HEALTH NEWS-CAP EAST AFRICA

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Rwanda: Quality Health Care Is Not for a Privileged Few - First Lady
9th November, 2019
By The New Times (Kigali)

First Lady Jeannette Kagame, Princess Dina Mired of Jordan (on her right), Dr Paul Farmer (on her left), Minister of Health Diane Gashumba (2nd from left) alongside other officials during the Women Leaders in Global Health conference at the Kigali Convention Centre.

The First Lady of Rwanda Mrs. Jeannette Kagame has called for strong policies, laws and mechanisms in the health sector in a bid to see that all human beings have access to quality health services and care they need.

She was speaking in Kigali during the annual Women Leaders in Global Health conference, an event hosted by the University of Global Health Equity in partnership with Women Leaders in Global Health Initiative to promote women's leadership globally.

The two-day conference is the first WLGH held in Africa. It has hosted over 100 influential speakers from varied sectors in global health to hold discussions in line with advocating for the next generation of global health leaders.

Speaking to the delegates, Mrs. Kagame stressed the need for coming up with ways to see that people regardless of their economic status or other variations are able to have quality health care.

"Quality health care is not the preserve of a privileged few, but the fundamental right of all citizens," she said.

"To afford all human beings access to the quality health services and care they need, when they need them, is to afford them dignity and control over their own lives."

According to Mrs. Kagame, to achieve this, there is a need for "more than strong policies," laws and mechanisms in the health sector, as well as right people in the right places, making the right decisions at the right time.

"We also need diversity at the top; a leadership that is representative of the population it serves, and one that can bring to light - in the most accurate way possible - and address the multifaceted nature of our health needs and aspirations," she said.

"In short, we need more women at the top."

According to the World Health Organisation, female health workers
make up 70% of the global health workforce, yet only 25% of women hold leadership positions.

Highlighting that more than 66% of Rwanda’s Community Health Workers are female, Mrs. Kagame said that there is a significant number of qualified and experienced women contributing to the health sector, yet enough space has not been created for them to make decisions and voice their "clearly informed opinions on what ought to be the solution to the challenges facing the health sector."

"Improving women’s leadership in the health sector requires a multi-faceted, multi-partner and multi-sector approach, as it speaks to the enforcement of gender equality and equity, across the board," she said.

Speaking at the same event, Dina Mired, the Princess of Jordan said women are drivers of healthcare delivery and change agents.

"Women are tireless custodians of healthcare, yet it is mind-boggling not to offer them seat at the decision table."

Dr. Paul Farmer, the Chancellor of the University of Global Health Equity hailed Rwanda’s "massive" investment in health and education over the last 20 years, helping the country to achieve "the steepest declines in mortality ever documented at any time and at any place."

The Women Leaders in Global Health (WLGH) Conference was launched in 2017 and has since served as a convening mechanism for leaders in global health.

The conference aims to engage the global health community by creating transformative experiences to advance opportunities for emerging female leaders and help bridge the gap in gender imbalances in global health leadership positions and improve access to female healthcare.

East Africa: EA Heads of State for Nov 30 Arusha Summit
9th November, 2019
By The East African (Nairobi)

East African heads of state are expected in Arusha on November 30 for the 21st Ordinary Summit as the Community marks its 20th anniversary while faced with several unaccomplished goals.

The Community is currently witnessing frosty relations between countries coupled with an uncertain economic future saddled by a growing debt burden.
Rwanda is at loggerheads with both Burundi and Uganda, while Kenya and Tanzania are still working through occasional trade disputes.

On the agenda is the rotational hosting of the summit by member states as opposed to meeting in Arusha, a development seen as important to raising the profile of the bloc.

The leaders will also review a report on the integration of a fragile South Sudan and consider progress on the verification exercise for the admission of Somalia into the bloc.

The regional leaders are expected to cement their support for Kenya’s pursuit for a non-permanent seat at the United Nations Security Council.

**Bureaucratic overload**

Another departure from tradition will involve the heads of state holding a round-table with the private sector to set an economic agenda for the region, driven by goals that are in-sync with the African Continental Free Trade Agreement.

"The summit is important in offering political goodwill which we intend to exploit in addressing issues that affect the private sector," Peter Mathuki, East Africa Business Council’s executive director, told The EastAfrican.

The admission of DR Congo into the bloc will also be on the table after its made a formal application in June.

EAC countries see potential economic opportunities that DRC will bring, including its vast natural resources and a market of 81 million people.

"If DR Congo joins, the trade patterns for the bloc will definitely change for the better," said Richard Kamajugo, TradeMark East Africa senior director, Trade Environment.

Consultancy firm Control Risks has, however, thrown a spanner into the works after warning that DRC’s admission to the EAC may not become a regional game-changer given the country’s notoriously difficult business environment.

"Non-tariff barriers ranging from arcane regulations and bureaucratic overload to poor infrastructure remain bigger obstacles to trade with Congo than tariffs," said the Africa Risk-Reward Index 2019 produced by the two institutions.

The bloc has already resolved to postpone the dream for the monetary union after it emerged the 2024 deadline is untenable while the push for a comprehensive review of the common external tariffs that is facing a deadlock and non-tariff barriers that continue to cripple intra-EAC trade.

Technical committees working under the leadership of EAC Council of Ministers appear to have made little progress in resolving bottlenecks that are negatively affecting businesses and have seen regional imports and exports account for only 7.7 per cent and 18.7 per cent of total imports and exports respectively.
Uganda: Statement from Uganda's Minister of Health on the National Measles-Rubella and Polio Immunisation Campaign 2019

15th November, 2019
By World Health Organization (Geneva)

On behalf of the Ministry of Health and the Government of Uganda, I take this opportunity to update the public on the just concluded national Measles-Rubella and Polio immunisation campaign.

As you may recall, the national Measles-Rubella and Polio immunisation campaign was launched in Mayuge District on Tuesday, 15th October 2019 and implemented countrywide from 16th to 20th October 2019. There was an extension of 1 day nationwide and 2 days specifically for Kampala, Wakiso, Mukono and districts in the Karamoja region.

Results from the campaign show that we vaccinated a total of 19,476,110 children against Measles-Rubella out of the 18,100,000 targeted representing 108%; 7,955,597 children were vaccinated against Polio out of the 8,200,000 target representing 97%.

This was the first and largest vaccination campaign in the history of this country; the reason being that 3 vaccines were being delivered at the same time and the widest age range. The targets were 18.1 million children for vaccination against Measles-Rubella (9 months to 15 years of age) and 8.2 million children (0-5 years of age) for Polio vaccination.

As a result of this mass immunization campaign, most of our isolation wards have since returned to their Measles free status. We have observed a 71% reduction in the number of clinically suspected cases through our weekly surveillance reports. In the week of 4th to 10th November, only 212 suspected Measles and Rubella cases were reported following the vaccination campaign compared to 733 during the week of 1st to 7th April 2019.

From the laboratory-based surveillance, we know that about 45% of the suspected measles cases are non-specific skin conditions.

UNEPI through pharmacovigilance received a total of 90 reports of Adverse Events Following Immunization (AEFI) from districts; the majority of the cases (77) were minor cases including pain at the injection site, mild fever, plus or minus a mild skin rash. Thirteen (13) of the cases needed investigation while 10 of the cases are social media reports and could not be verified and thus not investigated. Therefore, our investigations have ruled out death attributable to the use of vaccines. Two cases with skin problems are still hospitalised.

