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Tanzanian scientist proposes nano innovations to address health problems
24th May, 2019
By WHO

Dr. Askwar Hilonga hopes to be a millionaire – with the millions of lives across Africa that his innovation can help improve.

Locals in Arusha, northern Tanzania, have noticed something unusual this year: no cholera outbreak during what is usually the cholera season. Could a new low-cost water purification system, piloted in water stations across the city, may have something to do with it?

Dr. Hilonga does not claim this, as he understands rigorous testing is still needed. He nevertheless hopes his invention will help reduce waterborne diseases.

After obtaining a doctorate in chemical engineering, he studied public health in the hope of finding new ways to protect people from preventable diseases. “After graduating, I asked myself what my degrees meant for my community. I was not going to be satisfied with patents and papers that would just sit gathering dust on the shelf. So I decided to only do research that would result in innovative solutions for improving the lives of my community.”

Growing up in rural Tanzania, Dr. Hilonga suffered from waterborne diseases throughout his childhood. He used his scientific expertise in nanotechnology and his local knowledge to develop a filter based on nanomaterials. It was meant to help those for whom safe drinking water was still a luxury, like it was for his family during his childhood.

“There was a problem, and there was technology. I told myself, let me look for a solution by combining the two, to find the solution,” he says. “Engineers do not understand health,” he smiles, “neither do doctors and health practitioners understand technologies. I wanted to show the natural bond between the two.”

**Local solutions for local problems - Nanofilter**

Dr. Askwar Hilonga presents water filter to a family in Tanzania

Hilonga worked with the Ministry of Health and the Ministry of Science and Technology to roll out his innovative water purification system.

He cherishes the support he was given by the Government, the health authorities, the
media, and local communities. Everyone was proud of the young Tanzanian scientist for addressing a major public health problem.

He says the real challenge for any water-purification system is acceptance and regular use by the community. Many were initially suspicious about a technology developed by ‘one of theirs’.

But Dr. Hilonga was able to convince local people to start using the filtration system because he understood the issues they faced.

*Empowering local women – the biggest reward*

Dr. Hilonga says women have been instrumental to introducing water filtration as part of daily life in rural Tanzania. Most of the water stations where the new system is being tested are managed by women.

“I would not have made it, if it were not for the local women who got on board and made it possible.”

His goal is to encourage water purification good practices across Tanzania and other African countries where rural populations suffer from waterborne diseases.

He says his dream is to become a millionaire, counting the millions of lives to be improved with access to safe clean drinking water.

Hilonga’s contribution to expanding access to safe water, and thereby reducing the risk of waterborne diseases among rural communities is being recognized at the 72nd World Health Assembly this year, where he will receive the 2019 United Arab Emirates Health Foundation Prize.

He has previously received the President of Tanzania’s National Health Innovation Award (2016) and the Africa Prize for Engineering Innovation (2015), conferred by the British Royal Academy of Engineering.

**EAC NEWS**

**East Africa: EAC Want States to Stop Pread of Deadly Ebola**

24th May, 2019

By The Citizen (Dar es Salaam)

Dar es Salaam — The East African Community (EAC) warned Ebola remained a major threat to the region and asked countries to prepare to stop the spread of the deadly hemorrhagic fever that has so far claimed over 1,000 lives in DR Congo.

"Ebola remains a major threat to the health and socio-economic wellbeing to the people of the East African Community (EAC) bloc", EAC said in a statement yesterday.

The EAC warned on the dire consequences to agriculture, trade and tourism "and the lives and livelihoods of people" should the disease spill in from DRC.

Currently no confirmed case of Ebola has been reported in the EAC although there have been unconfirmed reports of unspecified cases in Uganda.

The statement said the region must prepare well to stop the killer disease spilling within its borders.
“The region needs to be prepared and the on-going efforts to operationalise national and regional contingency plans needs to be strengthened”, said a statement availed to The Citizen.

The region has, however, been subjected to Rift Valley, Malrburg and Crimean Congo fevers, Cholera, Polio and Plague, among others.

In a bid to counter any threat posed by Ebola and other diseases, the EAC plans to organize a field simulation exercise (FSX) aims to assess the region's preparedness and response capacities.

**East Africa: Adoption of Single EAC Currency to Take Longer**

19th May, 2019

By The East African (Nairobi)

Midway through the 10-year period during which partner states of the East African Community are expected to have in place the required institutions and benchmarks leading to the creation of a single currency, the regional bloc concedes that progress has been slower than anticipated.

Partner states had agreed on four primary convergence criteria for at least three years before joining the bloc's planned single currency in 2024: A ceiling on headline inflation of 8 per cent, reserve cover of 4.5 months of import, a ceiling on the overall deficit of 3 per cent of GDP, including grants, and a ceiling on gross public debt of 50 per cent of GPD in net present terms.

Officials say most member states have achieved the first two criteria but are working towards the rest by 2021.

