# HEALTH NEWS-CAP EAST AFRICA

11th – 17th May 2019

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**EAC NEWS**

**East Africa: EAC Stalls on Reforms to Create Single Currency**

13th May, 2019

By The East African (Nairobi)

The deadline for a regional single currency is 2023

**In Summary**

- Implementation of a joint stock market has been delayed since 2015 and effective operationalization of a unified regional bourse is a key pillar of the entire project.

East African governments have up to September 30 to conclude key financial sector reforms spearheaded by the World Bank to lay the groundwork for a single currency regime by 2023.

The agreed implementation period for the eight-year EAC Financial Sector Development and Regionalisation Project (FSDRP) which was launched in 2011 is coming to a close on September 30. But implementation of the project -- designed to foster regional integration and allow EA economies to achieve a monetary union -- is lagging behind, largely due to lack of political will among member countries.

The project is funded by the World Bank through a grant of $26 million.

The reforms include linking regional stock markets electronically to operate as a single market, development of a regional bond market, interoperability of retail payments, harmonisation of financial laws and regulations, scaling up of financial inclusion and strengthening of market participants through training.

However, implementation of a joint stock market has been delayed since 2015 and effective operationalization of a unified regional bourse is a key pillar of the entire project.

"There have been many variables that have delayed the implementation of the regional capital markets infrastructure project, but some of them are not within our control," said Geoffrey Odundo, chief executive of the Nairobi Securities Exchange.

By last year, the cost of the project had risen by an additional $1.8 million due to delays.

The Pakistan-based Infotech Private Ltd was contracted to provide software linking the trading platforms of the Nairobi Securities Exchange, Uganda Securities Exchange, Dar es Salaam Securities Exchange and Rwanda Stock Exchange to enable them to run as a single market in real time.
But the vendor also withdrew its services in November 2016 over non-payment of $777,649.

Last year, the EAC Council of Ministers said negotiations were still ongoing between the EAC Secretariat, Infotech and the partner states with a view to reaching an agreement on how to finalise the project by September last year.

However, according to a report by the Kenya Capital Markets Authority released last week, no progress has been made so far in ensuring that this project goes live.

Tanzania: EALA Lawmakers Urge EU to Lift Burundi Sanctions
17th May, 2019
By The Citizen (Dar es Salaam)

"Sanctions against Burundi are not fair because they are based on flimsy reasons. Burundi like any other country should be left to enjoy its liberty," said Abdulkadir Aden, an Eala member from Kenya. He likened the sanctions to colonialism, insisting that the EAC should not accept that because Burundi has generally returned to normalcy contrary to reports in the foreign media.

"I see nothing different in Burundi from other EAC states. Let's (EAC bloc) be seen as one and face the modern day colonisers," he told the House on Wednesday evening.

Mr. Aden argued that regional leaders should strive to reconcile the warring EAC states rather than sitting back while some key border posts remain closed.

"Reconcile the differences between EAC states. The border closures do not augur well for our integration efforts," he stated as the House debated the Regional Affairs and Regional Integration Report. Burundi lawmaker Pierre Claver Rurakamvye called on the EAC partner states to stand in solidarity with his country so that the economic sanctions against Burundi and called for immediate lifting of the blockade.

The sanctions were imposed by the European Union (EU) in 2015 at the height of internal crisis in the country following President Pierre Nkurunziza's extension of tenure.

The lawmakers wondered why the East African Community (EAC) remained silent on the blockade they said has impacted negatively on the economic growth of its member state.

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East African Community (EAC) is an intergovernmental organization composed of six countries in the African Great Lakes region in eastern Africa: Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda

Arusha — Members of the East African Legislative Assembly (Eala) have castigated
sanctions imposed on his country by the EU and other donors are lifted.

He said recent evaluation indicated the security situation in his country has "greatly improved", noting that the blockade against development aid was unacceptable. Paul Musamali, an Eala lawmaker from Uganda, said some regional leaders were not committed to peaceful coexistence, giving an example of the border closure between his country and Rwanda. According to him, the One Stop Border Post (OSBP) between Burundi and Rwanda, which was built to facilitate movement of people and goods, has remained closed for a long time.

Kenya: Doctors, Woman Rep Protest over Pathetic State of Kerugoya Hospital
12th May 2019
By The Nation (Nairobi)

"It is true that two nurses are suffering from hepatitis B and two others are have running stomachs and are undergoing treatment," said the Kirinyaga Kenya National Union of Clinical Officers Chairman Paul Mwangi.

The doctors lamented that the situation is messy and that the hospital may be closed any time.
They accused the county government of laying off the casual workers without taking into consideration the crucial job they were doing.

"We have only a handful permanent subordinate staff who are cleaning the hospital and they can't be able to handle all the wards, other rooms and wash the linen. Our health has been compromised," said Mr. Mwangi.

The Waiguru administration sent home the workers in a bid to cut the ballooning wage bill.

**NOT PAID**

The sacked workers said they had not been paid for four months by the time they were dismissed.

The county government hopes to save Sh44 million annually which was being paid to the sacked workers.

While speaking to journalists at the hospital, the protesting doctors vowed to lay down their tools if the governor fails to act fast.

"We have written to the governor giving her an ultimatum within which to meet our demands. If nothing happens, then we shall go on strike," said Mr. Mwangi.

The letter is copied to County Commissioner Jim Njoka and County Secretary Joe Muriuki.

**DIRTY HOSPITAL**

The physicians reiterated that they are tired of working in dirty hospital where patients are getting very poor services.

They observed that there are no workers to serve food to patients and wash the very ill ones being treated in the wards.

The situation is the same at Kianyaga, Kimbimbi and Sagana hospitals and there is hue and cry from the public.

A member of Kenya Medical Practitioners and Dentists Union, Dr. Samuel Muchai, who works at the hospital, said a strike is inevitable if the worsening situation persists without intervention by the county government.

Ms. Regina Wambui, the Kenya National Union of Nurses local branch secretary narrated how the nurses have been struggling to cope with the pathetic state of the hospital.

"The task of maintaining cleanliness in the hospital is challenging to the nurses. They can't do it and take care of all the patients seeking treatment here," said Ms. Wambui.

**BLOCKED TOILETS**

Hospital wards are teeming with flies due to stinking and blocked toilets while dirty linen litters the floors, a clear evidence of an acute shortage of cleaners.

Due to lack of enough linen in the hospital patients are forced to carry bed sheets from home when being admitted for treatment.

The maternity ward is the worst hit as expectant mothers and those who have already delivered are sharing two toilets as others had blocked as there are no workers to attend to them.
A patient, Mercy Nyaguthii, was shocked when she was admitted to the maternity when she found that there was no linen.

"I had to ask my relatives to bring me bed sheets for use as I wait to be taken to the labour room to deliver," said Ms. Nyaguthii.

**UNCOLLECTED GARBAGE**

Another patient, Felista Kanini expressed fear that an outbreak of various diseases is likely because human faeces are scattered everywhere.

"As you can see, flies are everywhere and rotting, uncollected garbage is heaped in various places within the hospital. We are sitting on a time bomb," said Ms. Kanini.

Meanwhile, the Kirinyaga Woman Representative Wangui Ngirici stormed the Kerugoya Hospital and called on the national government to intervene.

"I can't believe what I’m seeing. The hospital is a sad story and I’m calling on the Cabinet Secretary for Health, Ms. Cecily Kariuki, to ensure the government takes over the hospital temporarily and manage it before people start dying," she said.

Ms. Ngirici observed that the entire health sector in the region is in a crisis and threatened to mobilise residents to take to the streets in protest if something urgent is not done.

"I feel like crying when I see how patients, particularly mothers and children, are suffering. They have been abandoned and there is no one to take care of them," she said.

She donated sanitary towels and sandals to women in the maternity ward and assured them that she will not keep quiet over the matter.

**Rwanda: Civil Society Examines Law on Abortion**

12th May, 2019

By The New Times (Kigali)

Rwandan civil society has scrutinized the new ministerial order on abortion as well as explaining it.

Published last month, the ministerial order N° 002/MoH/2019 details all necessary requirements to enable a physician to perform an abortion.

Pursuant to the constitutional provisions articles 120, 122 and 176 and article nº 68/2018 gazetted on 30/08/2018, women including girls below 18 years have a right to terminate a pregnancy before it is 22 weeks old, under certain conditions including: in case the pregnant person is very young, in case the pregnancy is a result of incest (up to second cousins), in case the pregnancy is a
result of rape, and in case the pregnancy was a result of forced marriage.

A person may also seek abortion if the pregnancy poses a health risk to their lives.

The order outlines what should be contained in a request for a person seeking an abortion. Among these, when the pregnant person is below 18 years, the request has to be made by a guardian or a person legally representing her.

Commenting about the ministerial order, Dr. Aflodis Kagaba, the Executive Director of Health Development Initiative Rwanda, said that laws about abortion are not meant to increase abortions but rather to save the lives of those that would abort anyway,

"The reason people put these laws in place is not to open the door for abortions. Everyone that is raped does not have to abort. But if some person that is raped absolutely decides to abort, the law then aims to protect her life from doing it in dangerous ways.