Like any pharmaceutical products, MR vaccines have some side effects. However, they do not affect everybody and often are minor and temporary. The common minor side effects include; soreness, redness, or rash at the injection site, fever or swelling of the glands in the
cheeks or neck. The benefits of vaccination outweigh the risk of non-vaccination, especially at the population level.

We utilized 20,000,000 doses of Measles and Rubella vaccines, 9,649,500 doses of Oral Polio Vaccines, engaged more than 16,000 schools and 20,000 vaccination posts; 133,920 VHT members, 66,960 (nine-member) LC1 councils participated in addition to the Local government structures at parish, sub-county, Health Sub-district, district levels.

The Ministry of Health implemented the vaccination campaign in response to Measles and Rubella outbreaks in which; 300,000 suspected measles cases were reported, 46,000 patients were admitted with symptoms of Measles-rubella disease, and 586 related deaths were recorded in the three years' period of the outbreak.

Over the last three years, at least 120 districts annually reported suspected cases through the weekly surveillance system. Ninety-six per cent (96%) of the reported cases were between the ages 1-15 years; hence informing our target population for the vaccination exercise.

Uganda continues to defend its polio-free status despite the high risk of importation of Polio from neighbouring countries; some of which continue to harbour polioviruses while others have challenged surveillance systems. It is therefore against this risk that all children at risk of polio aged 0 to 5 years were vaccinated with the aim of boosting community immunity.

In order to strengthen the achievements of the mass Measles and Rubella vaccination campaign as a strong foundation for elimination of Measles in Uganda, the Ministry of Health working with partners continues to intensify routine immunisation and will work towards making the 2nd dose of the Measles-Rubella (MR) vaccine available in the near future. The 2nd dose of the MR vaccine is intended to reduce risk and increase protection against Measles and Rubella and save the country repetitive and costly mass measles vaccinations. The 1st dose of the MR vaccine will be given to children at nine months while the 2nd dose will be given at 18 months.

The Ministry of Health would like to reiterate that all vaccines administered are pre-qualified by the World Health Organisation (WHO) and are safe, effective and efficacious.

Finally, the Ministry of Health would like to specifically appreciate the Government of Uganda, GAVI and the World Health Organisation (WHO), these worked extremely hard to ensure the campaign was a success. In addition, I extend appreciation to the following who contributed/supported this campaign; CHAI, UNICEF, Lions Club, Rotary Club, Uganda Pediatric Association (UPA), Uganda Medical Association (UMA), and UPDF. Special recognition and appreciation go out to the Health workers who endured the various challenges during implementation to ensure that this mass immunisation campaign to protect our children was a success.
Kenya: Cancer Cases Rise as Hospitals Struggle to Cope

9th November, 2019
By The Nation (Nairobi)

A cancer patient being attended to by a clinical oncologist at Texas Cancer Centre on July 18, 2017

In Summary

- In Kenya, cancer is the third-leading cause of death.
- Nairobi Hospital acting CEO Chris Abeid says prevention, early detection and cancer screening are key in fighting cancer.

The prevalence of cancer is increasing worldwide. The International Agency for Research on Cancer, a WHO agency, reported 14.1 million new cancer cases, 8.2 million deaths resulting from cancer, and 32.6 million people living with cancer around the globe.

In Kenya, cancer is the third-leading cause of death. The Globocan 2018 report reveals that 47,887 Kenyans get cancer every year and 32,987 die from the disease.

Kenya currently has limited personnel, with only 12 facilities to diagnose and treat cancer -- seven private hospitals, two mission hospitals, and three public facilities. It has four radiotherapy centres, mostly located in urban areas.

CANCER POLICY

The country's first cancer policy was developed in 2011. This was followed by the 2012 Cancer Act (amended in 2015), governing the establishment of a National Cancer Institute. It also decentralised prevention and treatment in the counties. The National Guidelines for Cancer Management was created in 2013.

The most recent guideline is the National Cancer Control Strategy, launched in 2017, which addresses interventions from screening, improved access to medicines and essential technologies, palliative care and a supporting population-based cancer registry network.

Women 4 Cancer chairperson Benda Kithaka says that the strategy covers all priority areas in cancer treatment and prevention.

PRIORITY AREAS

"It is divided into five priority areas, prevention which includes early detection and screening, diagnosis through registration and surveillance, treatment both in palliative care and survivorship as well as coordination, ranging from partnership and financing. The final priority area is monitoring through evaluation and research," she says.
Nairobi Hospital acting CEO Chris Abeid says prevention, early detection and cancer screening are key in fighting cancer.

"Early detection can result in better treatment outcomes, less morbidity and even lower costs of treatment. It can be achieved through early diagnosis and through screening," he says.

Rwanda: Health Experts Call for More Efforts in Malaria Prevention
10th November, 2019
By The New Times (Kigali)

Rwanda still grapples with challenges to reduce its malaria burden but experts say the dream to eliminate disease by 2030 is possible if public sensitisation about malaria prevention is stepped up.

Central African countries surveyed in the opinion study issued at an RBM Partnership to End Malaria conference in Abuja recently believe that halving malaria deaths is more achievable than elimination by 2030.

Malaria experts however are very concerned that climate change could increase the threat of malaria in the region: Surveillance and programme delivery need to improve to drive progress.

Dr. Nathan Mulure, Head of the East and Southern Africa Cluster for Novartis Social Business expressed the need for more sensitization around malaria prevention if the country is to eliminate malaria by 2030.

"Rwanda has large water bodies around, including rivers, which could be a source of mosquito breeding sites. The parasite also requires adequate treatment to avoid possibilities of resurgence. Human beings need to be well informed of the need to ensure they are tested before treatment and also to complete their dose once treatment is initiated.

Unfortunately, countries around Rwanda are still heavily infested by malaria. DRC has one of the highest number of cases in Africa at 70 million cases per year.

Uganda is suspected to have up to 60 million cases per year. Due to cross-border movements, it is highly possible to have many imported cases that need to be tracked and treated," he said.

Already, officials from Southern Province and the Ministry of Health, launched a
campaign to raise awareness about malaria prevention in Gisagara District prior to the rainy season.

The move has been partly prompted by the fact that Gisagara District had the highest number of malaria deaths in the country.

The report which was the latest extension of the Malaria Futures for Africa (MalaFA) study however, also showed that Rwanda is fighting to maintain momentum in its battle with malaria in the face of other health challenges, climate change and other threats.

It revealed that from 2016 to 2017, malaria cases in Rwanda stabilized, with 4,746,958 confirmed cases reported in 2017, minimally decreased from 4,794,778 cases in 2016. National incidence remained stable with 401 cases per 1,000 population in 2017 compared with 403 in 2016.

Although cases rose slightly in the Eastern (up 14 percent) and Southern (up 1 percent) Provinces, case declines were noted Provinces. In all, 17 of 30 (57 percent) districts saw malaria cases decline from 2016 to 2017. Severe cases and deaths also declined with severe malaria incidence decreased from 39 per 10,000 cases in 2016 to 24.5 per 10,000 cases in 2017.