"We are currently undertaking an assessment on the feasibility of attaining the macroeconomic convergence criteria within the set time frame and a report to this effect will be discussed in January 2020," said the Head of Monetary and Fiscal Affairs at the EAC Dr. Pantaleo Joseph Kessy.

But officials say economic mistakes and a bad experience with a single currency in the European Union have seen EAC take a cautious approach.

**Key institutions**

Even with time in hands, the bloc is behind schedule on setting up key institutions that were supposed to deliver the monetary union -- EAC's third pillar of integration after the Customs Union and Common Market.

For example, the East African Monetary Institute (EAMI), which was supposed to be established in 2015 to carry out the bulk of the preparatory work towards implementation of the monetary union protocol, remains on paper to date.

"Three more institutions were to be established in 2018 and they have not been established to date," added Dr. Kessy.

In July 2017, EAC officials and central bank governors of the bloc's partner states travelled to Germany, to see how the EAMI would manage the transition to a single currency, based on lessons from the European Monetary Institute that oversaw the transition to the EU Monetary Union.
A report of the study tour shows the high level of policy co-ordination among EU member states' central banks, which enabled them to share information regarding intended monetary policy changes, before such changes were effected.

"One key lesson from Europe's experience that is relevant to the EAC, is the depth of the institutional foundations on which the Eurozone is built and the substantial financial commitments, (including through structural and stabilization funds) that have been made to the EU supra-national policymaking bodies," the report reads.

Also, the report noted the willingness to relinquish national sovereignty to region-wide institutions, adding that "it would be important for the architecture of the EAC integration to acknowledge the scale of these commitments."

In a race for infrastructure development, Kenya--the bloc's biggest economy--and Uganda have racked up significant volumes of public debt in recent years. Kenya's debt to GDP ratio stands at 56.2 per cent.

Kenya's Treasury targets a debt to GDP ratio of 48.6 per cent by June 2019 and projects a decline to 43.2 per cent by 2021--a tall order given the current debt level, according to an April 2019 analysis by the Institute of Economic Affairs.

Economists at the regional bloc are watching Kenya's Treasury as it works to bring fiscal its deficit and debt levels to within the EAC target of 50 per cent of GDP in net present value terms by financial year 2022/23, according to Dr. Kessy.

Uganda's debt on the other hand, currently stands at 41 per cent of GDP, and though still manageable, it is a cause for worry.

**Tanzania: Govt to Table Bill for Obligatory Health Insurance**

18th May, 2019

By Tanzania Daily News (Dar es Salaam)

Dodoma — COME September this year, the government is expected to table in the National Assembly, a bill that will compel all Tanzanians to enroll in the mandatory health insurance for all.

Deputy Minister for Health, Community Development, Gender, Elderly and Children, Dr. Faustine Ndugulile, told the National Assembly yesterday that in looking for solutions facing the health sector, especially Health Sector Financing, the government was undertaking several initiatives.

Among them, is Single National Health Insurance, where the contribution was compulsory for all people with financial
capability. "According to various researches conducted within the ministry, the initiative will help in boosting financial resources in the health sector, which will help to provide services, including to elders who need free services," he said.

The deputy minister was responding to a question by Special Seats MP, Fakharia Khamis, who demanded to know the strategies put in place in ensuring that old men and women were accessing free health care.

Dr. Ndugulile asked all health facilities to have a special window that will be offering services to elders, asking all district councils to avail to them special identity cards that will help them to access free health care services.

In helping all people in the country to access medical services, the deputy minister said the government will in the next parliamentary meeting table a bill that will compel all Tanzanians to have an insurance cover.

In other countries, reports show that two low income countries in Sub-Saharan Africa have achieved high health insurance coverage.

They are Rwanda and Ghana. The coverage may have increased further in recent times. In Tanzania, only about 30 per cent of the people can access health insurance, according to current government data. The rest, over 35 million people, are forced to dig into their pockets when they want to access services at health facilities.

Uganda: Defence Ministry, Japan to Build Modern Hospital
18th May, 2019
By The Monitor (Kampala)

In Summary

- The general manager of NEC construction, Mr. Brian Buhanda, said their next step was to identify projects where the two entities will partner on huge construction in a bid to enhance skills and technological transfer.

Kampala — The National Enterprise Corporation (NEC) has signed a memorandum of understanding with a Japanese construction company to undertake infrastructure development and build an ultra-modern hospital through the Japan Africa Development initiative.

NEC, the business arm of the Ministry of Defence, signed the understanding together with Katayanagi Construction Company of
Japan at the Ministry of Defence headquarters in Mbuya yesterday.

Katayanagi is a big private construct company in Japan.

Brig Ddiba Sentongo, the deputy managing director of NEC, signed on behalf of NEC while Mr. Masanori Yamazaki signed on behalf Katayanagi and Ms. Hamida Kibirige signed on behalf of Japan Africa Development.

Modern facility

The signing of the memorandum was witnessed by Minister of State for Defence, Mr. Bright Rwamirama and Prof Isao Iijima, the senior advisor to the Prime Minister of Japan.