"The law aims at avoiding the deaths that come as a result of people aborting in dangerous ways," he said.

He gave an example that in 2009, abortion was penalised with 15 years in jail, both for the woman who aborted, and for the doctor that helped her, yet this still did not stop women from aborting,

"Were abortions not carried out? They were!" he said.

"When countries put such laws, it's not for opening. It's for those who would abort anyway," he added.

He also commented on the five and a half months that should not be gone beyond when an abortion is made, except when it may threaten the life of a mother.

He said that this was decided basing on "Viability," which is the potential of the fetus to survive outside the uterus after birth. According to him, the youngest baby to have been born and survived was about 22 weeks (5 and half months),

"Some countries have gone even to allow abortions when the pregnancy is six months. But Rwanda chose the least viability, because abortions are not something highly welcome here," he said.

Abortion in cases of rape, incest, forced marriage or the health of the woman or fetus has been legal since 2012, although a court and two doctors are needed to allow the procedure.

Parliament revised this law in 2018 to remove the requirement for a court and additional doctor's permission.

The ministerial order says the woman has to inform the doctor the reason for the abortion, but the doctor doesn't have to ask for the details.

The ministerial order also provides that only a qualified physician working at a public hospital or recognized clinic can perform an abortion.

Shortly before the new ministerial order came into effect, President Paul Kagame, last week, pardoned 367 persons convicted for the offences of abortion, complicity in abortion and infanticide.
Kenya: Report - Shalom Hospital Flouted Patient Care Procedures
12th May, 2019
By The Nation (Nairobi)

Shalom Hospital, the facility in which a seven-month old baby died due to an overdose of morphine injection, has been violating several patient care procedures, a report has revealed.

The hospital failed to hire senior doctors for specialised care, while the nurse in charge - often referred in hospital set ups as 'matron'-- does not know of the rota, a document with information on staff on duty.

RISK

This was revealed by a report by the task force formed to investigate the circumstances that lead to Baby Ethan Muendo's death.

It has been revealed that the treatment area was manned by an untrained attendant who is not allowed to prescribe or administer medication.

The two-page document also lists a series of breach of patient care guidelines that may have put the lives of patients seeking care at the hospital at risk.

MORPHINE

The Pharmacy and Poisons Board, which was part of the task force, did not comment on how the hospital was allowed to stock a dangerous drug like Morphine without knowing who was going to handle it.

Morphine is classified as a restricted drug that is only stocked in hospitals with proof that there are personnel that can administer it.

Machakos Governor Alfred Mutua recommended the arrest of the health workers implicated in the death of the baby.

It was not clear whether the county's health department had inspected health facilities.

South Sudan: The U.S. Ambassador to Juba and Minister of Health Visit Ebola Vaccination Site
12th May, 2019
By World Health Organization (Geneva)
Juba, 8 May 2017 - Alice Baku (not real name) a clinician at the Juba teaching hospital said "I am glad I was vaccinated against Ebola Virus disease because prevention is better than cure"

South Sudan started vaccination of frontline and health care workers against Ebola on 28th January 2019 as one of the preparedness measures to stop Ebola from spreading into the country.

On 8 May 2019, the United States Ambassador to South Sudan Thomas Hushek, together with the Honorable Minister for Health of South Sudan, Dr. Riek Gai Kok, WHO Country Representative, CDC Country Director, USAID and other senior officials paid a courtesy call on one of the Ebola vaccination sites at the National Public Health Laboratory in Juba. The team witnessed the ongoing Ebola vaccination exercise firsthand, interacting with the Ministry of Health led Vaccination team.

Ambassador Thomas Hushek noting the challenge posed by the ongoing conflict in the Democratic Republic of Congo in controlling the Ebola outbreak, emphasized the importance of fast tracking the peace process in South Sudan. The Ambassador Thomas was also pleased with the preparedness efforts and lauding the progress made so far, and said: "the experience, data and lessons from this exercise will drive the future science of Ebola Virus Disease."

In his remarks, the Honorable Minister Dr. Gai Kok commended the members of the vaccination team and the frontline health care workers for their commitment and hard work in realizing the Ebola vaccination exercise in some of the most difficult parts of the country over the past four months. Dr. Gai Kok reiterated "Ebola vaccination campaign in South Sudan historical".

Dr. Olushayo Olu, the WHO Representative to South Sudan, highlighted the hard work that has gone into the planning and preparation of the Ebola vaccination exercise. Acknowledging the leadership provided by the Ministry of Health, Dr. Olu, added that this was truly a team work, bringing together several partners.

The CDC Country Director Dr. Sudhir, also reiterated that the vaccination initiative is a reflection of extraordinary amount of hard work by many committed individuals who have worked tirelessly in the past five months under the leadership of the Ministry of Health. Continuing with his commendations, he stated that WHO has provided the much-needed technical support in a tremendously challenging environment. He further remarked that the Ebola vaccination campaign in South Sudan is a historic public health milestone for the
country, given the local context, and the myriad public health and social challenges.

Health care workers who recently received the Ebola vaccine (rVSV-ZEBOV) shared their experience with the visitors. The vaccine team members provided a walk through, at the different stations, demonstrating and presenting the processes involved as well as sharing their experiences and lessons learned.

Although South Sudan has no confirmed Ebola case, the vaccination of health care and frontline workers in high risk states is a priority intervention. Dr. Kaba Mohamed, the Ebola vaccination coordinator said "the exercise has been successfully conducted in 4 high risk states."

With support from the World Health Organization (WHO), Gavi, the Vaccine Alliance, UNICEF and the US Centers for Disease Control and Prevention (CDC) and other partners, as of 9 May 2019, 2264 health workers and other front-line responders have received the Ebola vaccine as a preparedness measure against possible Ebola infection.

The rVSV-ZEBOV vaccine although not yet licensed is being used under the compassionate-use guidelines as recommended by the WHO’s Strategic Advisory Group of Experts on Immunization (SAGE), has shown to be highly protective against the Zaire strain of the Ebola virus in previous trials in West Africa.

MWANZA Region has received 10bn/- for intensification of massive HIV/AIDS interventions with researches further showing increase in the disease in the area.

That was revealed during a quarter review meeting workshop where different health experts from Mwanza, Simiyu, Shinyanga and Mara Regions, attended to evaluate the ongoing interventions as well as performances and challenges facing their campaign.

According to Dr. Ben Simon, who is the Mwanza Regional Ariel Graser Paediatric Aids Healthcare Initiative (AGPAHI) Programme Coordinator, that is implementing the Boresha project, the region should be assisted to overcome the disease burden.

The financial boost was part of the joint efforts of some local stakeholders in collaboration with the government to make sure that the current interventions address spread of the disease in the region.

Through the Centre for Diseases Control and Prevention (CDC), the funded Boresha
project implemented in Mwanza, Simiyu, Shinyanga and Mara Regions, this time seeks to obtain technical reasons on why the disease was on the increase in the region being recorded at 7.2 per cent.

"Through this project, we are closely monitoring the trend in Mwanza, where recent studies have indicated some gaps for its spread and have public education to around 183,000 people, aged between 15 to 49 living with HIV without even bothering to go for screening," he said.

However, reports submitted by different experts from their specific areas showed some slight decreases as a result of reliable and efficient management of the HIV campaigns in their midst.

During the occasion, Dr. Simon said that AGPAHI has created some employment opportunities to some 290 local staff to reinforce their operations in eight District Councils in Mwanza for better outcomes.

"We have managed to address the issue by employing new staff, who include eight Assistant Data Management Officers to make sure reliable statistics are produced and reported in the implementation trends of the project," he said.

CDC funded Boresha project last year, released about 12bn/- for the same mission basically to support in human resources, supervisions, mentorships, training and other community related activities.

Winding up the meeting, the Mwanza Regional Administrative Secretary (RAS) Engineer Christopher Kadio challenged all the stakeholders working in his office to make sure that the region remains HIV/AIDS free.

"But in doing so, data experts giving statistics should be truthful and release true and authentic information in a bid to effectively contain the disease," he pointed out.

In another related development, he said he would take to task any government official not actively taking part in the fight, when asked to do so, adding that "anyone would be answerable and accountable if found negligent while in course of duty.

"We must cultivate a culture of carrying out regular evaluations on what we plan to do and more importantly we should manage our human resources," said the RAS.

The CDC team was led by its Mwanza Region based Team Leader, Dr. Oscar Rwabiyago, who however, reported a number of progresses in their past 12 weeks of survey in all the districts, except Ukerewe area which they will visit next time.

Uganda: Salaries Will Rise as Economy Grows, Museveni Tells Nurses
13th May, 2019
By The Monitor (Kampala)
A group photograph of President Museveni with nurses and midwives during the national cerebrations to mark the International Nurses and Midwives Day at Kyamate Secondary School playground in Ntungamo Municipality on Sunday

In Summary

- The President offered Shs1 billion to the nurses SACCO and pledged the government to take over nursing school at Nyarutuntu in Ntungamo. He also pledged to have the Shs220m debt for Itojo hospital in Ntungamo District taken up by the ministry of health in the next financial year’s budget.

