year waiting list.

The film features a series of conversations between women in search of bodily autonomy, a sense of beauty and sexuality.

Magoko meets women in Kenya and across Europe who have undergone FGM, some who have had reconstructive surgery and others who have never heard of it, including her mother.

One woman in the film told her reconstruction was the best decision she ever made. Another said she would not do it because it was "impossible to imagine someone touching me there".

All speak of the emotional trauma and physical pain from the resulting scar tissue that can make childbirth, sex and periods excruciating.

While FGM is outlawed in 22 countries, according to the campaign group 28 Too
Many, the news about reconstructive surgery has not reached many villages, Magoko said.

Women in search of genital reconstruction do so in secret, for fear of being shamed by their family or community.

Magoko’s goal is to screen "In Search..." where FGM is practised, including her home country Kenya.

Six African countries - Chad, Liberia, Mali, Sierra Leone, Somalia and Sudan - do not criminalise FGM, which world leaders pledged to end under global development goals in 2015.

Magoko said she wants to share the stories of FGM survivors and shatter the stigma, but she needed to help herself before she could help others.

"There's no way I could help other women if my story or my history is still present and it's haunting me," she said.

"I felt like young Beryl got justice."

(Reporting by Kate Ryan, Editing by Katy Migiro. Please credit the Thomson Reuters Foundation, the charitable arm of Thomson Reuters, that covers humanitarian news, women's and LGBT+ rights, human trafficking, property rights and climate change. Visit http://news.trust.org)

**Uganda Tracks People Living With HIV**

11th June, 2019

By Radio France Internationale

Uganda unveils bold electronic medical system to keep track of people living with HIV/AIDS in the country as the epidemic spreads.

There are 1.3 million people living with HIV, with close to 1.1 million on treatment, according to statistics published by Uganda’s Ministry of Health.

There are concerns that the new scheme could violate some articles of Uganda’s 2019 Data Protection & Privacy Act.

But the head of the country's Aids Control program told a press conference in Kampala last week that the government’s sole point of interest is to collect accurate data on new and old HIV carriers which it desperately needs to implement a better health plan.

"For me, this project is long overdue," Ivis Basude, a prominent Ugandan AIDS activist recognized in his country as the first East African journalist to declare his HIV status.

90-90-90 goals
Basudde who is a health correspondent for the Kampala-based New Vision media group told RFI that Uganda needs undistorted statistics about how many of her citizens are living with HIV if the country hopes to meet Global Fund targets of 90-90-90 set for 2020.

According to the prominent AIDS activist, the partnership which invests 3.5 billion euros annually in the fight expects 90 percent of beneficiaries of its programs to not only know their HIV status, but to be given access to treatment and have the virus suppressed by 2020.

"If the virus is in the body and in millions of particles, it means that the treatment is not working properly", said Elvis Basudde.

**Trial runs**

The introduction of the national electronic data base for people living with HIV is the latest move by Uganda which was one of the first African countries to respond aggressively to the AIDS epidemic.

Trials runs to fine tune the system are already underway at a referral hospital in western town of Hoima.

"Our system in which the medical records of our clients are stored is mounted on a computer accessed through thumb print detectors", says Dr. James Kyayimba, who heads the clinical team.

"When a client comes up, on reception, as we are type in their details and bios, part of the requirement for registration is to record their finger prints.

He explains that the records can only be accessed in the presence of the clients, with their finger prints serving as pass words.

**Issues of confidentiality**

Dr. Kyayimba reassures Ugandans with an HIV status worried about a leak of their medical details that the system at Hoima clinic is designed to prevent another client from ever coming in contact with another person's information.

As he put it, the strategy pursued is aimed at preventing the duplication of entries and to increase access to ART therapy.

An estimated 50,000 new infections occur in Uganda every year, according to statistics published by the Ministry of Public Health in Kampala.

**Kenya: Reprieve for Nakuru Women As Maternity Hospital Opens in Rongai**

13th June, 2019

By The Nation (Nairobi)
A ward at the newly-built Dandelion Maternity Unit in Rongai on the border of Nakuru and Baringo counties. It comes as a reprieve to mothers who previously had to travel long distances to access maternity care.

In Summary

- The facility was officially opened by the Nakuru County Health CEC Zakayo Kariuki Gichuki.
- It aims to control the high numbers of maternal and infant mortalities recorded at the border.
- Dr. Gichuki said the modern maternity hospital in the area is one of the greatest milestones in the county.