"We are going to build a state of the art hospital with modern equipment that will benefit the entire region," Prof Iijima announced at the signing.

He donated five fire tenders and five ambulances in the meantime to boost the Ministry of Defence's capacity to fight fire and deliver the sick to hospitals in the immediate term, saying the hospital will take about five years to build.

Mr. Rwamirama welcomed the initiative and pledged government's support for the project.

"We have our Chieftancy of Medical Services, we are going to see how the hospital will work whether you will operate it and hand it over after 30 years, we shall see what is agreeable," Mr. Rwamirama said.

He said, at the moment, the Ministry of Defence was in the process of building a national military hospital and promised to seek the Japan government's help to equip the hospital.

Identifying other projects

The general manager of NEC construction, Mr. Brian Buhanda, said their next step was to identify projects where the two entities will partner on huge construction in a bid to enhance skills and technological transfer.

"There is a lot of funding that the Japanese Government is bringing to Uganda and NEC has the experience to undertake those projects," Mr. Buhanda said.

On the sidelines of the function, Prof Iijima handed over a consignment of 100 ultra-modern sewing machines to help improve the welfare of veterans, wives and orphans of UPDF soldiers.

"This donation comes at a time when the Ministry of Defence is re-integrating veterans back into civilian life. It will help veterans get involved in gainful activities, so that they are self-sustaining," Ms. Rosette Byengoma said during the handover ceremony.

Kenya: NHIF System 'Failure' Leaves Patients Stranded
19th May, 2019
By Nairobi News (Nairobi)

Patients at the Kenyatta National Hospital (KNH) using National Hospital Insurance Fund (NHIF) cards to access health services and clear hospital bills have been left
stranded following a system outage since Monday.

The NHIF system at the facility has been down and the most affected patients are the cancer patients. These patients cannot attend chemotherapy which can only be accessed on Tuesdays and Thursdays.

It has not been made clear what caused the outage but Mr. Nicodemus Odongo, the acting Chief Executive Officer of NHIF, says the system is up and running.

"NHIF system is alive and working very well everywhere, including at KNH," said Odongo.

He went on to explain that NHIF has its own system that has to be integrated with the hospital's system to monitor the transaction and that the system failure could be from the hospital's side.

A spot check by the Nation in Hospitals within the city has confirmed the NHIF system are working.

URGENT SERVICES

Kenyatta National Hospital acting CEO Evanson Kamuri on his side said the delay at the NHIF office has been caused by the pre-authorization of the documents.

"The NHIF has a problem, they use to pre-authorize the payment but now they have changed the centre of authorization which is causing the delay," Kamuri said.

Families and patients are now being forced to pay cash to access urgent services.

"This week we have had to pay for the two session because the system have been down since Monday," said one woman with a patient at the hospital.

"They keep telling us to check after every two hours but the situation has remained the same since Monday. It's very unfortunate this is happening at the referral hospital," she added.

Patients who are required to go for dialysis are also affected as they have to wait for NHIF approval.

LONG TREATMENT

Missing dialysis treatment, which removes toxins that build up in the blood of people who suffer from kidney failure, leaves them feeling dizzy and nauseous.

Like any chronic kidney patient, they could die if they go too long without treatment.

When the Nation visited the NHIF offices at the hospital, we found long queues of patients and families looking frustrated.

According to a patient who talked to the Nation team, between 300-700 people have been coming to the hospital since Monday without any help.

Some of the patients have been discharged but the hospital has detained them as they await for the approval of their bills.

"We were discharged on Monday but we cannot leave the hospital because we are paying our bills using NHIF card and the system," said one woman.
FRUSTRATED

The woman is frustrated as she has been told she will have to pay for the extra day she has been at the hospital since the discharge.

"I have been told by an admin at the NHIF office, instead of complaining about the system I should start looking for money to pay for the extra days," she added.

A principal NHIF card holder, who went to pick his two children has been visiting the facility since Monday with no help. His children were discharged on Monday but are still at the hospital.

"I have an NHIF card but the system has been down since Monday. It's very disappointing to contribute to NHIF every month yet when you need to use the service you cannot. The cashier has suggested that I pay cash but I will just have to wait because I cannot be contributing then use my money again to access services," the father of two said.

The hospital has been having bed capacity issues and so most of the discharged patients are forced to sleep on the floor to give space to the incoming patients.

Kenya: Health, Education to Suffer As Coast Counties Allocate Them Peanuts
18th May, 2019
By The Nation (Nairobi)

In Summary

- In Kilifi, the public health department which deals with provision of health services has been allocated a paltry Sh400 million as opposed to the Sh3 billion which will go towards general administration, planning and support services.
- The maternal and child health sector was allocated Sh35 million while curative and rehabilitative services will get Sh155 million.

Coast region counties face tough times after basic services such as healthcare, education, water and sanitation were allocated meagre amounts in the next financial year.