President Museveni has said he will not be duped into following international demands on salaries and workforce as this may lead to collapse of the economy if not carefully done to commensurate with infrastructure development and other key national developments.

While presiding over the national cerebrations to mark the International Nurses and Midwives Day at Kyamate Secondary School playground in Ntungamo Municipality on Sunday, President Museveni said the government cannot ignore the basics of development to concentrate on salaries and administration.

"The salary of government workers, especially the scientists will no doubt be bettered and matched with those of their peers in the region. It is just a question of time but will be implemented as our revenues increase," Mr. Museveni said.

He added that: "We have had to balance increasing salaries with other development demands like building roads, dams and others. You must have seen how smooth the road is all the way from Kampala to Ntungamo. As the economy grows, it gives us latitude to do more."

Mr. Museveni was responding to the Uganda Nurses and Midwives Union President, Mr. Cherop Justus Chelengat's utterances that the nurses may not be demanding more salary rise after the recent pay rise until 2021. Mr. Cherop however demanded that the government honours a pledge to pay a lunch allowance of Shs15000 daily to nurses in government health facilities.

On the matter of lunch allowances, Mr. Museveni said: "I back the idea of increasing lunch allowsances for nurses and building more training schools."

The international nurses and midwives day is cerebrated every May 12 in commemoration of the birth day of the founder of modern nursing, Florence Nightingale, who was born on May 12, 1820 and died on August 13, 1910. Her effort in treating soldiers in the Crimean war of 1850s and the development of a nursing school in 1960s made her the
mother of modern nursing that made her picture appear on British Pound sterling note up to now.

Earlier on the day, the Minister of Health Dr. Jane Ruth Acheng said while the nurses and midwives constitute 80% of the ministry work force and 90% of the contact between patient and medic in the country, the ratio of nurse to patient ratio is too low at 1:11000, while the world health organization recommendation is at 1:1000 which requires an improvement.

She also said the low numbers of midwives in health units with only 4978 midwives in government health facilities could be one of the big causes of maternal and neonatal mortality in the country.

Mr. Cherop said while there are a total 54500 registered nurses in the country, only 24500 are employed by government and only 4975 midwives are equally employed by government. He said while the available registered nurses may be enough for the unfilled posts, the government has remained not committed to filling these gaps. He said at least 10000 midwives would do better for the health sector plus at least 30000 nurses.

The President offered Shs1 billion to the nurses SACCO and pledged the government to take over nursing school at Nyarutuntu in Ntungamo. He also pledged to have the Shs220m debt for Itojo hospital in Ntungamo District taken up by the ministry of health in the next financial year’s budget.

Kenya: Report Reveals Sorry State of Affairs in Referral Hospitals

13th May, 2019
By The Nation (Nairobi)
tabled in the House, includes lack of equipment and facilities, inadequate and qualified manpower, leaking roofs and cracked walls, all of which are blamed on poor funding by the national government.

**COMPROMISED**

In the current financial year, about Sh70 billion was allocated to the Ministry of Health to cater for hospitals. Some Sh93 billion has been allocated for the 2019/20 financial year.

The sorry state of affairs in the hospitals and the general lack of set standards for functional health institutions has compromised the status of the facilities, services offered and staff ratio or a functional health institution.

The findings were made after visits to Kenyatta National Hospital, Mathari National Teaching and Referral Hospital, National Spinal Injury Referral Hospital and Moi Teaching and Referral Hospital.

The committee is chaired by Murang'a Woman Rep Sabina Chege.

The report is an eye opener to the government's claim of commitment to the provision of quality medical care even as it strives to ensure universal and affordable healthcare for all by 2022.

**UNDERSTAFFED**

For instance, KNH, the largest referral hospital in the country, currently needs Sh3.6 billion and another Sh4.9 billion in the next financial year for its operations.

The constrained funding has severely affected service delivery.

"The lack of critical equipment has seen services severely hampered. The CT-scan project by the ministry is yet to be delivered while the procurement of the MRI scan has taken inordinately long," the report partly reads.

Mathari is understaffed and at the maximum security unit, one nurse is in charge of 147 patients, putting into question the seriousness of the government to adequately care for mental health patients.

In Eldoret, overcrowding remains a major challenge at MTRH, which covers 21 counties with about 25 million people.

Despite having a bed capacity of 900, MTRH experiences daily workload of about 1500 outpatients and 1200 inpatients and a bed occupancy of 110 per cent.

**Kenya: Private Hospitals Fault Counties over Medical Negligence Probes**

14th May, 2019

By The Nation (Nairobi)

In Summary

- Dr. Timothy Olweny, Secretary-General of the Kenya Association of Private Hospitals, said on Tuesday that processes of addressing negligence were being overtaken by interference by counties and state bodies.
- The association said investigations were also being overtaken by
“roadside declarations and procedures outside the medical board's standards and regulations”.

- Dr. John Nyauma, who runs St Leonard’s Hospital and is a former member of the KMPDB, noted it has procedures for the investigation of cases of medical negligence.
- The board registers and licenses all medical doctors, dentists and healthcare facilities in the country, and regulates the medical practice.

Private hospital owners have accused counties and government authorities of harassment and interference with investigations into cases of medical negligence.

Dr. Timothy Olweny, Secretary-General of the Kenya Association of Private Hospitals, said on Tuesday that processes of addressing negligence were being overtaken by interference by counties and state bodies.

Dr. Olweny also said the probes were being overtaken by "roadside declarations and procedures outside the medical board's standards and regulations".

He further decried the "arbitrary and hasty arrest of health workers and hospital management and interference by counties, "a worrying trend for the health sector".

"The separation of the responsibilities of statutory bodies tasked with regulation and oversight of private healthcare institutions seems to have been distorted by these incidents, with apparent abdication of these roles to the county government and other government agencies," said Dr. Olweny.

"We are deeply concerned by the extent to which county governments can disrupt or allege to terminate the operations of private facilities within their administrative jurisdiction under the presumption of safeguarding public interest."

### SHALOM HOSPITAL

Amid public outcry, Shalom Community Hospital was closed last week and its license suspended following the death of baby Ethan Muendo after a morphine overdose.

As a result, three staff members were arrested and charged in a Machakos court last Thursday.

Shalom had previously hit the headlines after a video went viral, of a woman giving birth unattended, on the floor of a ward, as a staff member watched. A nurse's aide was arrested.

Addressing the press in Nairobi on Tuesday, however, Dr. Olweny said the association was concerned about the arrests of Shalom managers following baby Ethan's death.

"We have noted the announced closure of the hospital and the arrest of staff, management and directors. This followed the closure of St Teresa Maternity & Nursing Home in Kikuyu a week earlier," he said.

### FAIRNESS

Dr. Olweny observed that actions against the level four hospital were widened to include closure and withdrawal of licences yet the offences were committed by individuals.

"We were hopeful that the [relevant] bodies would expeditiously and fairly adjudicate
these matters but we now have grave concerns regarding the administrative and legal actions that have been taken," he said.

The official said the government should respond similarly to cases of malpractices at all hospitals, whether public or private.

He said the association expected the state to crack the whip on Kerugoya Hospital with the same severity as Shalom, which is run by a faith-based organisation.

"Regardless of the highly emotionally charged environment within which these events occur, organs must be sensitive to aggrieved parties, ensure procedural justice for the medical professionals and institutions involved and ensure any actions taken are within the strict confines of the law," said Dr. Olweny.

"The same performance yardsticks must also be used for all medical facilities, regardless of their ownership structure, size, or affiliation."

THE FINDINGS

In the case of baby Ethan's death, Machakos Governor Alfred Mutua called for the arrest of implicated health workers but did not provide any information on whether the county health department had carried out inspections to protect patients and prevents similar cases.

After the investigation, a May 8 letter by the Kenya Medical Practitioners and Dentists Board (KMPDB) said Shalom had flouted several patient care procedures including failure to hire senior doctors for specialised care.

The task force that looked into the matter found that the nurse in charge - often referred in hospital setups as 'matron'-- does not know of the rotation rota, which has information on who is supposed to be on duty and covering what wards.

A patient attendant, the report reveals, mans the treatment area and handles medication but is not trained to prescribe or administer it.

The two-page document, that lists Health Cabinet Secretary Sicily Kariuki as part of the board's decision, also noted a series of breaches of patient care guidelines that may have put them at risk.

However, the task force did not mention regulatory bodies that have taken responsibility for situations at hospitals such as Shalom.

In addition, the Pharmacy and Poisons Board, which was part of the task force, did not comment on why the hospital had morphine but did not know who would handle the dangerous pain medication.

Under the Dangerous Drugs Act that governs the prescription, handling and administration of controlled medicines and substances, morphine is classified as a restricted drug that is only stocked in hospitals with proof of the existence of personnel with knowledge on how to use it.

WHAT HAPPENS

Dr. John Nyauma, who runs St Leonard's Hospital and is a former member of the KMPDB, noted it has procedures for the investigation of cases of medical negligence.
The board registers and licenses all medical doctors, dentists and healthcare facilities in the country, and regulates the medical practice.

Other healthcare professionals are licensed and regulated by similar statutory bodies.