The report involved interviews with 23 politicians, senior civil servants, malaria programme directors, researchers and NGOs in Cameroon, Democratic Republic of Congo (DRC), Republic of Congo, and Rwanda. All four are countries that have a significant malaria burden and differing policies in place to fight the disease.

In Rwanda, respondents were mainly positive about the country’s fight against the disease, citing high levels of political support and funding. The World Health report, showed that Rwanda managed to reduce malaria deaths by 40% in 2015/16 and a further 43% in 2016/17.

According to Mulure, Rwanda has over the years managed to reduce the number of cases and deaths due to intensive activities including provision of mosquito nets and highly effective anti-malarial drugs, and a targeted approach by the malaria control program.

“Community health workers were also equipped with diagnostic kits to track malaria cases in the villages and administer treatment at the community. This enhanced treatment outcomes as early diagnosis and treatment is the best way to achieve good outcomes. Rwanda has also increased surveillance and operational research to monitor gains in malaria and ensure treatment is readily available, he told Sunday Times.

He also attributed the milestone to the health care system through the Ministry of Health, which has put in place response mechanisms to quickly contain malaria in case of outbreaks. Rwanda has also implemented universal health coverage for the first time in 2011. Through support of PMI, indoor residual spraying will target 360, 000 households.

According to 2017 data, deployment of community health workers provided
treatment to 53% of all malaria patients in Rwanda.

In May 2015, the World Health Assembly adopted a global strategy by the World Health Organisation (WHO) with a vision to make the world free of malaria in 2030.

The ultimate goal is to reduce malaria cases and deaths by 90 per cent and to make at least 35 countries free of malaria as compared to that of 2015.

Dr Richard Nchabi Kamwi, Ambassador for the Elimination 8 countries and a co-chair of the study, said: "Maintaining momentum against malaria requires strong political leadership, resilient health systems and securing additional resources.

The pledges made at the recent Global Fund replenishment are heartening signs that critical resources are forthcoming”.

Kenya: Involve Civil Society Groups in Making Reproductive Health Commitments
10th November, 2019
By The Nation (Nairobi)

Opinion By Elisha Dunn-Georgiou who is the Interim CEO, PAI and Moses Muwonge and also Executive Director, Samasha Medical Foundation

Men march in Nairobi to raise awareness on reproductive health rights. Engaging civil society organisations now is the best way Kenya can make progress on reproductive health issues going forward.

In Summary

- FP2020 commitments made by Ethiopia and Indonesia illustrate two of these best practices.
- Kenya’s experience illustrates the way most countries have approached commitments.
- Donors can also do more to facilitate effective national commitments.

The national commitments resulting from the 1994 International Conference on Population and Development have delivered real gains in health, gender equity, and reproductive rights.

But as the world’s nations convene in Nairobi this month to mark the ICPD’s 25th anniversary, we must also ask how we can modernise national commitments and maximise their effectiveness to accelerate progress.
Twenty-five years ago, at the ICPD in Cairo, the world agreed that sexual and reproductive health is a human right, a requirement for equity, and an indispensable element of any development strategy.

Looking back, there is much to celebrate.

WOMEN AND GIRLS

Commitments made under ICPD and related initiatives such as Family Planning 2020 (FP2020) and Every Woman Every Child have improved the lives of women and girls, driven real progress on sexual and reproductive health, and paved the way for developmental gains.

But as the United Nations Population Fund marks the anniversary by asking national governments to renew and expand their ICPD commitments, we urge governments to develop truly modern commitments. How? By employing three key principles: engage civil society organisations and other key stakeholders from the start; align commitments with national action strategies, and ground commitments in relevant data.

BEST PRACTICES

FP2020 commitments made by Ethiopia and Indonesia illustrate two of these best practices.

Ethiopia’s national government used fertility data to inform where increased investments would yield the greatest returns, then designed a commitment focused on improving contraceptive access for young people.

As a result, millions more Ethiopian women have access to contraceptives, and the government has implemented programmes focusing specifically on the youth.

Indonesia's government had already prioritised the development of a national health insurance system. Because its FP2020 commitment to cover family planning services aligns with that priority, it is already being translated into policy.

But such cases are the exceptions.

CONTRACEPTIVES

Kenya’s experience illustrates the way most countries have approached commitments.

With a modern contraceptive rate of 60 percent, Kenya has actually surpassed its FP2020 commitment to increase the modern contraceptive rate among married women to 58 percent.

But Kenya's progress also masks problems of equity and quality.

Yes, most Kenyans have access to contraceptives, but those who do not are arguably populations who are already underserved -- unmarried young people and adolescents, those who are differently able, economically vulnerable, linguistically or culturally isolated, or who face other barriers to care.

And access to contraceptives is not enough.

INFORMATION
High quality sexual and reproductive health services include medically accurate and culturally sensitive information and counselling as well as supplies.

Kenya made its commitment in isolation, without engaging civil society organisations and other key stakeholders like international NGOs, foundations, healthcare providers, local governmental and cultural leaders, and donors.

Civil society organisations are closest to the communities they serve and best understand their needs.

Engaging these organisations from the beginning would have given Kenya a better chance to improve equity and quality, as well as overall contraceptive use.

CIVIL SOCIETIES

Engaging civil society organisations now is the best way Kenya can make progress on those issues going forward.

When governments make commitments as Kenya has, the resulting commitments can be unrealistic or disconnected from the institutional leaders who will ultimately shape their success or failure.

Not surprisingly, unrealistic commitments for which stakeholders feel no ownership are unlikely to be sustained. When that happens commitments can make earnest reform efforts seem ineffective, undermine stakeholders’ confidence in government, and reinforce perceptions that problems are impossible to solve.

How do we know what works?

MOTION TRACKER

The Motion Tracker developed by Uganda’s Samasha Medical Foundation and implemented with support from PAI helps bring civil society organisations, national governments and other stakeholders together. It helps them clarify a country’s commitments and make them more explicit. It then helps collaborators identify useful and accessible process indicators, assess obstacles and opportunities, and develop shared plans to accelerate progress.

The Motion Tracker essentially reverse-engineers national commitments to answer key questions. Who will be instrumental in reaching targets set through our commitment? How can we engage them in the process by which we set those targets in a way that fosters a sense of shared responsibility and accountability for success? How can we, together, set targets that are ambitious, attainable, and measurable, based on action plans already in place? What plans must we, together, put in place to accelerate progress toward our shared targets?

These are simple, logical, and indispensable considerations. They should define the process every national government uses to develop its commitments under ICPD+25 starting right now.

DONORS

Donors can also do more to facilitate effective national commitments. They should advise national governments to integrate the critical principles of
engagement, alignment and evidence-based into their commitment-making processes.

Donors should also do more to help national governments align their own commitments, by identifying specific opportunities to align commitments to different initiatives with each other. They should then offer meaningful guidance to help national governments design commitments that reinforce each other.

The time for action is now.

LEARN FROM PAST

Let's take advantage of the opportunity presented by ICPD+25 to start a conversation about how the world's nations can learn from the past and modernise the process by which they make sexual and reproductive health commitments.

And let's challenge donors to strengthen their alignment and support systems so countries committed to progress are ready and able to develop real partnerships in the making of national commitments.