The worst affected are Mombasa, Kilifi and Kwale where the bulk of resources have been allocated to recurrent expenditure at the expense of basic services.

CEILINGS
In Kilifi, the public health department which deals with provision of health services has been allocated a paltry Sh400 million as opposed to the Sh3 billion which will go towards general administration, planning and support services.

The maternal and child health sector was allocated Sh35 million while curative and rehabilitative services will get Sh155 million.

Despite the county experiencing severe water shortage, the water and sanitation department has been allocated only Sh599 million out of which ward development projects will receive Sh190 million while Sh240 million will go towards salaries. Another Sh168 million will go towards administration costs.

Speaking in an interview; water, forestry and natural resources executive Kiringi Mwachitu said the county had been forced to cut the water budget from Sh990 million in the last financial year to Sh240 million due to a government ceiling. "These reductions are as a result of ceilings placed on us by the national government. That is why we have also reduced our expenses on staff salaries and other administrative costs by Sh8 million, from the Sh177 million last year to Sh168 million," he said. In Kwale county's Sh9.1 billion budget, Sh5.1 billion will go towards recurrent expenditure with development getting only Sh4 billion.

In Mombasa, residents attending public participation sessions had called on the government to prioritise availability of clean water, health and education.

But out of the Sh13 billion budget, Sh9 billion will go towards recurrent expenditure with development getting only Sh4 billion. The county government has allocated Sh3.2 billion towards the health sector but a big chunk of the money will go towards recurrent expenditure which has been allocated Sh2.9 billion with a paltry Sh251 million going towards development.

The water and sanitation department was allocated a paltry Sh433 million. The agriculture and fisheries sector was allocated only Sh486 million with Sh245 million going towards recurrent expenditure. An Old Town resident, Mr Hassan Mohammed, said the county needs to install water storage facilities to curb shortage.

Tanzania: Medics Warn of Eye Cancer
19th May, 2019
By Tanzania Daily News (Dar es Salaam)

WATER

The health sector will get Sh2.5 billion out of which Sh1.9 billion is recurrent expenditure. Development projects will get a paltry Sh505 million.
MEDICAL experts in the country have raised considerable concern over rising cases of retinoblastoma, an eye cancer that develops in early childhood.

Thus, they call on parents and guardians to be aware of its early signs and take their children to hospital since the disease is curable.

According to health experts, although retinoblastoma is a rare form of eye cancer in children, several cases are being reported to the country's national hospital.

An eye specialist and lecturer at Muhimbili University of Health and Allied Sciences (MUHAS), Dr. Anna Sanyiwa, said the disease affects children, who are taken to hospital when the disease has already advanced.

"Although not well known to members of the public, this disease has been there for a long time... we are trying to educate members of the public so that parents can know its early signs and take their children to hospital," she said.

Dr. Sanyiwa noted that retinoblastoma was the second among all other diseases reported at MNH and there were 15 patients at MNH children's ward.

She said according to statistics in every 15,000 live births there was one child with retinoblastoma, which meant that between 100 and 130 cases were being reported every year in the country.

Dr. Sanyiwa noted that at MNH alone between 60 and 80 cases of retinoblastoma were reported annually. She said the disease was curable only if the child would be taken to hospital after showing early signs.

"I call upon parents to be aware of the early signs of the disease such as white reflex (leukocoria) and a strabismus (squint) and take children to medical specialists for checkup," she said, adding: "When a child has a cloudy white pupil or strabismus, which is not normal he or she should be taken to hospital for checkup.

This disease can be treated if it is diagnosed as early as possible," she noted.

For her part, an eye specialist at MNH, Dr. Judith Mwende, said the hospital organised eye screening for all children from zero month to five years to detect various complications because it was not easy for parents to just recognise the disease.

Dr. Mwende said the screening had been organised as part of the commemoration of World Retinoblastoma Week aimed at raising public awareness about eye cancer in children.
She noted that some of the symptoms resembled those of eye complications, thus when parents were well informed about the disease it would be easier for them to take their children to hospital.

One of the parents, who brought her child for screening at MNH Mloganzila, Ms. Leila Mapez, said that she was neither aware of the disease nor its early signs.

"I heard about an eye screening camp through the media and I decided to bring my child for diagnosis," she said. World Retinoblastoma Week is commemorated to raise global awareness about eye cancer that affects children.

According to World Eye Cancer Hope (WECH), retinoblastoma is a fast growing eye cancer that affects small children. "Early diagnosis is vital to save children's life and sight, but small children cannot tell parents their sight is changing, and the signs of vision loss in them can be subtle."

WECH says "a white glow in a child's eye, seen in flash photos or dim light, is the most common early sign of this cancer.

Ninety per cent of children are diagnosed because a parent sees this sign, but the time delay between first seeing the sign and seeking medical help is often several months or more." 

WECH further says that 96 per cent of children are cured today in the developed world, but many lose one or both eyes or suffer significant vision loss due to late diagnosis.