Dr. Nyauma further said that disciplinary measures should be taken in line with the law.

"The KPMDB has laid down procedures for adverse incidents relating to patient care that may constitute professional negligence or malpractice, as well as remedies to prevent recurrence, the overriding objective being to safeguard the interests and safety of the public," he said.

"While these remedial measures may involve the suspension or revocation of the registration of licenses of professionals and or institutions found culpable, due process must be adhered to in strict compliance with the law."

Regarding performance standard, Dr. Olweny said the association was ready for scrutiny by the government.

He added, however, that they had not been informed of Ms. Kariuki’s May 11 directive for a 90-day operation to rid the country of quacks.

**Tanzania: Ministry of Health, Jhpiego Partner against Cervical Cancer**

14th May, 2019

By Tanzania Daily News (Dar es Salaam)
most people are infected with HPV shortly after the onset of sexual activity.

Cervical cancer is caused by sexually acquired infection with certain types of HPV, according to Jhpiego Cervical Cancer and Prevention Senior Technical Advisor, Dr. Mary Rose Giattas.

Dr. Lyimo told the lawmakers that cervical cancer was the most common cancer in Tanzania and the leading cause of cancer-related deaths and suffering among women in the country.

Statistics in the ministry show that every year over 6,000 women are diagnosed with cervical cancer and over 4,000 die from the disease.

Despite the burden, cervical cancer prevention services are not readily available and many women seek services when the disease is at advanced stage and it is too late to be cured.

However, as cervical cancer has a long latency period, usually taking over 10 years to progress from the initial infection with HPV, this provides a window of opportunity for early detection and treatment.

Cervical Cancer and Prevention Programme (CECAP), is a Jhpiego initiative funded by the United States Agency for International Development (USAID) under the Mothers and Infants, Safe, Healthy and Alive (MAISHA) programme in collaboration with the ministry of health.

In Summary

- The allocation increased from Sh97.7 million in the initial phase to Sh200 million. Counties say there has been no explanation for this.
- The other contentious issue on MES has been why the national government is holding onto the health function, which the Constitution devolved.

There seems to be no end in sight to the controversy that has been the hallmark of the Managed Equipment Service (MES) programme, with the national government now saying counties do not pay a single cent.

Instead, Treasury Principal Secretary Kamau Thugge, in a letter to Health Chief Administrative Secretary Rashid Aman, said the national government foots the bill from its share of revenue.

SH9.4 BILLION

The letter with the subject "Confirmation on the source of budget allocation for MES programme", is dated December 4, 2018 and Dr. Thugge was responding to Dr. Aman's November 2018 letter.

"The purpose of this letter, therefore, is to confirm to you that the funds allocated to MES programme are from the national government's share of revenue raised nationally," clarified the letter.

The letter stated that the law provides that revenue raised by the national government in respect of the financial year 2018/19 shall be divided among the national and county governments.
The Schedule of the Division of Revenue Act, 2018 allocated Sh9.4 billion from the national government's share of revenue as an additional conditional allocation to county governments for leasing the equipment.

But the Council of Governors (CoG) said Dr. Thugge’s letter is not wholly truthful and failed to acknowledge that by law, conditional grants to counties should be sent to county accounts and not appropriated on their behalf by the national government.

"The Constitution allows that county governments can be given additional allocations as conditional grants. The moment you say is a conditional grant means it is an allocation that is meant to go to the counties directly. That is what the law provides," the CoG secretariat told the Nation.

BUDGET LINE

CoG cited Article 207 (1), which establishes a Revenue Fund for each county government "into which shall be paid all money raised or received by or on behalf of the county government, except money reasonably excluded by an Act of Parliament" as the relevant part of the law that gave counties control over conditional grants.

When the Nation sought clarification on the document from Health Cabinet Secretary Sicily Kariuki, she insisted that counties are not paying anything for the equipment and that they should tell Kenyans the truth.

"I'm not trying to defend the programme but we should have a bigger and broader perspective on the programme. We should tell Kenyans the truth about the whole programme. I don't understand why someone would lie. We are leaders and what we say matters a lot," said Ms. Kariuki.

CoG’s contention was that this money was not sent to counties as required by law.

"Similar conditional grants like the one that supports Level Five hospitals go directly to the counties that have such hospitals," CoG said. "The national government says it has allocated but does not disburse. Why would the counties continue including a budget line that they don't appropriate?"

GREY AREAS

Last week, CoG chairperson Wycliffe Oparanya complained before the Senate Health Committee that the government was directly debiting funds for leasing the equipment from their budget yet none of the 47 governors knew where the money goes.

Amid the dispute over the programme, ironically, a number of governors, including Mr. Oparanya, have been requesting more equipment from the ministry.

Six years since the programme started, many grey areas and unanswered questions still exist.

For instance, the allocation increased from Sh97.7 million in the initial phase to Sh200 million. Counties say there has been no explanation for this.

The other contentious issue on MES has been why the national government is holding onto the health function, which the Constitution devolved.
Bungoma Senator Moses Wetang'ula raised concerns about the lack of information from the Treasury and the Health ministry regarding the programme.

**East Africa: Regional MPs Want a Ban On Beauty Products Containing Hydroquinone**
14th May 2019
By The East African (Nairobi)

The East African Legislative Assembly (EALA) has passed a resolution calling for the ban on the manufacturing and importation of soaps, cosmetics and beauty ingredients containing hydroquinone substance.

Hydroquinone is a common active ingredient that is found in a number of skin care products that are designed specifically to lighten or bleach the skin.

"The effects of cosmetics containing hydroquinone are visible and widespread throughout the community," said Gideon Gatpan, a lawmaker from South Sudan.

As per Article 81(2) of the treaty establishing the East African Community, which recognizes the significance of the partner states in standardisation, metrology and testing, the lawmakers recommended the Council of Ministers for a regular review of chemical ingredients in beauty products as one of the compulsory standards in the region.

"Some of these beauty products contain up to 6% of hydroquinone," said Uganda's Suzan Nakawuki.

Kenya and Rwanda, like South Africa, Ghana and Ivory Coast before them, have put in place measures to regulate or ban the importation of the substance.

Kenya Bureau of Standards banned the use of cosmetic products containing ingredients that were considered harmful, including hydroquinone.

Though Tanzania banned the importation of the substance, there is still a widespread use of the substance as products are easily smuggled into the country.

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*EALA has passed a resolution calling for the ban on the manufacturing and importation of soaps and beauty ingredients containing hydroquinone.*

**In Summary**

- Hydroquinone is an active ingredient that is found in a number of skin care products that are designed specifically to bleach the skin.
- Kenya and Rwanda have put in place measures to regulate or ban the importation of the substance.
- Though Tanzania banned its importation, there is still a widespread use of the substance as products are easily smuggled into the country.
Hydroquinone products are popular for their skin lightening properties but studies show an abnormal function of adrenal glands and high levels of mercury in people who have used cosmetics containing the substance.

Kenya: Waiguru Blames Senior Medical Officers for Mess in Health Sector
15th May, 2019
By The Nation (Nairobi)

In Summary

- On Monday, KMPDU threatened to withdraw their members from Kerugoya Referral Hospital insisting that the facility and other health facilities were filthy and their members will not continue working in unhygienic condition.

Kirinyaga Governor Anne Waiguru yesterday blamed senior medical officials for the current crisis facing the health sector and warned that they will face disciplinary action.

She singled out five officials in the management of Kerugoya Referral Hospital accusing them of being used by her political enemies to paralyses operations in hospitals and portray her government as inefficient.

'SABOTAGE'

Speaking to the press after touring the hospital, Ms. Waiguru claimed that politicians eyeing her seat in 2022 were using the officials to mess up the sector.

"Investigations by the taskforce which I had formed has revealed sabotage and we shall deal ruthlessly with those responsible," she said.

She continued: "Whatever is happening is all about 2022 politics. Politicians are working with my officers to ruin the sector. Why not wait and give me a chance to deliver on my mandate."

On Monday, Kenya Medical Pharmacist and Dentist Union (KMPDU) threatened to withdraw their members from Kerugoya Referral Hospital insisting that the facility and other health facilities were filthy and their members will not continue working in unhygienic condition.

"All the health facilities are in a mess. Kimbimbi Sub-County Hospital has even been invaded by snakes and a watchmen based there was bitten by one of them.

Another snake was found in a theatre by a doctor and killed. The situation is bad," said the Central region KMPDU secretary, Dr. Gor Goody.

GHOST WORKERS

The county boss however denied that the crisis was caused by the sacking of 436 casual workers by her government of which KMPDU gave her 72 hours to reinstate.

"All those casuals are not required at all to make the sector operate properly. In fact, 50 per cent of the laid off casuals are ghost workers," she said.

She dismissed as untrue allegations by the Kenya Medical Practitioners, Pharmacist and Dentist Union that four nurses had contracted hepatitis B and diarrhoea for
working in an unhygienic condition at Kerugoya Referral Hospital.

However she admitted that the sacked casuals had not been paid their four months' salary arrears but promised they will get their dues soon.

"We had no budget for the casuals but they will get what is rightfully theirs once we streamline the sector," she said adding that a chief executive officer will be hired to oversee the smooth operations of the crucial sector to end the suffering of patients.