We don't have to settle for impractical or ineffective commitments.

With 25 years of experience, we now know what works, where the pitfalls are, and how to circumvent them.

Let's learn from that experience and build national commitments that accelerate improvements in the lives of women and girls and lay a strong foundation for development.

Tanzania: Tobacco Health, Social Perils Outweigh Monetary Benefits, Experts Argue

10th November, 2019
By Tanzania Daily News (Dar es Salaam)

EXPERTS yesterday warned against health risks and adverse economic impacts of tobacco uses, calling for comprehensive public awareness campaign on tobacco related perils to individuals and government.

The experts have argued that contrary to claim that tobacco business is lucrative, its health risks are more costly in terms of treatment of tobacco related ailments.

Health specialists, speaking at the launch of Tobacco Industry Interference Index 2019 by Tanzania Tobacco Control Forum (TTCF) in Dar es Salaam, reminded the public against tobacco uses.

Jakaya Kikwete Cardiac Institute (JKCI) Executive Director Professor Mohamed Janabi said a single patient whose coronary arteries have been affected with
smoking can spend up to 8m/- in medication while those undergoing bypass surgeries pay up to 29m/- for the procedure.

Professor Janabi said although smoking remains a global problem, Tanzania too is not isolated as tobacco related ailments have continually been reported in various health facilities.

The World Health Organisation (WHO) says after high blood pressure, smoking comes second as the leading risk factor for deaths, globally.

"This means that smoking is more dangerous than diabetes," Professor Janabi warned.

He further explained that the WHO report indicated that cardiovascular diseases were the leading global cause of deaths, noting that 18 million people die annually due to heart related complications, with one-fifth of them linked to tobacco uses.

According to WHO reports, smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides combined.

The cardiovascular specialist said it was high time the government and other stakeholders embarked on various interventions to rescue the country from the adverse effects of tobacco amid rising cases of non-communicable diseases (NCDs).

He said since its inception, JKCI has conducted minimally invasive surgeries to 4,207 patients whose arteries had been damaged by cholesterol or smoking. "If these patients were to be referred abroad, they could pay 30m/- each for their medication."

Director for Cancer Preventive Services at Ocean Road Cancer Institute Dr Johnson Katanga said cancer related complications come second in the NCD list after cardiovascular diseases.

Dr Katanga observed that globally, lung cancer remains the leading cause of cancer related deaths, explaining that researches have shown that tobacco smoke contains 4,000 chemicals, with 70 of them confirmed to cause, initiate or promote cancer.

According to researches, he said, 32 per cent of patients who attend ORCI suffer from tobacco related ailments.

Dr Katanga argued that tobacco related diseases have huge burdens on not only the government but also individuals and families because treating one patient can cost up to 5m/-. He said in 2012, there were 14.5 million new cancer patients reported globally but the number increased to 17 million last year.

"It is estimated that the number of cancer cases worldwide will increase by 62 per cent by 2030," he said, adding currently, NCDs were the leading causes of deaths beating HIV/AIDS and Malaria.

He said in 2002, the cancer institute received 2,500 new cases but in this year alone, 4,320 new patients have been reported at the public facility.
TTCF Executive Director Lutgard Kagaruki said the new index shows that tobacco industry has great interference in Tanzania.

Ms Kagaruki underscored the need for the government to come up with effective legislations on tobacco control to enable Tanzanians enjoy their right to a healthy environment and tobacco-free lifestyles.

Tanzania ratified the WHO FCTC in 2007 and it was agreed that a new FCTC compliant tobacco control law be enacted to replace the flawed and outdated Tobacco Products (Regulation) Act, 2003 (TPRA, 2003) but the law has since not been enacted.

"Within East Africa, Tanzania remains the only country without comprehensive tobacco control law, which is in line with WHO FCTC. Zanzibar has an effective law," she charged.

Kenya: KMPDU Calls for Hiring of More Mental Health Specialists
10th November, 2019
By The Nation (Nairobi)

In Summary

- Dr. Oroko urged county governments and the Ministry of Health to recruit more psychiatrists and other personnel.
- The call comes in the wake of increased suicides and exponential rise of mental disorders in Kenya.
- Kenya has about 19 mental health facilities including the popular Mathari National Teaching and Referral Hospital.

The Kenya Medical Practitioners, Pharmacists and Dentists' Union (KMPDU) wants the government to employ more psychiatrists and other mental health specialists.
The call comes amid a shortage of qualified personnel to handle mental health patients.

KMPDU Chairman Samuel Oroko has urged county governments and the Ministry of Health to recruit more psychiatrists and other personnel in order to improve the sorry state of Kenya's mental health system.

AFFIRMATIVE ACTION

"The Ministry of Health and county governments should have affirmative action on training and recruitment of more psychiatrists to fill the gaps. For example, while it's expected that a psychiatrist should serve 30,000 citizens, currently a psychiatrist is serving about half a million citizens.

"The government has not taken sufficient steps to make provision of mental healthcare services available at most health facilities despite the increasing number of mental health patients," said Dr Oroko in an interview with the Nation.

SUICIDES

The call comes in the wake of increased suicides and exponential rise of mental disorders in Kenya.

According to Dr Oroko, the government should prioritise on hiring more psychiatrists and other mental health practitioners to deal with the shortage and improve treatment and care for mental health patients in the country.

"The Ministry of Health must seek to improve the care for mental patients. We have about 100 psychiatrists and most have been absorbed in the private sector. The ministry, together with the county governments, should endeavour to integrate mental healthcare services at all levels so that all citizens can easily access these services. The Ministry should strengthen mental healthcare linkages to ensure that only referred patients are admitted to Mathari Hospital," added Dr Oroko.

HOSPITALS

The country has about 19 mental health facilities including the popular Mathari National Teaching and Referral Hospital and the Moi Teaching and Referral Hospital. There are also mental health units in Gigil, Kerugoya, Port Reitz and Kisii.

Nairobi’s Mathari Hospital has a bed capacity of about 700, whereas Moi Teaching and Referral Hospital offers in-patient services and can accommodate up to 70 patients.

The KMPDU official also urged government, through the Ministry of Health, to sensitise the public to demystify mental illness and avoid stigma on people with it.

"Those suffering from any type of mental illness should be encouraged to come out and seek help without feeling ashamed about their condition," said Dr Oroko.

COMMON PROBLEMS

Besides depression, some of the more common mental health problems are bipolar disorder, dementia and schizophrenia, which globally affect
about 60 million, 48 million and 21 million people respectively according to data from the World Health Organisation.

Mental disorders include those affecting mood, thinking and behaviour.

An audit conducted by the Auditor-General’s office between 2011 and 2016 which sought to examine whether the Ministry of Health and county governments have put in place measures that are effective for provision of mental healthcare services, revealed that the numbers of all the different professionals required in provision of mental healthcare services were way below the required numbers.

For example, there were only 92 psychiatrists instead of the 1,533 and 327 psychiatrist nurses instead of 7,666 required in the country.

According to the report, the country has 50 medical social workers instead of the required 920.

Patients in the 22 counties that do not have mental health care facilities have to bear the cost of seeking services in the county nearest to them that has a psychiatric unit.