"Curative treatment often has lifelong physical and psychosocial impacts on young children.

Ninety per cent of children with eye cancer live in less economically developed countries, and most are diagnosed too late to save their lives."

**Kenya: First Lady Kenyatta Handed Award By WHO**

19th May, 2019

By Capital FM (Nairobi)

First Lady Margaret Kenyatta is joined by IAAF CEO Jon Ridgeon during the event in Geneva

Geneva, Switzerland — First lady Margaret Kenyatta was on Sunday presented with the 2019 Health Leaders award by World Health organization (WHO) Director General Tedros Adhanom in recognition of her outstanding advocacy on global health matters.

Kenyatta who is the patron of the First Lady's Marathon and was also Kenya's patron of the IAAF World Under-18 Championship
held in Nairobi in 2017 was part of WHO's 'Walk the Talk: The Health for All Challenge' event at the Place des Nations in Geneva.

"Physical activity is the bedrock of healthy living that prevents many illnesses. Linking this to good nutrition and reinforcing healthy habits, including physical exercise, is something we as leaders need to encourage in our communities," Kenyatta said.

The event was organized in association with the IAAF and also present was Sports Cabinet Secretary Ambassador Amina Mohammed.

"Today is not just about sport; it's about promoting health for all. We have all come together with one goal: to demonstrate that we cannot take health for granted," said Adhanom.

Four-time New York City Marathon champion Mary Keitany was also in attendance alongside European half marathon champion Tadesse Abraham and IAAF CEO Jon Ridgeon.

Four-time NYC Marathon champ @KeitanyMary, European half marathon champ @run_tade and IAAF CEO @JRidgeon took part in @WHO's Walk the Talk: The Health for All Challenge in Geneva today.pic.twitter.com/hGVb8dkCFL

--- IAAF (@iaaforg) May 19, 2019

Other special guests in attendance included Formula One racing driver Romain Grosjean and mental health advocate Cynthia Germanotta, Lady Gaga’s mother.

Celebrating its second edition, the Walk the Talk: The Health for All Challenge celebrated the importance of health and physical activity, a core value of the IAAF and one which it actively promotes and encourages around the world through initiatives and activities such as Run 24-1 delivered by its athletes and its 214 Member Federations.

On a day that featured music, dance, drums and yoga, Ridgeon joined Keitany and Abraham in one of the mass-participation runs, promoting the IAAF’s Clean Air campaign and the Run 24-1 global campaign to get people moving.

"It's been a brilliant day to be reminded of the global power of running," said Ridgeon. "Let’s work in partnership with organisations like the WHO to get the world moving."

**Rwanda: Over 20 Nations in Kigali to Discuss Response to Disease Outbreaks**

20th May, 2019

By The New Times (Kigali)

Representatives from 24 countries will today converge in Kigali where they will discuss how best they can collectively prevent, detect, and contain disease outbreaks.

The four-day meeting is being hosted by the Rwanda Defence Force (RDF) through Rwanda Military Hospital, and in partnership with the United States Air Force Africa.

The 7th African Partner Outbreak Response Alliance (APORA) Key Leader Conference seeks to rapidly advance plans, tactics, and capabilities by establishing effective international relationships, sharing and leveraging best practices.
RDF Spokesman Lt Col Innocent Munyengango told The New Times yesterday that the conference will play a significant role in informing Rwandans on how best to respond swiftly to disease outbreaks.

"This is an opportunity for Rwandans to know about existing military partnership strategies and, of course, the RDF will benefit from knowledge sharing from the different participants on how to respond more swiftly on various outbreaks at home, in the region and on the international scene," he said.

APORA was formed in response to the Ebola outbreak which claimed over 11,000 lives in Africa from 2014 to 2016.

It originally began as a military event but has since opened its attendance to include civilian partner agencies. The alliance also uses the Global Health Agenda to inform and shape their activities.

**Preparedness**

Late last year, the Ministry of Health and Rwanda Military Hospital held an Ebola simulation exercise (SIMEX) to ensure preparedness in case of any emergency outbreak.

The exercise, dubbed "Kumira Ebola Simulation Exercise" SIMEX, was held at the Rwanda Military Hospital in Kano mbe.

The medical simulation exercise tested RDF medical service personnel and other stakeholders on the readiness and general conduct in case of an Ebola outbreak in Rwanda.

**Uganda: AAR Clinics Close over Doctors' Strike**

20th May, 2019

By The Monitor (Kampala)

Kampala — At least eight out of the 11 private clinics operating under the Africa Air Rescue (AAR) Healthcare Uganda, have been closed since last Friday after doctors went on strike, protesting low salaries compared to their counterparts in other private and public hospitals.

Some of the doctors Daily Monitor spoke to, said they decided to lay down their tools after management failed to live up to its promises from previous meetings held last year.