**Rwanda: Musanze Residents Tipped on Family Planning**

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

The inability to control the number of children born in a family results into a heavy burden for the family, according to officials.

Isabelle Kalisa, the acting coordinator of the health unit at Imbuto Foundation, said it is important for all Rwandans to embrace family planning as it has an impact on the country's economic growth.

Security organs grace Baho Neza Integrated Health campaign in Rubavu District. Ministry of Defence is among key implementors of the campaign

Kalisa was speaking in Gataraga Sector, on Monday, during an on-going integrated health campaign, which aims at promoting maternal and child health, as well as tackle teenage pregnancy.

Dubbed 'Baho Neza Integrated Health Campaign', the drive is an innovative approach that, overall, focuses on Family Planning and Early Childhood Development (ECD) by addressing various health related issues, including the availability and accessibility of family planning services, as well as closing identified gaps.

Artists from ArtRwanda Ubuhanzi thrilled Ruabavu District through various edutainment sketches

"Both men and women should embrace the programme because it impacts on the economic growth of the country and improves the well-being of family members," she told thousands of residents who turned up for the event.

Kalisa urged the residents to change their mindset toward family planning by inculcating it in their day-to-day endeavours.

*Family planning services were made accessible to Musanze residents during the Baho Neza Integrated Health Campaign with 70 persons from Gataraga Sector accessing the services. Régis Umurengezi.*
"This campaign is entitled 'Baho Neza' (live well) for a reason; our households can't live well while having children for whom they can't provide basic necessities.

Jackson Vugayabagabo from Imbuto Foundation challenges Rubavu residents on early pregnancies among underage girls.

"The population is increasing while the land remains the same; the only solution to this is to plan for your children through various family planning methods, let us all make sure we prioritise this matter," she advised.

Usage of contraceptives for married women in Musanze District stands at 52 per cent with Gataraga and Busogo sectors having 38 per cent, the lowest adoption rate in the district - yet they are the most populated sectors.

The vice mayor for social affairs in Musanze District, Marie Claire Uwamariya, attributed the low level of adoption of contraceptives in the district to misconception by some residents.

Some women from Gataraga Sector in Musanze District turned up for Baho Neza Integrated Health Campaign.

She, however, stated that the district and its partners have mounted a united front to help change people's mindsets through various social platforms by particularly engaging men to play their role for the initiative to succeed.

"We have prioritised family planning for the district to be able to attain the development we aspire to have. You cannot talk of development where you have stunted children... it is an issue that we have decided to tackle from the family level and we shall spare no effort," said Uwamariya.

During the campaign launch in Musanze, a total of 70 residents in Gataraga Sector were provided with family planning services, ranging from implants, injections and condoms, among other contraceptive methods.

Northern Province governor JMV Gatabazi and Isabelle Kalisa from Imbuto Foundation hear from a teen mother from Musanze District during the Baho Neza Integrated Health Campaign in the district.

Meanwhile, the same campaign took place in Cyanzarwe Sector of Rubavu District in Western Province on Tuesday, where at least 98 residents got varied family planning services.

At both campaign venues, artists who took part in the Art Rwanda Ubuhanzi contest that was organised by Imbuto Foundation performed and addressed the people on several topics, such as positive parenting, parents-adolescents communication and family planning.

About the campaign

Baho Neza Integrated Health Campaign will last three years and will be implemented in phases; each year will be divided in two phases each lasting six months, according to officials.

Isabelle Kalisa from the health unity in Imbuto Foundation called upon the residents to embrace family planning practices as way of boosting their welfare.
Different services such as screening for children, deworming, vitamin supplements, family planning, dental, ophthalmology, skin disease screening and voluntary male circumcision, among others, were offered during the campaign.

The campaign is implemented by the Government with various partners, including Rwanda Biomedical Centre (RBC), the Ministry of Defence, Imbuto Foundation, One UN Rwanda, USAID, Partners in Health, among other partners.

**Rwanda: Districts Owe Over Rwf165 Million to Ndera Neuropsychiatric Hospital**

15th May, 2019

By The New Times (Kigali)

The Minister for Health Dr. Diane Gashumba (right) addresses Members of Parliament as Permanent Secretary Jean-Pierre Nyemazi looks on Monday. Sam Ngendahimana.

The Minister for Health has said that different hospitals are chocking on debts, which she says partly explains the reason why some public hospitals continue to struggle in terms of service delivery.

Dr. Diane Gashumba was on Monday speaking to members of the parliamentary committee on budget and national patrimony as they discussed the budget appropriated to the health sector for the fiscal year 2019/20.

The minister gave an example of the Kigali Central University Teaching Hospital (CHUK) and that of Butare (CHUB), which together accumulate a debt of about Rwf90 million every year.

The other example was Ndera Neuropsychiatric Hospital, the only public facility offering mental health services in the country, which she said has accumulated up to Rwf165m in debts owed by districts alone.

According to Brother Charles Nkubili, the director general of Ndera Neuropsychiatric Hospital, these debts are accrued from patients with mental health challenges, who are brought in by districts after they are picked from streets.

Many of them, according to Nkubili, are brought by the police and other security personnel and the bill is for the districts from where they were picked.

"Huye district owes the most with over Rwf26m, followed by Kicukiro with over Rwf17 million, then Gasabo with Rwf18 million, Kayonza 17 million, Musanze Rwf15 million and the remaining districts collectively owe us Rwf23 million," he said.

Nkubili said that these debts, besides affecting the functioning of the
hospital, it has also led them into bad books with the Auditor General.

"We have discussed this issue with the Ministry of Local Government and we thank them for making the necessary mobilisation but we also ask for your support as legislators, especially in terms of advocacy to ensure this problem is solved," he said.

According to Gashumba, it's not just districts that owe public hospitals money, but also individuals, some of whom, she said, still believe that treatment is free of charge.

"Even those who has Mutuelle de Santé, some don't pay the 10 per cent, they should pay but the biggest problem is those who do not have insurance," she said.

Gashumba also explained that, among the effects include absence of drugs, poor hygiene, and medics getting their salaries late which may in turn affect their attitude towards work, hence poor service.

Google in partnership with Emergency Medicine Kenya Foundation (EMKF), Ministry of Health and BP Systems Online, have mapped public hospitals with emergency medical care services across the country on Search and Maps enabling Kenyans navigate online with ease by searching "emergency centre near me" and find their closest hospital. Additionally, patients can now easily find opening times, contact numbers and the emergency services offered in the public hospitals online.

The service comes at a time when smartphone mobile penetration in Kenya crossed 50% of the population as at September 2018 with nearly 42 million Kenyans accessing the internet via mobile according to the Communications Authority. The entry of more affordable smartphones and cheaper mobile data plans were the primary drivers of these trends.

While sharing the mapping efforts, Claude Blatter, Google My Business (GMB) Africa lead underscored the importance of the partnership, saying that collaboration with Emergency Medicine Kenya Foundation
EMKF has helped in ensuring that public health facilities are mapped and critical information accessible online.

"Last year between July and August, searches on Google for "Emergency Services" rose by 49% in Kenya, with 72% of the searches being from mobile devices. These insights were an eye-opener on the importance of facilitating access to emergency information and services using our Search and Maps platforms. This is in line with our mission of making locally relevant information easily available online," said Blatter.

Project 47 currently assesses the current state and locations of emergency departments in all 47 Counties in Kenya to identify gaps, and set priority actions for use by County Governments, planners and partners as a roadmap toward universal emergency care coverage in Kenya stated Dr. Benjamin Wachira, Assistant Professor of Emergency Medicine at The Aga Khan University Hospital, Nairobi and consultant for EMKF.

Currently, public health facilities with emergency centres in 41 of the 47 Counties have been mapped out, signifying an 87% completion rate. "At the beginning of this collaboration, we envisioned mapping out 200+ public health facilities with emergency centres across the 47 counties. "We have mapped 41 out of 47 counties and we are confident that we will complete mapping such facilities in the remaining 6 counties by the end of the year," added Dr. Wachira.

"A comparative look between March 2018 and March 2019 showed a 250% increase in total searches on Google Search and Maps for the 178 public health facilities, courtesy of the partnership. In the same period, there was a 32% increase in visibility on Google Search for the mapped facilities as well as a 38% increase in direction requests to public health facilities with emergency centres. Additionally, there has been a 177% increase in phone calls to the mapped public health facilities with emergency centres, in the same period," added Blatter.

Access to emergency medical services in Kenya has been a challenge with a significant number of patients in emergency situations losing their lives undeservedly due to wastage in time in locating the nearest facilities and establishing information on the services offered. By making such information easily available online, it is expected that there will be a decline in lives lost during the "Golden Hour": which requires a patient to receive emergency care within the first hour in so as to increase chances of survival.

EMKF is dedicated to the development of evidence-based universal emergency care in Kenya through education and research. It also aims at assessing the current state and locations of emergency departments in all 47 counties in Kenya to identify gaps, and set priority actions for use by County Governments, planners and partners as a roadmap toward universal emergency care coverage.