It also emerged that mental healthcare services in counties that have psychiatric units have also not been adequately managed, with 15 out of 19 psychiatric units visited lacking all the basic equipment while four units had at least one machine with only two units having functional electroconvulsive therapy (ECT) machines.

Globally, an estimated 450 million people have some form of mental disorder, with almost three quarters living in middle and low income countries.

**Rwanda: New Partnership Launched to Increase Uptake of Life-Saving Vaccines in Rwanda**

11th November, 2019
By The Girl Effect (London)

*Gavi, the Government of Rwanda and Girl Effect launch a 13-month partnership that will use innovative behaviour change communications to address gender related barriers to vaccine uptake.*

Gavi, the Vaccine Alliance and Girl Effect, with the Government of Rwanda, today announced plans to create widespread and sustained demand for immunisation and other health services among girls and women in Rwanda.

Gavi – an international public-private partnership focused on increasing access to immunisation in the world's poorest countries – and Girl Effect – an international non-profit using digital media to inspire and equip girls to make positive choices – have partnered to collaborate with the Government of Rwanda to sustain and improve immunisation coverage in the country.

"For the last three years, we have partnered with Girl Effect to increase awareness about the benefits of HPV vaccination, enhance agency of young girls, empower communities to take the right decisions to promote good health and generate evidence on attitudes to
immunisation," said Anuradha Gupta, Deputy CEO of Gavi, the Vaccine Alliance. "This new phase of our partnership will build on these initiatives, bring more intensive focus on gendered barriers to immunisation and ensure that no child is deprived of life-saving vaccines."

In collaboration with the Government of Rwanda, Gavi and Girl Effect will conduct research to understand persistent gender barriers to accessing health services and vaccination uptake while developing tailored communication strategies to overcome them. This partnership will leverage Ni Nyampinga, Rwanda’s first multi-platform youth brand launched by Girl Effect in 2011 which now translates to mass engagement amongst girls, parents and communities across Rwanda.

With 79% of Rwandans aware of Ni Nyampinga and 42% consuming Ni Nyampinga content regularly[1], this partnership will use media, both traditional and digital, to develop innovative behaviour change focused communications that help drive health seeking behaviours and uptake of routine vaccination, as well as facilitate more positive and open conversations around health.

"Girl Effect is thrilled to embark on this innovative work to drive demand for vaccine uptake with Gavi and the Government of Rwanda, taking the success of our current partnership one step further," said Jessica Posner Odede, CEO of Girl Effect. "We will build on our experience to use behaviour change communications approaches to define a model for reducing gender barriers to immunisation that can ultimately be scaled up to change the lives of adolescent girls and young women in Rwanda and beyond."

Behaviour shifting messages will be relayed through traditional channels, digital platforms and new digital innovations. In close collaboration with the Government of Rwanda, Gavi and Girl Effect will test these new approaches and co-create youth engagement strategies with Rwanda’s Ministry of Health and Ministry of Youth.

"Investing in youth is to invest in the future of our nation. Vaccination is one of the most effective interventions and with the support of immunisation partners Rwanda has achieved a lot in terms of vaccination coverage. The Ministry of Health will continue to work with partners to ensure the sustainability of our immunisation programmes," said Dr Patrick Ndimubanzi, Minister of State in charge of Public Health and Primary Healthcare in Rwanda.

The results of the vaccination programmes in Rwanda have been promising. In 2018 alone, 350,000 children were each vaccinated with the basic vaccine protecting against diphteria, tetanus and pertussis (DTP) and therefore protected from life limiting and threatening diseases. New vaccines have been successfully introduced since 2009 and the programme offers now 12 antigens in routine immunisation. However, some challenges persist which pose threats to immunity, such as issues of cross-border transmission, vaccine hesitancy, and the need to vaccinate a new cohort of newborns each year.
Establishing the root causes of these challenges and the barriers to vaccine uptake is critical to ensuring that routine immunisation reaches every last child. Rwanda’s context provides an opportunity to develop innovative steps and solutions to reach the last five percent known to be the hardest to reach.

In January 2015, the Dutch Government announced a EUR 10 million contribution in support of immunisation through Gavi’s Matching Fund. With the commitment of the Netherlands, Girl Effect funders and Gavi are jointly contributing US$ 1.8 million to the innovative new stage of this partnership.

East Africa: When Is Universal Health Coverage Good for Attaining Universal Sexual and Reproductive Health and Rights?

11th November, 2019
By UNFPA East and Southern Africa (Johannesburg)

The ICPD25 conference in Nairobi is being attended by about 7 000 participants.

This is a special year for all rights-based health advocates, as we celebrate 25 years of the International Conference on Population and Development (ICPD). At the ICPD in Cairo in 1994, for the first time world leaders from 179 member states committed to the principles that underpin today’s Sustainable Development Goals: non-discrimination and universality; the centrality of health, including sexual and reproductive health and rights; education; women’s empowerment and gender equality; and the collective need to ensure environmental sustainability.

In the past 25 years, noteworthy progress has been made towards the realization of universal sexual and reproductive health and rights (SRHR) in most parts of the world, including in East and Southern Africa. The East and Southern Africa region is home to more than 600 million people, with a third of its population between 10 to 24 years of age.

In the East and Southern Africa region:

- Today, one in three women are using a modern family planning method, compared to less than one in ten in 1994. Higher use of modern family planning methods has enabled women to exercise their right to determine the timing and number of their children;
- A woman’s chance of dying due to pregnancy or childbirth has declined from a 1-in-20 risk during her lifetime to a 1-in-55 risk;
Many countries have criminalized gender-based violence (GBV), and have outlawed child marriage and female genital mutilation;

New HIV infections have declined by 20 per cent, while AIDS-related deaths have decreased by 44 per cent since 2010.

Despite good progress, the promise of the ICPD remains to be fulfilled for millions of people in the East and Southern Africa region. One in five women do not have their family planning needs met. Lack of contraceptive choices is producing sub-optimal health and fertility benefits. Although care during pregnancy, delivery and post-delivery has improved, the quality and cost of these services remain a challenge. More women appear to be dying due to poor quality care than lack of access to care. One in three girls are being married by age 18, and almost one in six young women aged 20 to 24 years continues to experience gender-based violence. Legal systems still have difficulty convicting perpetrators of gender-based violence. Ninety-eight per cent of all new HIV infections are now occurring in just 15 countries, the majority of them in East and Southern Africa. These challenges are exacerbated in conflict, humanitarian and emergency settings.

Considering the current pace of progress, it could be concluded that the East and Southern Africa region is unlikely to achieve universal access to SRHR and Universal Health Coverage (UHC) by 2030. In this context, the ICPD25 Nairobi Summit provides a great opportunity to recommit ourselves to redoubling our efforts to accelerate progress towards universal SRHR, and women’s empowerment and gender equality - the unfinished agendas of the ICPD.

The good news is that, along with the steady but noteworthy progress towards SRHR for all, leaving no one behind, the momentum around UHC is also growing in the East and Southern Africa region. The Political Declaration of the High-Level Meeting on UHC by Heads of State and Government and representatives of States and Governments will further strengthen this momentum. Through the high-level declaration, world leaders have committed to progressively achieve UHC, achieve universal access to SRHR, and stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses, by 2030.