"The Uganda Medical Association (UMA) where we took our grievances after failure to reach an agreement on April 14, gave management four days to respond or else they give us a way forward to take industrial strike," one of the striking doctors, who spoke on condition of anonymity for fear of being victimised, said yesterday. AAR headquarters in Nairobi, Kenya, reportedly did not respond until 20 minutes to the Friday 17, 5pm deadline.

Their response through a law firm, one doctor who read the document noted, contained threats that the internal human resources department would take unspecified action on doctors who abandon or fail to return on duty.

"We started the strike on Friday midnight and by yesterday, we had managed to close eight clinics. There are also those which are
still open, but with no doctors," one of the striking doctors said.

Specifically, the doctors who receive between Shs1.8m and Shs2.1m net salary want their salaries adjusted to at least Shs3m.

Those working part-time are demanding that their current pay of Shs12,000 per hour be revised to Shs13,000.

The doctors also complained that the Shs15,000 given to specialists (such as paediatrics and gynaecologists) per patient is too little compared to the Shs50,000-Shs80,000 paid by patients.

AAR Healthcare Uganda Limited is a subsidiary of AAR Healthcare Holdings Limited operating in the East African region.

Mr. Indren Pooven, the chief executive director of AAR Holdings Limited, said the board has approved the doctors' pay raise, and the adjustments will be effected next week.

He, however, did not disclose the specifics.

"The team has distributed my memo this afternoon and we will work out and communicate the specifics to the respective people this coming week," Mr. Pooven said by telephone from Nairobi yesterday.

Dr. Mukuuzi Muhereza, the UMA general secretary, criticized the AAR management's threats to take legal action against the doctors demanding fair pay.

He asked the parties to instead settle the issues through negotiations and in the interest of patients.

"There has been a problem of poor communication by AAR management and, for us, what we want is for them to settle the issues amicably," Dr. Muhereza said.

Following the announced consent by the employers, some of the striking doctors said they won't return to work until Mr. Pooven's promise is put to them in writing.

Tanzania: Zanzibar Govt Keen to Partner with Turkish Firm to Modernize Its Healthcare
20th May 2019
By The Citizen

Zanzibar’s Second Vice President Ambassador Ali Iddi when he met with senior executives from KAYI Medical International and General Electric in Zanzibar recently.

In Summary
The government of Zanzibar pledges to partner with General Electric and KAYI Medical International to modernise its healthcare systems.

Zanzibar — The government of Zanzibar is keen to work with General Electric and KAYI Medical International to modernise its healthcare system.

Zanzibar's Second Vice President Ambassador Ali Iddi gave the pledge at the weekend when he met with representatives of KAYI Medical International led by its General Manager Batur Engin.

Mr. Iddi said that Zanzibar would welcome reputable international organisations to modernise its healthcare. He said the government was planning to construct a new referral hospital.

"The proposed Binguni Teaching and Referral Hospital will be a 1,000 bed capacity institution that will help to reduce costs that we spend to send patients overseas while greatly improve local quality of services," said Ambassador Iddi.

Mr. Engin informed the meeting that KAYI Medical International was experienced and has relevant technology to provide the needed medical equipment, training and long term servicing of the equipment. He said the company has successfully completed similar projects across the globe.

KAYI Medical International is a Turkish construction conglomerate based in Istanbul and works on high-profile construction engineering projects such as hospitals, industrial buildings, business centers, and retail complexes.

Kenya's UHC Commended as World Health Assembly Kicks Off in Geneva

21st May, 2019
By Capital FM (Nairobi)

Geneva — The ongoing roll out of the Universal Health Coverage (UHC), now in the pilot phase, has received global recognition at the World Health Organization's (WHO) 72nd World Health Assembly meeting which kicked off in Geneva, Switzerland Monday.

Speaking during the opening ceremony attended by hundreds of world leaders among them First Lady Margaret Kenyatta and Health Cabinet Secretary Sicily Kariuki, WHO Director General Tedros Adhamon Ghebreyesus cited Kenya as a leading crusader of UHC.

"Last year I mentioned Kenya's ambitious plan to implement a new UHC scheme with support from WHO. In December, I had the honour of being with President Uhuru Kenyatta for the launch of that programme in Kisumu," Tedros informed the World Health Assembly.

The WHO Director General said UHC has already started producing results in Kenya and gave the example of Immaculate Otene, a 33 year old unemployed mother of four whose health burden has been lifted through access to free healthcare services.

"Immaculate is unemployed and her husband often goes without work. But thanks to Kenya’s new UHC plan designed with support from WHO, her family can now..."
access free health services," the Director General said.

Kenya is currently implementing the pilot phase of UHC in the four counties of Kisumu, Nyeri, Isiolo and Machakos.

The WHO Director General encouraged other countries to emulate Kenya's commitment and scale up the provision of healthcare to their citizens by implementing UHC.

Tedros urged WHO member states to promote access to quality primary healthcare, saying strong primary healthcare is the frontline defence to re-emerging diseases like cholera, polio and ebola.