Hundreds of women in the interior villages that border Nakuru and Baringo counties have a reason to smile after a new modern maternity hospital was opened on Wednesday in Sarambei village in Rongai Sub-County.

The fully equipped twelve-bed Dandelion Maternity Unit will see expectant women across the rural border get proper services during birth.

The facility was officially opened by the Nakuru County Health CEC Zakayo Kariuki Gichuki.

It aims to control the high numbers of maternal and infant mortalities recorded at the border.

HOME DELIVERIES

Cases of women giving birth at home with the help of untrained midwives have in the past been recorded, with many contracting serious infections, some which have led to the spread of HIV/Aids.

However, Dr Gichuki said the independent and modern maternity hospital in the area is one of the greatest milestones in the county.

The health CEC said up to 56 percent of mothers in the country deliver at home especially in the rural areas.

"It is heart breaking knowing that hundreds of mothers die as a result of complications in the hands of the traditional birth attendants. Nakuru County, for example, recorded 58 percent maternal and infant deaths in the recent years and Rongai alone had 73 percent of the mothers who delivered at home," stated Dr Gichuki, adding that the worrying figures have always given the county administration sleepless nights.

STUDY

A case study was conducted to find out the factors contributing to home maternal deliveries in Rongai.

The research findings attributed (lack of) knowledge, attitudes and practices during delivery to home deliveries.

"We had to act fast enough and think of a sober way of controlling the worrying numbers knowing that the major mortality rates in the villages were associated to lack of knowledge on safe delivery and negative attitude linked to most of the wrong information spread about the quality of services in government hospitals," Dr. Gichuki said.
He added that bad practices are highly influencing home deliveries.

**BENEFICIARIES**

The villages set to benefit from the maternity facility include Sarambei, Lomolo, Banita Kapsitet and Mogotio in Baringo.

The new hospital has been equipped with modern delivery beds, oxygen concentrator, sanction machine, patient monitors and vital sign monitors, cancer screening machines and immunization wards.

The hospital was funded by Dandelion Africa, a non-governmental organisation in collaboration with the Ministry of Health.

**BELIEFS**

Ms. Wendo Sahar Aszed, the executive director of Dandelion Africa said there is a misguided belief among women in both rural and urban slums that childbirth is a normal process which does not need medical attention.

"Such an attitude, together with poverty, illiteracy and ignorance regarding complication of delivery is responsible for majority of women delivering at home," she said.

Ms. Aszed encouraged young mothers to take advantage of the facility to deliver there and also get other services like family planning.

She said factors like family traditions, lack of time, inaccessibility of hospitals, social-economic issues and physical factors like the geography of the area, politics, poor services and weak health systems have largely contributed to home deliveries.

**Kenya: Tanzania and Kenya Face Big Cuts in US Anti-Aids Funding**

13th June, 2019

By The Citizen (Dar es Salaam)

**In Summary**

- The President's Emergency Programme for Aids Relief (Pepfar), a US initiative launched in 2003, plans to reduce spending for Kenya from 2018's level of $505 million to $395 million in 2020.
- For Tanzania, Pepfar funding is set to drop from $512 million to $395 million.
- Lagging completion of a nationwide survey of HIV prevalence appears to be the main reason for reduced US support for Kenya's Aids-control programmes.

New York — Failure to provide essential data or to serve especially vulnerable groups will result in deep cuts in US anti-Aids funding for Kenya and Tanzania, a global development NGO said on Wednesday.

The President's Emergency Programme for Aids Relief (Pepfar), a US initiative launched in 2003, plans to reduce spending for Kenya from 2018's level of $505 million to $395 million in 2020.

For Tanzania, Pepfar funding is set to drop from $512 million to $395 million.

"With these cuts, Pepfar is intensifying its message that if a country is not making progress toward specific targets, either for
programmatic or policy reasons, then the money will go elsewhere," noted the development group known as Devex.

**COUNTRY SURVEY**

Lagging completion of a nationwide survey of HIV prevalence appears to be the main reason for reduced US support for Kenya's Aids-control programmes.

Until Kenya produces this data, Pepfar will be unable to decide how best to target aid for the country, US Global Aids Coordinator Deborah Birx warned earlier this year.

At issue is Kenya's Population-Based HIV Impact Assessment (Kenphia) survey that is supposed to provide detailed information on the state of the country's Aids epidemic.