Under the unifying framework of UHC, countries are prioritizing the provision of a set of essential health services aligned to country needs (i.e. a minimum essential UHC Benefit Package) and developing roadmaps to progressively expand the number of services included under a minimum essential UHC Benefit Package, as the economy and/or financing for health increases. To generate resources for UHC, many countries are initiating innovative financing arrangements (e.g. pool health financing and pre-payment mechanisms), and to ensure that the cost of using health services does not put people at risk of financial harm, many countries are strengthening their financial protection mechanisms.

However, the current and, for many, proposed minimum essential UHC benefit
packages, financing and financial protection mechanisms do not include six out of the nine recommended essential SRH bundles of services (see Box 2, 4-9). In many countries, even if the remaining three essential SRHR bundles of services are part of UHC benefit packages, they are not fully covered under UHC financing and financial protection mechanisms.

The current momentum around UHC in the region should become a powerful framework for accelerating progress towards universal SRHR:

- When comprehensive SRHR services are progressively integrated into the UHC benefit packages, and financing and financial protection arrangements ensure that the use of SRHR services does not expose the user to financial hardship;
- When UHC policies and programmes prioritize integrated, people-centered delivery of primary promotive, preventive, curative, rehabilitative and palliative health care, including SRHR, by following a life-course approach;
- When UHC policies and programmes ensure that 'no one is left behind', with an endeavour to get essential health and SRHR services to those left furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination;
- When the opportunities and risks associated with existing/proposed UHC financing, delivery and financial protection arrangements are better understood and evidence-based measures implemented to minimize undesirable outcomes, including development of evidence-driven country-specific policies on the role of the private sector in attaining universal SRHR and UHC;
- When UHC policies and programmes strengthen the capacity of national governments to exercise strategic leadership and coordination, focusing on intra as well as inter-sectoral coordination and integrated, people-centered delivery; as well as strengthen the capacity of local authorities, and encourage them to effectively engage with their respective communities and stakeholders to accelerate progress towards universal SRHR and UHC.

In the lead up to the Nairobi Summit ICPD25, everyday people have joined advocates and activists to passionately express what they march for under the hashtag campaign #IMarchFor. What will you march for? I march for the full, effective and accelerated implementation of the ICPD Programme of Action - an agenda still to be fully realized - an agenda that includes at its core universal SRHR. Achieving this target would require us to take advantage of the momentum of UHC. SRHR and UHC will need to become more entwined. Simply put - there can be no UHC without universal SRHR and vice versa. Together, let’s march for the universal goal of UHC and SRHR for all, with no exceptions!
**Dr. Julitta Onabanjo is Regional Director, United Nations Population Fund, East and Southern Africa**

**BOX ONE**

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

**BOX TWO**

Comprehensive SRHR services include:

- Modern contraception, Pregnancy, delivery and post-delivery care including fistula, HIV/STI/RTI, Comprehensive Sexuality Education (CSE), Safe abortion and post-abortion care, Reproductive cancers, Sub-fertility and infertility treatment, Gender-based violence (GBV) and other harmful practices such as female genital mutilation (FGM) and child marriage, Sexual health and well-being, including menstrual health management (MHM)

**Uganda: Private Health Care Providers Decry Lack of Access to Credit**

13th November, 2019
By The Independent (Kampala)

Kampala — Private healthcare providers have decried the challenges of accessing credit from financial institutions.

Dr Edward Rukwaro from Nakasero hospital said that it’s very risky investing in Uganda’s health sector.

"Medical equipment is very expensive. It would help us a lot if there was a provision where we can get these on loans and pay in installments until we finish", Rukwaro said.

Speaking at the Private Health Sector Convention on Wednesday, Rukwaro, said that private players need to discuss with government more incentives that they can benefit from since he says for instance with pharmaceuticals the market is there but is not well leveraged especially with the National Health Insurance Scheme coming up.

However, Maina Sahi, the Director Strategy, Health and Education with the UK based CDC group said many countries are running to start public health insurance systems in order to achieve Universal Health Coverage but warns that sustaining the schemes will be very difficult because only a small percentage of the population are employed and can make meaningful contribution to the schemes.

Sahi who delivered the keynote address on how private healthcare investment can be leveraged to achieve Universal Health Coverage said government should think deeply about how the private sector can be supported since even with free healthcare, many still seek services from private providers and pay for their services.

At the opening of the Private Health Sector Convention in Kampala this
morning, Commissioner for Partnerships at the Ministry of Health Tom Aliti said that the private sector through hospitals and clinics still serve more than 60% of the population even as there’s free healthcare offered in government facilities.

He, however, noted that even as there are many players and some pharmaceutical companies have opened up, the majority of medicines at 70% are still imported.

Kenya: Reproductive Health Rights Key to Success of UHC – Experts
14th November, 2019
By The Nation (Nairobi)

Experts are calling for the full adoption of sexual and reproductive health rights as an essential component of universal health coverage (UHC) programmes.

Speakers at the International Conference on Population and Development (ICPD25), which started on Tuesday, noted that some groups in society continue to face various challenges in accessing quality healthcare and respect for their rights.

ACCESS HEALTHCARE

They said these rights include safe abortion and rights for people with varied sexual orientations, gender identities, sex appearances -- including lesbian, gay, bisexual, transgender and intersex (LGBTI) people -- young, unmarried and people living with disabilities.

The sexual and reproductive health rights (SRHR) experts said these groups are finding it hard to access healthcare, making it hard for the UHC agenda to be fully implemented.

They said SRHR is a human rights issue and that UHC should be looked at beyond the conventional healthcare.

"Universal Health Coverage means more than healthcare. SRHR is an essential part of health, away from tackling malaria, TB, HIV/AIDS, cholera and all kinds of illnesses," said Liberia’s Vice President Jewel Howard Taylor.

OWN BODY

She said governments continue to deny young people their rights by not
providing information about sexual and reproductive health.

"The substance of the debate is about the right of every woman to decide about her own body," said Ms Gabriella Cueva, the president of the Inter-Parliamentary Union, adding that every country needs to have tailor-made policies on SRHR.

The experts argued that UHC provides a renewed opportunity to uphold these rights, despite objections from religious leaders, lobby groups and some governments against the LGBTI and abortion agenda.

During the opening of the conference, President Uhuru Kenyatta steered clear of the safe abortion and LGBTI debates, stating that Kenya will "track and monitor the implementation of the ICPD25 Nairobi Summit provided that the commitments are in keeping with Kenya's Constitution, sociocultural values and national ethos."

COST-EFFECTIVE

He said his government will ensure that all citizens attain the highest possible standard of health "entailing elimination of preventable maternal and newborn mortality; mother to child transmission of HIV; teenage pregnancies; and new adolescent and youth HIV infections by 2030."

On Saturday, the President had categorically said he would not support any agenda that is against African beliefs and culture during the ICPD25.

"A comprehensive approach to SRHR is cost-effective and affordable for most countries. However, certain countries will require increased investments to successfully adopt and progressively realise SRHR in UHC," the United Nations Population Fund (UNFPA) noted in a release.

Experts said without inclusion of the minority groups and political goodwill, it may be hard to implement UHC.