"There will be no UHC without primary healthcare. Primary healthcare is where the battle for human health is won or lost," Tedros said emphasizing that through primary healthcare that countries are able to prevent, detect and treat non-communicable diseases.

**Tanzania: Women in Kigoma Region Fined for Giving Birth At Home**

21st May, 2019

By The Citizen (Dar es Salaam)

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**In Summary**

- Pregnant women giving birth outside the health facilities in Kibondo District, Kigoma Region face a fine of between Sh20,000 and Sh50,000.

Kibondo — Pregnant women giving birth outside health facilities in Kibondo District, Kigoma Region face a fine of between Sh20,000 and Sh50,000.

They are obliged to pay the fine when they attend clinic for follow up services such as vaccination of their babies.

Muhambwe lawmaker Atashasta Nditiye (CCM) who doubles as Works, Transport and Communications deputy minister raised the matter this weekend during a tour of the area.

"Our wives are fined between Sh20,000 and Sh50,000 when visiting dispensaries for other services after giving birth at home. This is unacceptable," said Nicolaus Sabuni, a resident of Kibondo District.
His sentiments were echoed by Halima Maulid, a resident who got an opportunity to voice her concern before their representative.

In a swift reaction, Kibondo District acting Chief Medical Officer Innocent Sunamie said his office had already directed those involved to immediately stop or else face disciplinary action.

"We will make a close follow-up to establish whether this is still going on," he pledged.

Mr. Nditiye warned that the government would not tolerate officials with a behavior which could likely plunge the government into conflict with citizens.

"We will not let this slide," he said, directing Mr. Sunamie to work on the matter and file a report for further action.

Kenya: Doctors in Kisii on Strike over CBA Execution
21st May, 2019
By The Nation (Nairobi)

Doctors in Kisii boycotted work Tuesday citing failure by the county government to implement a 2017 Collective Bargaining Agreement (CBA).

In a quick rejoinder, however, Governor James Ongwae claimed that all demands by the doctors had been met.

Mr. Ongwae added that the doctors were being unfair to the county given that he had put every effort to improve their welfare.

Led by Kenya Medical Practitioners Pharmacists and Dentists Union (KMPDU) Nyanza branch chairman Kevin Osuri, the medics accused the county of failing to promote them, thwarting their efforts to go for study leaves and not implementing the NHIF scheme.

Dr. Osuri said that they would only terminate their "first strike against Kisii County" if the three issues are solved amicably.

According to the medics, not even interns will be working as they operate under the "supervision of doctors."

The doctors who converged at Kisii Sports Club were overheard on phone instructing a person believed to be an 'intern representative' to instruct interns to boycott work immediately.

Kenya: Mombasa Steps Up Fight against Cholera
21st May, 2019
By The Nation (Nairobi)
Mombasa County government has banned the sale of bottled water from unverified companies to tame cholera outbreak in the city.

Through the department of Public Health and Sanitation, the local government has also instructed all hotel workers, food and water vendors to register at county offices.

In a statement, executive for Health Hazel Koitaba outlined new strategies for cholera control in the county.

The local government has also banned all food outsourced from hotels, suppliers and business entities whose premises and businesses are unlicensed and do not have a health inspection certificate from the department.

Ms. Koitaba noted that anyone outsourcing food and drinks for any public function is required to immediately notify the department of health services to allow for the necessary inspections and approvals.

She has urged individuals or organisations wishing to outsource food and drinks to notify the department within 14 days prior to their function.

The local government is issuing water treatment chemicals and other sanitation consumables to prevent cholera cases.

In addition, on-ground treatment centres have been set up to attend to any cases at source.

She said authorised officials from the department are making random spot checks to ensure compliance to the directive.

Uganda Needs 5,000 Pharmacists - Experts
22nd May, 2019
By The Monitor (Kampala)

In Summary

Mr. Morris Seru, the acting commissioner for pharmaceuticals in the Ministry of Health, said that government is not in position to employ all the pharmacists needed in the country.

Uganda needs at least 5,000 pharmacists for both the private and government sectors to effectively serve the population, experts have said.

This was revealed in Kampala yesterday during the launch of the 8th convention for pharmacy students that will be held in July.

Dr. Samuel Opio, the secretary Pharmaceutical Society of Uganda, said currently, Uganda has 1,100 registered and licensed pharmacists but about 20 per cent of them are out of the country for further studies or work.

"We need to increase five times more because only 150 pharmacists graduate annually and we need to increase the number to 600 to be able to cover the gap in 10 years to come," he said.

Brain drain

Dr. Opio added that of the registered pharmacists, 90 per cent are employed in the private sector.
"This means that access to the pharmacists is still a problem for Ugandans who are using public sector facilities, especially in remote areas. That is why they end up having individual treatment," he said.

Dr. Opio added that the public should also change the perception that pharmacists are drug sellers yet they are experts in medicine.

"Currently, there is a need to have more veterinary pharmacists because screening of animal products is becoming a problem in Uganda and it is meant to be done by these pharmacists," he said.