The partnership leveraged Google's expertise in mapping organisations and other public entities on the web by creating free websites, using Google My Business - a custom solution for Small and Medium Businesses (SMBs).

Through the solution, SMBs can list online and increase their visibility, hence availing them online opportunities and.
hospitals that have no road names will be getting an address on Google Maps and a free website, thanks to Google's Plus Codes Project (https://plus.codes/), enabling victims of emergencies to find and navigate to them with ease.

Kenya: Duale Furious as Murkomen Questions Passing of Health Laws
15th May, 2019
By The Nation (Nairobi)

National Assembly majority leader Aden Duale has told off his Senate counterpart Kipchumba Murkomen for saying the Health Laws (Amendment) Bill was passed in an unprocedural manner.

President Uhuru Kenyatta signed the bill into law on Monday in the presence of leaders including Mr. Murkomen, the Senator of Elgeyo Marakwet County.

Via Twitter on Tuesday afternoon, however, Mr. Murkomen claimed the Senate was not involved so the process was not in line with procedure.

Regarding his presence at State House during the signing, Mr. Murkomen claimed he had been invited to witness the assenting of the Assumption of the Office of County Governor Bill.

He said he realised too late that Mr. Duale was also present "on behalf of the National Assembly to witness the signing of some Health Laws (Amendment) Bill".

Mr. Murkomen accused Mr. Duale of misleading the President into approving a bill that he insisted had not gone through the Senate.

'FALSEHOODS'

It did not take Mr. Duale long to call out Mr. Murkomen "for shaming falsehoods" and remind him that his behaviour is "pure hypocrisy, which requires to be treated with the contempt it deserves."

"To my utter shock the leader of the majority party of the Senate has been reported arguing that the Act was passed unprocedurally as it was never considered by the Senate as required by the Constitution," Mr. Duale, the Garissa Township MP, said.

He continued, "Never mind that yesterday the media was awash with pictures of Senator Murkomen standing next to the President assenting to the same bill he is now challenging."

Mr. Duale termed as "worrying", claims by Mr. Murkomen that the law cannot be applied anywhere because it did not "go through the required mechanism of passing a law".

While noting the senator is an advocate of the High Court, he further questioned his fidelity to article 103 (3) of the Constitution, which says that only the two Speakers of Parliament can resolve the question of the nature of a bill.

"That Senator Murkomen does not know this is not only [being] economical with truth but also [being] generous with falsehoods. It is even sad that he does not seem to remember, or rather is faking amnesia on, the requirements of Article 110 (3) of the Constitution," Mr. Duale said.
MURKOMEN’S VIEW

But according to Mr Murkomen, health is a devolved function so any alteration of existing legal institutions cannot go without the concurrence of the Senate.

"In matters health, on which national and county governments have concurrent jurisdiction, the honest truth is that any member of the public being pushed to apply that law must not obey it," he said.

"If they feel they are being pushed to apply it, they should go to the High Court to declare the law null and void so the process begins afresh; where the law will come to both Houses of Parliament," added the lawmaker, who claims the President ignored his personal advice.

AMENDMENTS

The law alters various pieces of existing laws - the Pharmacy and Poisons Act, the Nutritionists and Dieticians Act, Medical Practitioners and Dentists Act, Nurses Act, Kenya Medical Training College Act and Kenya Medical Supplies Authority Act.

Contrary to claims by Murkomen that the amended law concern counties, Mr. Duale explained that it only touches on matters of health policy, reconstitution of boards and regulation of health professions.

These are national government functions in line with the fourth schedule of the Constitution.

Article 110 of the Constitution provides that the Senate only considers bills concerning county governments.

The bill was passed by the National Assembly in December 2018 but was returned with a presidential memorandum detailing areas that needed further consideration by the House.

The National Assembly then considered the reservations and approved the bill, fully accommodating the President’s reservations, on February 28, 2019.

RIVALRY

It is not clear why Mr. Murkomen waited until the bill was signed to raise concerns on its nature.

It is also not clear whether he consulted Senate Speaker Kenneth Lusaka, who has not faulted the signing of the bill.

"The bill was passed last year ...why raise issues on the bill five months later? Only he can answer these questions but whatever his reasoning is, one thing is certain - he has chosen to feign ignorance of the provisions of the Constitution. For what reasons? Only he knows," Mr. Duale said.

The disagreement comes as the on and off rivalry over the jurisdictions of the two Houses in the passing of bills heats up.

During the National Assembly retreat in Mombasa in April, members accused their Senate counterparts of duplicating work and causing wastage of public resources.

Tanzania: Sexual Violence against Children on Rise - LHRC

15th May, 2019
By Tanzania Daily News (Dar es Salaam)
INCIDENTS of sexual violence against children are on the increase in the country, and in turn deny them their basic rights, Legal and Human Rights Centre (LHRC) new report has revealed.

LHRC's media survey further revealed that 91 per cent of the reported violence against children's incidents were of sexual violence, while nine per cent were physical and psychological violence.

Sexual violence against children, are particularly in form of rape and sodomy, cited in the major human rights concerns in 2018.

The report revealed that reported child rape incidents have increased from 759 in the first six months in 2017 to 2,365 from January to June 2018.

Presenting the findings, LHRC Researcher, Mr. Fundikira Wazambi said sexual violence was mentioned as one of the major violations of children's rights in all 20 Districts of 10 Regions that LHRC visited in 2018.

“We have found that perpetrators of sexual violence were identified as neighbours, close relatives, motorcycle riders famously known as Bodaboda and teachers being implicated in several acts of sexual violence against children in 2018," he said.

The report also highlighted key issues affecting the elderly persons in Tanzania mainland, adding that violence experienced by the elderly included physical violence in the form of witchcraft-related killings. Mr. Wazambi said that unlike other vulnerable groups, there is no specific law for the elderly.

However, like other human beings, the elderly have human rights provided for in various domestic, regional and international legal laws.

The report, dubbed "Tanzania Human Rights Report 2013," documents human rights in the country with special focus on various issues and events that contravene them.

The report recommends that regional and district authorities work closely with the police force to address the problem of violence against children and women in their respective areas.

Uganda: Kabaka Injects Shs494m to End Sickle Cell Disease
16th May, 2019
By The Monitor (Kampala)
Katikiro of Buganda Charles Peter Mayiga, Kabaka Ronald Muwenda Mutebi arrive for the launch of Heforshe campaign, a fight against domestic violence.

In Summary

- Currently, an estimated 33,000 babies are born annually with the Sickle Cell disease of which, 80 per cent die before the age of five years, according to the Ministry of Health statistics.

The Kabaka of Buganda Ronald Muwenda Mutebi II has injected shs494m in Sickle cell prevention and treatment campaign.

This was revealed by the Second Deputy Prime Minister (Katikkiro) Robert Waggwa Nsibirwa while giving the accountability of the funds raised from Kabaka Birthday Run this year.

During his speech on Wednesday at Bulange Mengo, Mr. Nsibirwa said the Kabaka instructed that all the Shs494 million collected during his 2019 Birthday Run be used to support the Sickle Cell patients and awareness campaigns in the country.

"The Kabaka has earmarked Shs200million to be given to central laboratories to buy testing kits so that people are tested free and also get to know their sickle cell status. He has also allocated Shs294million to support awareness campaigns and public health initiatives because we all know that sometimes our people land into problems for lack of information about sickle cells and that's why he has given the bigger budget to go for awareness so that people know where to go for free services and treatment given by the Buganda Kingdom," he said.

He added that 60 per cent of people in Uganda will not have Sickle Cell if the public awareness is handled well and he asked all the stakeholders who have partnered with Buganda Kingdom in in the fight to continue until they have kicked Sickle Cell out of Buganda and Uganda at large.

The Minister for Youth Sports and Welfare Henry Moses Ssekabembe said Buganda is trying to address the issue of Sickle Cell because the statistics show that over 21 per cent of people living in Buganda have traces of the disease.

"This is a serious problem to Buganda and Uganda and that's why next year we need to double our efforts as Buganda Kingdom to continue fighting for the lives of our people who are suffering from Sickle Cell. He also thanked the Sickle Cell Foundation, Airtel Uganda, Events ware House, Majestic Brands, Rwenzori Water among others who are working with the Kabaka to fight the disease."
Airtel Uganda Head of Brand and Communication Remmie Kisakye said over 50,000 people participated in the 2019 Birthday Kabaka's run and that's why they raised the money which has been announced and delivered to Buganda Kingdom.

"As Airtel Uganda we hope to double our efforts next year to raise the number of participants from 50,000 to 100,000 which will give us a mileage in the fight against Sickle Cell.

The Kabaka Birthday Run is an annual fun run around the Mengo Palace. It officially started six years ago as a means for the Kabaka to highlight and mobilise his subjects towards health causes. First, proceeds went towards fistula until three years ago when attention was turned to Sickle Cell.

Currently, an estimated 33,000 babies are born annually with the Sickle Cell disease of which, 80 per cent die before the age of five years, according to the Ministry of Health statistics.

Kenya: Donors Call for Increased Funding for Kenya's Healthcare
16th May, 2019

By The Nation (Nairobi)

Participants at the ongoing Universal Health Coverage conference in Kisumu County on May 15, 2019. County leaders and healthcare stakeholders are meeting for the three days to discuss how well to deliver affordable and accessible healthcare to all citizens.