Tanzania: Why Lake Zone Has High Cancer Cases

14th November, 2019
By The Citizen (Dar es Salaam)

Dar es Salaam — Chemical substances emanating from mining sites, consumption of local brews, population growth and fishing in the Lake Zone regions, have been identified by scientists as key risk factors tied to the soaring cases of cancer in the zone.

Statistics show that most of the country's cancer burden is from the Lake Zone.

In July, President John Magufuli tasked the Health ministry to carry out a study and establish the factors behind the high numbers of cancer cases in the zone.

"Most cancer patients are from the Lake Zone. Why?" Queried the President, citing data from the health ministry which say 50 per cent of cancer cases in the country come from the Zone.

"I'm talking from experience," President Magufuli was quoted as saying while touring the zone.
Scientists from the Catholic University of Health and Allied Sciences (Cuhas) say in the past 10 years, over 50,000 patients in the Lake Zone have been diagnosed with various forms of cancer at the Bugando Medical Centre (BMC)--the zone's largest health referral facility--and the number of cases could be reduced if risk factors for cancer were to be identified.

A cancer specialist from Cuhas, Dr Nestory Masalu, said the presence of Lake Victoria, the growing population in the zone, coupled with mining and fishing activities, are aspects which point to a cancer challenge and must be researched on further and more intensively in efforts to establish the extent of the burden.

Dr Masalu was presenting a topic: 'Cancer Diseases in the Lake Zone', during Cuhas' 11th Scientific Graduation Conference in Mwanza, where global and local health experts are discussing solutions to the zone's public health challenges, under the theme: 'Emerging Health Threats in the Lake Zone, Tanzania: the need for a concerted effort'.

Dr Masalu said, "People in the Lake Zone are more exposed to certain chemicals compared to other parts of the country. For example Benzene, Vinyl Chloride, Nickel, Arsenic and Mercury which are used in mining activities are likely to contaminate water and foods that people are exposed to, yet they may lead to cancer when used beyond safety proportions," said Dr Masalu. "Aflatoxin from poorly preserved grains is another problem in this zone," he said.

"There is yet another big challenge. You see, the zone is surrounded by countries, whose cross-border interactions introduce a mix of culture," he noted.

Explaining, he said, "Because of this culture mix, we have a number of cancer patients, who cling to seeing a traditional healer, who may have come from a neighbouring country instead of seeking the right medical care."

BMC and Cuhas are working on an early population-based screening of common non-communicable diseases (NCDs) in the Lake Zone.

Cuha's Research and Innovation director, Prof Dominica Morona, said it was high time efforts were invested in the Lake Zone, given the increasing concerns about health threats that are unique to the regions.

The 50,000 patients who were diagnosed with cancer at BMC, however, represent only 10 per cent of the estimated cancer burden in the Zone.

The scientists believe that there are over 500,000 cases of cancer cases which go undiagnosed, thus calling for a population-based cancer registry.

A senior clinical oncologist from Muhimbili University of Health and Allied Sciences Prof Twalibu Ngoma said during the conference that there need for an improved cancer referral system in the Zone and the entire country. Currently, he said, policymakers are only relying on data collected from hospitals to plan for interventions.

"If we don't know the exact burden, the types and geographical distribution of cancer, this amounts to tackling the
problem blindly," he said, when presenting on the topic: 'Trends in Cancer Diseases Etiology and Clinical Management in Tanzania'.

Kenya on Track in HPV Vaccination Despite Setbacks - CS Kariuki

14th November, 2019
By The Nation (Nairobi)

Kenya is on course in the immunisation of 800,000 girls against cervical cancer, Health Cabinet Secretary Sicily Kariuki has said, and allayed fears about the safety of the vaccine.

Ms Kariuki said on Wednesday that the pilot exercise targeted 800,000 girls aged 10 years with the first dose of the vaccine.

So far, 280,000 have received the first dose of the HPV vaccine, manufactured by Merck Pharmaceuticals under brand name Gardasil.

DISRUPTIONS

Ms Kariuki said five counties experienced disruptions in the programme, brought about by the closure of schools as well as floods which ravaged a number of areas across the country.

She assured, however, that the programme will resume in the counties - Mandera, Garissa, Laikipia, Lamu and Turkana - as soon as the county and national governments make arrangements.

She said the government is committed to ensuring all the 800,000 girls receive their second and final dose in order to be assured of protection from cervical cancer infection.

"The affected counties are making arrangements to resume the programme. We intend to ensure no one is left behind in the administration of the first and second doses," she said.

She spoke on Wednesday at a media briefing in Nairobi called by the ministry and the the Global Alliance for Vaccines and Immunization (Gavi) to give an update on the vaccination programme.

KILLER DISEASE

The vaccine is meant to protect girls from cervical cancer, the second leading kind after breast cancer among Kenyan women.

For a girl's immune system to be fully protected from infection, she requires a second dose six months after receiving the first one.

Cancer is the third leading killer in Kenya, after infectious and cardiovascular diseases.

Cancer watchdog Globocan estimates published in 2018 show there are 47,887 new cases in Kenya daily and 32,987 deaths due to cancer annually.

The leading cancers in Kenya are breast, cervical and oesophageal.

CONTROVERSY
Remarking on the controversy surrounding the vaccine's rollout in Kenya, the CS said the process had been riddled by "superstitions, contrary views from church leaders and cultural beliefs".

"It has not been an easy process as we have had to deal with opposing views from church leaders, superstitions and cultural beliefs. However, all this has not been based on exact science, as opposed to the programme, which is based on solid scientific evidence," she said.

Ms Kariuki appealed to Kenyans not to be swayed by online conspiracy theories on the purpose of the vaccine, stressing that the programme is only aimed at protecting the next generation of Kenyan women against the risk of cervical cancer.

"Our project is based on verified scientific research. Do not seek information regarding the vaccine from websites that contain misleading information. Part of the research that went into developing it was carried out in Kitui County between 2013 and 2015."

11TH COUNTRY

With the October 18, 2019 launch of the vaccine, Kenya became the 11th African country to roll out an immunisation programme for the disease caused by the human papilloma virus (HPV), a sexually transmitted infection.

The other countries that offer the vaccine are Uganda, Tanzania, Ethiopia, Malawi, Rwanda, Zambia, Zimbabwe, Botswana, Senegal and Seychelles.

Gavi board chair Dr Ngozi Okonjo-Iweala said 311,000 women die of cervical cancer a year and that 90 percent of them are found in developing countries.

"25 per cent of these, or 73,000 women, are found in Sub-Saharan countries. The three leading countries in Sub-Saharan Africa are Zimbabwe, Malawi, Kenya. We therefore need to focus a lot of attention in this region," she said.

EDUCATION

Dr Okonjo-Iweala backed use of the vaccine as she briefly reflected on her battle with colon cancer.

"As a survivor, I went through three years of treatment. It is only by God's grace that I am sitting here today. I am a strong advocate of prevention. If a vaccine like this that can save our girls from cancer in future, why not go for it?"

She added that the programme will serve as a platform for educating girls on the need to be protected from disease.

"The girls will be taken for the jabs by their mothers, aunts, grandmothers and other caregivers. It can be a platform for educating them on the importance of maintaining good health through preventive measures like vaccination," she said.

"This will help them become better mothers and advocates for proper healthcare for their children when they grow up."