"We remain concerned about the lack of transparency in the Kenphia survey data as there are other [similar] surveys that began after Kenya's, were larger in scope, and we already have full data available for planning and budgeting," Ms. Birx wrote in a memo to US Ambassador to Kenya Kyle McCarter.

The most recent weekly update on Kenphia's website covers the period from November 24 to December 7 of last year.

"ENORMOUS STRIDES"

However, Ms. Birx lauds Kenya's overall performance.

"Kenya has made enormous strides in the fight against HIV and has completed or is nearing completion of many Pepfar programme goals," she told Ambassador McCarter.

"We believe that Kenya may be close to achieving viral load suppression and declines in incidence," Ms. Birx added.

"Everyone in Kenya is alarmed with the cut," Nelson Otomega, director of a network supporting Kenyans with HIV, told Devex.

Kenya relies heavily on Pepfar for Aids testing and treatment.

**VULNERABLE GROUPS**

The Washington-based Centre for Global Development calculates that donor funding, mainly from the US government, has historically accounted for nearly three-quarters of Kenya's spending on HIV/Aids programmes.

Globally, Pepfar has allocated more than $80 billion for bilateral anti-Aids programmes in the past 15 years -- four times the amount disbursed by the United Nations' Fund to Fight Aids, Tuberculosis and Malaria.

Mr. Otomega said he was especially concerned about the impact of Pepfar cuts on "key populations" such as sex workers and men who have sex with men.

"If Pepfar left them, the government will not take them up," he told Devex.

**INTOLERANCE**

The Tanzanian government's "growing intolerance of marginalised groups" is the main factor behind Pepfar's funding reductions, Devex reported.

In a January memo to the top US diplomat in Tanzania, Ms. Birx observed that "formal and informal policy developments in Tanzania
undermine efforts to diagnose and treat persons most vulnerable to HIV infection."

She specifically cited "arrests of sexual minorities, anti-contraception messaging, and the expulsion of pregnant adolescent girls and young women from school."

Tanzania is also failing to meet performance expectations for its HIV/Aids initiatives, Ms. Birx added.

Tanzania's own estimates indicate that only 61 percent of its citizens living with HIV are aware of their infection with the Aids-causing virus, the US official pointed out.

"This result, the lowest in Eastern Africa, is deeply disappointing in light of the cumulative $4.5 billion investment of US tax dollars since 2004," Ms. Birx said.

**ARVs**

The planned cuts in spending will not result in withdrawal of life-saving anti-retroviral treatment for any HIV patients benefiting from US assistance, Pepfar has pledged.

The programme is also increasing its support for women and girls in countries served by Pepfar.

The US announced at an international women's conference held in Canada earlier this month that Pepfar will invest $2 billion to help prevent females from contracting HIV.

**Kenya: High Court Rules Abortion Remains Illegal in Kenya**

13th June, 2019

By Capital FM (Nairobi)

Anti-abortion activists outside Milimani Law Courts on Wednesday.

NAIROBI, Kenya Jun 13 – Abortion remains illegal in Kenya unless the life and health of an expectant mother is in danger, the High Court has ruled.

A bench of five judges made the declaration Wednesday in a case in which Federation of Women Lawyer’s (FIDA) Kenya wanted Ministry of Health compelled to advise health workers to provide safe and legal abortion.

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A bench of five judges made the declaration Wednesday in a case in which Federation of Women Lawyer's (FIDA) Kenya wanted Ministry of Health compelled to advise health workers to provide safe and legal abortion.
Justices Mumbi Ngugi, George Odunga, Aggrey Muchelule, John Mativo and Lydia Achode have declined to hold that an unborn child is not a person and therefore has no rights.

The bench however, ruled that pregnancies resulting from rape can be terminated with the help of an expert.

Guidelines on how to procure safe abortion have been reinstated after the bench nullified a February 2014 memo by MOH withdrawing them after stakeholders purportedly failed to agree on contentious issues.

The petitioners had argued that the guidelines steer doctors on how to deal with complicated pregnancies in order to reduce mortality rate.

On its part, the Ministry of Health was opposed to the case insisting abortion is illegal and trainings on the same could not proceed.

The move by the ministry the judges said violated the rights to professional information, consumer protection and scientific progress.

Compiled by:

EAST AFRICAN HEALTH PLATFORM
P.O Box 357, ARUSHA - TANZANIA
Plot # 137/1, Kijenge GG - Off Nelson Mandela Road
+255 739 357 000 - eahp@eahponline.net - www.eahponline.net