In Summary

- Health managers in counties asked the national government to form a nurse’s service commission.
- The third UHC conference in Kisumu seeks to review progress made in provision of affordable and accessible healthcare to Kenyans.
- Mr. Meassick said the national government needs to review incentives to health workers.

The donors have put the national government on spot over rampant corruption which they says could frustrate the rollout of Universal Health Coverage (UHC) in the country.

At the same time, the World Bank has suggested that the national and county government will need to increase budgetary
funding for health programmes by 20 percent for UHC to succeed.

Donors attending the third national Universal Health Coverage conference in Kisumu warned that if corruption is not tamed, then it will be difficult to realise the goals of providing affordable and accessible healthcare in Kenya as envisaged in the UHC plan.

At the same time, health managers in counties asked the national government to form a nurse’s service commission to address the understaffing experienced in public hospitals.

**NURSES COMMISSION**

They argued that like the Teachers Service Commission which is in charge of employing teachers, the national government should set up a commission to recruit nursing staff.

The county health managers are among stakeholders attending the three day third UHC conference in Kisumu to review progress made in provision of affordable and accessible healthcare to Kenyans.

Human resource gaps and pressure on available health facilities are some teething problems that the sector is still grappling with, the conference heard.

Speaking on the first day of the forum at the Grand Royal Swiss Hotel in Kisumu, USAID Mission Director Mark Meassick said the systems in Kenya are frustrating transparency, hence affecting service delivery in the health sector.

**US SUPPORT**

"The US government spends USD500 million per year on health support in Kenya. Most Kenyan people want integrity while the system is against that. There is need to bring more transparency in the health system," said Mr. Meassick.

He said the Kenyan allocation for health is way below the expected targets, despite the huge support from the US government.

"The health support is a gift from US citizens to Kenyans but we can tell you having worked in the platform for year. My country feels fatigued to support the health system," Mr. Meassick said.

**INCENTIVES**

He said the national government needs to review incentives to health workers.

"The issue of incentives of labour needs to be looked into very seriously from a wider perspective. There are thousands of Kenyan trained health workers in the US. We need to see how to solve this crisis because we train nursing staff who end up working in South Africa or Rwanda," he said.

Mr. Meassick pointed out that the US government funds more than 33,000 health workers at a cost USD8 million annually.

Kenya Healthcare Federation's Amit Thakker said the national government needs to weed out ghost workers in the health sector.

**INEFFICIENCY**

"If we don't turn the issue of inefficiency around, then I am sorry we will not move from the pilot phase to finally rolling out in the 47 counties. If the government does not
put the perpetrators behind bars then we will have a long way to deal with inefficiency in the health sector," said Dr. Thakker.

He added, "The human resource and supplies are biggest costing factors in the health sector. We have heard cases of the Kenya Medical Supplies Agency supplies meant for public hospitals ending up in private chemists.

World Bank Programme leader Paolo Belli said the UHC is a real opportunity for reforms in the health sector.

"The approach to UHC has to be a partnership between the county governments, national government and private sector.

"It can't be just government trying to figure out problems in the whole sector. We need a partnership and also learn some new technologies in dealing with challenges in the health sector," said Mr. Belli.

This is the third conference after Machakos and Nyeri conferences.

Kisumu, Isiolo, Nyeri and Machakos counties have been piloting UHC since April last year.

**STAFFING CRISIS**

Speaking on behalf of the Lake Region Economic Bloc (LREB), Nyamira County Health Executive Douglas Bosire said the human resource crisis facing public hospitals in counties can be curbed if they share nursing human resources.

"In the previous meeting we held in Bomet, we proposed that counties in the LREB can share the available nurses amongst themselves," said Dr. Bosire.

The head of the Health Sector Coordination and Inter-Governmental Affairs Osman Warfa said there is need to employ more nursing staff and at the same time improve skills for the existing staff.

"For universal health coverage to work, we will need to rationalise the existing nursing staff and improve the staffing skills," said Dr. Warfa.

Nyker Deputy Governor Caroline Karugu said apart from understaffing, the lack of health data poses another challenge.

She said in Nyker County, which has a high prevalence of diabetes, many health facilities have no tangible data.

**HOSPITALS OVERWHELMED**

Kisumu County acting Health Executive Nerry Achar said there is serious shortage of nurses and other medical staff to attend to overwhelming number of patients flocking public hospitals.

"With the launch of the UHC in Kisumu, we are giving free health services, which has drawn more people to the facilities. The facilities are just the same, therefore straining the nurses and other staff," said Mr. Achar.

"Unfortunately we are told we cannot recruit more nurses because of budget. There is need for legislation to be passed to give leeway for funding that can allow counties to employ more nursing staff," he added.
Kisumu's UHC progress report released in March reveals that health workers are providing care to a tripled number of patients, which compromises the quality of services provided and satisfaction.

For the universal health care to be effective, the county needs 7,476 staff against the current 1,803 employed health workers.

Kisumu County has 194 doctors and 827 nurses in public hospitals.

The county requires 250 doctors and 4,269 nurses according to the UHC progress report.

**BUDGET**

Mr. Achar said for UHC to succeed the Ministry of Health needs to partner with that of Finance.

"Being the Finance CEC and now the acting CEC for Health, I have come to realise that the health docket needs to be given more attention when doing budgets," he said.

The Kisumu County Health department has also accused the county assembly of frustrating the implementation of the UHC programme.

Former Health CEC Rosemary Obara claimed the county is yet to access Sh127.5 million that was allocated for the first quarter of the project.

Dr. Obara said even after holding talks with County Assembly Speaker Onyango Oloo and the assembly Health committee, MCAs are yet to approve the expenditure, seriously hampering health operations in the county.

While Isiolo, Nyeri and Machakos are concluding the first quarter of UHC and preparing reports on expenditure, Kisumu is yet to access the money.

**Tanzania: 'Invisible' Species of Malaria That Hides Inside Body**

16<sup>th</sup> May, 2019

By The East African (Nairobi)

**In Summary**

- Discovery comes even as Tanzania records tremendous progress in fighting malaria.
- There are five human malaria species, and all can be found in Tanzania.
- Plasmodium falciparum is the most common and dangerous one in Africa, and responsible for the majority of malaria deaths.

Scientists in Tanzania have discovered that a species of malaria can live in the body for decades without showing any clinical signs, but still manage to contribute to the transmission of malaria in the country.

In a study published last week in Malaria Journal, the researchers reported two men who tested positive for Placifarum malariae, confirming a suspicion in the scientific community that the human malaria species can live in the body for an extended period of time.

The two healthy looking men aged 20 and 22 were from Bagamoyo, the town in which Ifakara Health Institute, which was part of the study is located.
The men were part of an ongoing study that was testing the efficacy of a vaccine. They underwent a battery of tests to rule out any possibility of other diseases.

Lead investigator Tobias Schindler, at the Department of Medical Parasitology and Infection Biology, Swiss Tropical and Public Health Institute in Switzerland, wrote to The EastAfrican: It is not sure if asymptomatic cases of Placifarum malariae infections ever will develop symptoms...there are cases where people lived for decades with this parasite without any reports of malaria-like symptoms."

Prof Schindler said that while the mechanisms that this species uses to hide are still unclear, it is well adapted to humans and avoids detection by the immune system.

The men were later given three doses of artesunate/amodiaquine for three days. After four days, another set of tests was run and it was found that the parasite was no longer in their bodies.

There are five human malaria species, and all can be found in Tanzania. Plasmodium falciparum is the most common and dangerous one in Africa, and responsible for the majority of malaria deaths.

The other, Plasmodium vivax, was imported into Tanzania through Indian immigrants during the First World War.

Since 1917 there have been very few cases of this species reported in Tanzania. The other two are Plasmodium knowlesi and Plasmodium ovales. The fifth is alcifarum malariae.

The specie in question has been observed in an average of 15 per cent of malaria infections, and even in this instance, it was existing and causing disease alongside the common and more dangerous Placifarum in children.

Dr. Schindler said that it would be hard to distinguish between the species using a microscope alone, and recommends another approach.

"It is important to use new and better technologies such as Polymerase chain reaction (PCR).

This is a confirmatory technique that is more sensitive than microscopy and capable of identifying malaria parasites at the species level when microscopy was equivocal.

"PCR is an attractive addition to microscopy for confirmatory identification of Plasmodium spp. in clinical specimens, which are better at detecting disease, even when there are very few parasites in blood," Dr. Schindler wrote.

**Tremendous progress**

Tanzania has reported tremendous progress in combating malaria. The WHO reported that Tanzania's under-five mortality had dropped from 112 per 1,000 in 2005 to 67 per 1,000 in 2016.

Additionally, the incidence of malaria dropped from 18 million cases per year to 5.5 million between 2008 and 2017, an estimated 60,000 child deaths averted annually.

These advances have been attributed to increased access to long lasting insecticide-
treated nets and improved availability of quality assured Artemisinin-based combination therapies.