She echoed the CS's remark that the vaccine is not about a reproductive issue.

RESEARCH
Dr Rudi Eggers, the World Health Organization’s Country Representative, said it would be irresponsible for parents not to take their children for vaccination. "It is like travelling in a car driven by a drunk driver and without fastening the seatbelt," said Dr Eggers.

He told Kenyans that the WHO would not allow use of a vaccine without evidence of its safety and effectiveness. "We have rigorous testing procedures for every vaccine that is in use, and they must take place before we allow them to be used," he noted.

"There is 20 years of evidence and research available for the cervical cancer vaccine, including the study carried out in Kitui".

**Tanzania: Dar's 900bn/- Pharmaceutical Project Thrills Potential Investors**

14th November, 2019
By Tanzania Daily News (Dar es Salaam)

TANZANIA has presented a 938bn/- pharmaceutical project before prospective investors at the African Investment Forum here.

Finance and Planning Minister Dr Philip Mpango (pictured) led government delegation to the conference met prospective investors, included OPEC Fund for International Development (OFID) and Korean Kolon Corporation for detailed deliberations in the first day of the forum.

According to the project description, the government wants to establish the general pharmaceutical plant under a Public Private Partnership under Build Own Operate and Transfer (BOOT) arrangement.

The plant will be constructed in Kibaha, Coast region under the Medical Stores Department to produce drugs and other medical equipment for domestic as well as East African Community and SADC markets.

Tanzania is regarded as one of large pharmaceutical markets in Sub-Saharan Africa in terms of value that reached 496 million US dollars in 2017 and growing at 8.3 per cent to 538 million dollars last year, according to industry sources.

Dr Mpango told the 'Daily News' here that the investors they met were curious for important details about the proposed project that would prove whether it was feasible and economically viable.

"The devil was in the details. They asked about research conducted on the market, government guarantee, incentives to be
offered and the general risks about the project,” said the minister after the boardroom session with investors who also wanted to know how the cost of establishing the pharmaceutical plant which is pegged in US dollars could be recouped.

"The most important thing they said, the project was good and it aligned with sustainable development goals on health. They said they could see the good prospects of the project," he said.

Dr Mpango said the pharmaceutical plant would also create more jobs and trade opportunities and solve the problem of counterfeit medicines as it would be easier to monitor the quality standard.

The government had lined eleven projects to be presented to prospective investors in the three-day Africa Investment Forum organised by the African Development Bank and partners Sandton Convention Centre to advance projects, raise capital and close financial deals.

However, it was only the general pharmaceutical plant project had reached the stage for the boardroom session for presentation to prospective investors, the minister said.

Around 2,000 delegates attended the forum that brought together heads of state, project sponsors, pension funds, sovereign wealth funds, institutional investors in 60 boardroom sessions to move projects from commitment to action.

The organisers said the forum will not be a talk shop but a unique platform to close financial deals for major projects that will boost economic growth and development in the continent.

"Africa Investment Forum is not a talk show. We deliver," said Africa Development Bank (AfDB) President Dr Akinwumi Adesina at the opening ceremony.

"We promised (during the inaugural forum last year) and we delivered. We're changing the investment narrative of Africa."

"When we laid out our vision to tilt the flow of capital into Africa by convening the first transaction-based investment forum, many thought it would all amount to building castles in the air.

One year down the road, the verdict is undisputed. Africa's investment opportunities are proving to be seriously attractive."

The inaugural forum powerfully demonstrated the Bank’s convening power and ability to rally key development institutions, global and regional investors around the common objective of fast-tracking Africa’s economic transformation.

Close to 40 million US dollars' worth of investment deals were signed and financially closed in an inaugural event here last year.

AfDB expects 59 projects valued at 67 billion dollars will be discussed with dealmakers at the forum, branded as an
exclusive platform for investments in Africa.

**Rwanda: Diabetes Prevalence in Rwanda at 3% - MOH**

15th November, 2019
By The New Times (Kigali)

Grace Kantengwa, 67, a resident of Gakoni Cell, Kiramuruzi Sector in Gatsibo District, spent about one hour on Thursday morning in a queue, waiting to be screened for diabetes.

After her blood samples were taken, she was told a few minutes later that her glucose levels had started to rise and this puts her in a vulnerable position to contract diabetes.

"I have been told that if the glucose levels continue to increase, I risk having diabetes. I do not know what caused it but it may be because of the sugar intake, I have been advised on the kind of lifestyle I must adopt to stabilize," she said.

Like Kantengwa, all Rwandans are being urged to do regular check-ups even when they feel well, and take care of their nutrition to prevent diabetes, which is fully preventable if people can be careful with the kind of lifestyle they lead.

As Rwanda joined the international community to observe the World Diabetes Day, officials from Rwanda Biomedical Centre, observed that currently, at least three per cent of Rwandans have diabetes.

This, according to officials calls for caution to check on this prevalence.

At the national level the day was marked in Kiramuruzi, Gatsibo District, where at least 800 people were screened for diabetes and blood pressure, as part of the countrywide programme that started on Monday, November 11.

Although she did not know about her status, Kantengwa said she knew about diabetes and has seen people suffering from the disease, including in her neighbourhood.

Now that she knows her susceptibility to contract the Non-Communicable Disease, Kantengwa pointed out, she will be careful with the foods she eats as was advised to her by the medics and she said she will henceforth regularly go for checkup.

"They have told me that I should stop taking sugar, that I should eat more fruits, less tubers, average plantain, and no
smoking nor alcohol, but I never consume either of those," she noted.

Simon-Pierre Niyonsenga, the director of diabetes at Rwanda Biomedical Centre, said that diabetes, like other non-communicable diseases, is a global concern including in Rwanda.

"I would like to inform that at least 3 per cent in Rwanda have diabetes, in simple calculation, it is about one in thirty people," he said.

"The worst part is that one in two people who have diabetes is not aware of their sickness, that is why we encourage people to go for screening even though they might not be unwell, in order to reduce the chance of having it," he urged.

Niyonsenga said that although people at a young age must also check-up regularly to know their status, women above 35 years and men above 40 years are more at-risk.

The official said that they continue raising awareness to fight the disease, and they are increasing health facilities that screen for the disease.

François Gishoma, the chairperson of Rwanda Diabetes Association, said the association helps by raising awareness, and they have also opened a clinic that exclusively takes care of diabetes patients.

"We also help young people (with diabetes) by giving them medicines, and following up on them and educating them. We are also planning to reach out to their families, to enlighten them about how best to take care of the young patients such that the disease does not take their lives [early]," he said.

Diabetes is incurable, but the earlier one finds that they are sick, the longer they can live, he said.

About diabetes

There are three types of diabetes.

Type 2 Diabetes: With a prevalence of more than 90 per cent among all types of diabetes, this type is characterised by the body being unable to metabolise sugar, which leads to high levels of blood glucose.

Type 1 Diabetes: This is sometimes referred to as juvenile diabetes because it is commonly diagnosed in children, this type is an autoimmune disease that causes the insulin-producing beta cells in the pancreas to be destroyed.

Gestational Diabetes: The third type of diabetes occurs when one has high blood glucose levels during pregnancy. Gestational diabetes typically disappears after the baby is born.