However, challenges exist as the fight against malaria intensifies in Tanzania. One is lack of diagnostic capacity in public health facilities to differentiate between these species, as well as detecting them at their lowest level in the blood.

Then there are the complications brought about by global warming.

Tanzania's highlands--like many countries where malaria is endemic--are colder and uninhabitable for malaria, but could be at risk.

"Increasing temperatures, however, could transform many of these areas into stable malaria zones," said the director for health at Ifakara Health Institute Dr. Fredros Okumu.

**Tanzania: Ignorance Blamed for Surging Maternal, Infant Mortality Rates in Mwanza**

17th May, 2019

By The Citizen (Dar es Salaam)

Mwanza — Public health officials have blamed ignorance of expectant mothers on the importance of going for early checkups and diagnosis to increased rate of child and pregnancy-related deaths in Mwanza Region.

"Pregnant women who attend clinics from the first week undergo all the necessary tests and receive supplements that protects the child against infections including hydrocephalous and Spina bifida," said Ms. Mwasham Mrisho, a nurse working with Impact project.

Hydrocephalous is a condition caused by accumulation of fluid in child skull while Spina bifida is a birth defect that occurs when the spine and spinal cord don't form properly.

Health care providers from 27 health facilities in the region met this week during a five-day seminar organized by Impact Project which is funded by Aga Khan Foundation and the government of Canada.

Ms. Mwasham Mrisho said many pregnant women are ignorant of the need to attend health care services immediately after conceiving, urging them to avoid embracing traditional beliefs.

"Children mostly die of anemia or eclampsia associated diseases which are partly caused by ignorance and mythical inclinations that embrace primitive ways of life especially in some communities," she said.

She said the proper use of folic acid drugs prevent babies against diseases and increase their blood levels.

She said the project aims at cutting deaths and improving 80 health facilities involved in the project through provision of modern equipment that will improve safety of mothers and the children during delivery.

Mwanza Regional medical officer, Mr. Thomas Ruttachinzipwa said the project has reduced maternal mortality from 195 cases recorded in 2017 to 151 incidents registered last year.
Statistics from the Tanzania Demographic Health Survey (TDHS) show there were 578 maternal deaths out 100,000 recorded in 2004, the number decreased to 434 deaths in 2010 before reversing to 556 deaths in 2015/16.

Salome Sallu from Mnazi Mmoja Hospital in Dar es Salaam said the training has helped improve skills of healthcare givers in handling pregnant mothers.

Rwanda: #TAS2019 - Experts Push for Digital Healthcare Solutions
17th May, 2019
By The New Times (Kigali)

Healthcare professionals on the sidelines of the Transform Africa Summit in Kigali have emphasised the role of adopting digital solutions if the healthcare sector is to transform significantly.

At a session themed "Investing in Digital Health for Family Planning," organised by Imbuto Foundation, healthcare experts argued that integrating mobile technology and other digital platforms into healthcare system will promote the sector and particularly promote family planning.

Dr. Okasha Mohamed, the Head of Gynecology Department at Legacy Clinics Kigali, said the possibilities of integrating digital technologies in healthcare systems are endless as it makes sharing of information is easier.

"Digital healthcare can generally be impactful. We believe that digital solutions and ICTs can be used to enhance efficiency of family planning strategies. One example is that it can facilitate and make saving patients data easier," he noted.

Mohamed particularly highlighted that there is need to put efforts in sensitizing hospitals to invest in digital health and promote paperless health system.

Rwanda has been promoting family planning strategies, reducing maternal mortality from 1,071 in 2000 per to 100,000 live births in 2015.

Despite this progress, the country still records mortality rates, both for mothers and infants.

According to the Demographic Health Survey (DHS) 2014/15, neonatal mortality stands at 20 per 1000 live births, infant mortality at 32 per 1000 live births, children under five mortality rates at 210 per 100,000 live births, in addition to high malnutrition rates, with stunting recorded at 38 per cent.

The country also faces an increase in teenage pregnancy, currently estimated at 7.3 per cent. 7 per cent adolescents, aged between 15 - 19 years, are mothers or pregnant with their first child.

On the other hand, Josephine Murekezi, the President of Rwanda Association of
Midwives emphasised that there is a need to encourage more awareness about family planning and through digital channels access to critical information can be easily accessible.

Celestin Twizere, a lecturer at the University of Rwanda, said that countries and their stakeholders should not really shy away from investing in digital health solutions.

"The good news is that investing in digital health is sustainable. When financial and human resources are properly managed, we get a return on investment. Therefore, people should not shy away from investing in this field," he noted.

Josephine Nyiranzeyimana of Rwanda Information Society Agency (RISA) thinks there is a need to focus on youth.

"Let us think of innovative solutions that can address family planning, with a re-invented approach that engages more youth," she said.

Tanzania: Government to Build Cancer Facility in Mbeya
17th May, 2019
By The Citizen (Dar es Salaam)

Dar es Salaam — The government is planning to build a cancer hospital in Mbeya in Region to reduce the number of patients who travel distances to seek cancer treatment at the Ocean Road Cancer Institute (ORCI) in Dar es Salaam.

This was revealed in parliament on Friday May 17 by the Deputy Minister of Health, Community Development, Gender, Elderly and Children Dr. Faustine Ndugulile.

He explained that Non-Communicable Diseases (NCDs), including cancer, are expensive to treat and the number of patients suffering from the ailments has been rising in Tanzania over the years.

"Take an example of kidney disease. It costs Sh700,000 for the patient to undergo a weekly dialysis. Kidney transplant costs about Sh20 million. Starting awareness programs on NCDs will help people take preventive measures," he said.

The minister was responding to Chadema Special seats Member of Parliament Ms. Immaculate Sware who wanted to know measures being taken by the government to reduce the burden of NCDs and providing free testing for such diseases.

Tanzania: Dengue Fever Cases Rise by 50pc
17th May, 2019
By The Citizen (Dar es Salaam)

Dar es Salaam — Cases of patients being diagnosed with dengue fever in Dar es Salaam have increased by 50.8 per cent in a week, the chief medical officer, Prof Muhammad Kambi, revealed during a press conference on May 16.

Prof Kambi said the number jumped to 1,809 this week compared to 1,200 recorded in the previous week. Countrywide, the total number of patients recorded stands at 1,901.

The increase, Prof Kambi, said, is an average of 75 patients daily as Ilala District leads with 235 patients per day.
"Going by these statistics, it means that we still have a long way to go in ensuring not only education on how to fight against dengue reaches people, but also the precautions being taken against it," noted Prof Kambi.

He assured reporters that the government was taking apt measures to stamp out the problem.

The steps taken include intensifying education on how people must protect themselves against mosquitoes that transmit the dengue virus.

Such measures, he said, include a campaign for environmental cleanliness to get rid of mosquitoes' breeding grounds, and reminding patients of reporting to hospital when they experience symptoms.

Prof Kambi said the government had bolstered the capacity of hospitals and health centres to test the dengue fever by procuring more equipment.

Uganda: Stigma to Blame for High HIV/Aids Deaths
17th May, 2019
By The Monitor (Kampala)

Kampala — the continued stigma against people living with HIV/aids is responsible for high numbers of the scourge-related deaths despite the introduction of antiretroviral therapy drugs that enable patients to live longer and normally, a senior specialists has said.

Dr. Nelson Musooba, the director general of Uganda Aids Commission, the national organisation which oversees the strategy to combat HIV/Aids in the country, said as a result, many people seek treatment late when their immunity has already weakened.

"Sometimes you have TB and cancers because there are very many cancers and the opportunistic infections that come with HIV. So it starts with stigma, they [patients] don't seek treatment on time, sometime they are taking half of the treatment or not on time," Dr. Musooba said.

"We have about 25,000 related deaths every year as of 2018 but there has been massive reduction for both new infections and Aids related deaths. We have seen a 50 per cent reduction between 2010 and now. In 2010, we had more than 100,000 new infections but now, you can see the reduction at 50,000," he said.

An update

He was speaking yesterday at Uganda Media Centre in Kampala during a press conference to give an update on the status of HIV/Aids in the country ahead of the 36th International Candlelight Memorial Day on May 19.

The day, which falls every third Sunday of May, is marked to remember friends and family who have been lost to HIV/Aids as well as raise awareness. This year's theme is "Intensifying the Fight for Health and Rights".

Dr. Musooba also stated that Uganda is on the right track to achieving the 90-90-90 UNAIDS goals to have 90 per cent people in the country know their status, the same percentage of people started on treatment and another 90 per cent having their viral load suppressed by 2020.
With only seven months to the deadline, Dr. Musooba assured that the country has currently achieved 89-89-90 of the goals respectively, stating that they hope to have hit all the targets.

The Minister without Portfolio, Hajj Abdul Nadduli, rallied especially young people to choose a lifestyle that does not expose them to the risk of HIV infection by avoiding misguided peer pressure until they are ready to enter into sexual relationships.

"For adults, you have the power to protect yourself, your spouse, your children and others around you, take an HIV test so you know your status," Hajj Nadduli cautioned.

Uganda currently has 1.3 million people living with HIV/Aids and has lost an estimated two million people to HIV over the last three decades.