Dr. Opio also revealed that they have developed a mobile application that will help improve pharmaceutical services across the county.

"This application will be used by the pharmacists and their employers. It is currently on trial for the whole of this month after which we expect to launch it," he said.

Mr. Morris Seru, the acting commissioner for pharmaceuticals in the Ministry of Health, said that government is not in position to employ all the pharmacists needed in the country.

"As government, we know where we need pharmacists and we are working to make sure that we have them but some will be hired by private sectors," he said.

Mr. Seru added that they want a pharmacist for every district.

"We are working with the human resource department because district health officers are over loaded and these pharmacists will be responsible to support in pharmaceutical services right from health centre II. We need one pharmacist per 10 people, which means we still have a gap of 4,000 pharmacists," he said.

Uganda: Institution to Build 8 Hospitals in West Nile
23rd May, 2019
By The Monitor (Kampala)

Ground-breaking. The State Minister for Finance (General Duties), Mr. Gabriel Ajedra, lays the foundation for the construction of eight private hospitals across West Nile yesterday. Photo by Felix Warom Okello

In Summary

- Employment. The hospitals are expected to employ more than 400 health workers.
- The health institution will construct hospitals in Arua, Pakwach Nebbi, Zombo, Koboko, Yumbe, Moyo and Adjumani districts.

West Nile. Rhema Hospital, a private institution in West Nile, has secured more than Shs317 billion from Agape Sanctuary Ministries International to construct eight modern hospitals across the sub-region.

The health institution will construct hospitals in Arua, Pakwach Nebbi, Zombo, Koboko, Yumbe, Moyo and Adjumani districts.

"We are not building this for today but for years to come with state-of-art equipment ranging from diagnostic imaging, Computerised tomography (CT) scan, X-ray,
ultrasound, renal and kidney unit, intensive care unit, IVF Laboratory," Dr. Ronald Debo, the hospital director, said yesterday.

"When you are critically ill in this region, you are left to die or it is God to save you. But we want to reverse this trend," he added.

Dr. Debo said the hospitals are expected to employ more than 400 health workers.

He said the costs of surgery will be affordable, adding that they will be determined when the construction is complete.

"People who are referred to Mulago hospital usually die either in Karuma, Nakasongola because of the long distance.

We shall have tele medicines because there will be specialists in the hospital. The Orthopaedic services will help us save people from dying from accidents," he said.

The hospital will also expand services to neighbouring DR Congo and South Sudan.

The donors said the health facilities, expected to be constructed within two years, is part of their mission.

"We believe that people should not only go to church every Sunday, but we should also be responsible for the welfare of people who need to eat, need treatment.

We have a mission to construct five referral hospitals in this country. And this is the beginning," Bishop Daniel Mwanga of Agape Sanctuary Ministries in Africa, said.

"There are many medical facilities across this country but they have limitations.

We need to have the modern equipment and human resource that will be able to treat patients although, we have been struggling with money to be cleared by the government," he added.

The State Minister of Finance, General Duties, Mr. Gabriel Ajedra, said the project will supplement government efforts in providing health services.

"We (Ministry of Finance) have been struggling to fund government hospitals and health centres, but this will now decongest the regional hospitals also," Mr. Ajedra, who is also the Vuura County MP, said.

Responding to the question about blocking the construction funds, Mr. Ajedra said: "Management needs to have investment licence for this project because with minimum of $5m (Shs18b), we (Finance) directed that URA (Uganda Revenue Authority) waives taxes in certain areas.

This will further reduce cost of construction and hospital equipment that will be imported. I will follow this issue of blockage of the money personally this week since the business plan is already there."

Mr. Bernard Atiku, the MP for Ayivu County, promised support to Rhema because it has transformed many lives and passed the test of being a hospital.

"We will be together in this journey as local leaders. This is not only for the Ayivu people but for a greater north, South Sudan and
Congo. One cannot underrate this kind of development," he said.

**Tanzania: Govt Refutes Misleading Hepatitis B Information**

23rd May, 2019

By Tanzania Daily News (Dar es Salaam)

THE Ministry for Health, Community Development, Gender, Elderly and Children has refuted information that hepatitis B is transmitted through air and therefore, causes massive deaths.

The ministry reacted after information was circulating on social media, saying the disease, which affects liver, was on the increase and had claimed several deaths in a short time.

"Society should get correct information from relevant authorities and they should ignore information circulating on social media," the ministry's statement, which was released in Dar es Salaam yesterday, says.

It further said that, according to the Tanzania HIV Impact Survey of 2016/17, conducted by the National Bureau of Statistics (NBS), shows that 4.3 per cent of Tanzanians aged 15 years and above living in urban areas are infected with hepatitis B and 3.3 per cent in rural areas.

Hepatitis B virus (HBV) is a small partially double-stranded circular deoxyribonucleic acid (DNA) virus that belongs to the family Hepadnaviridae.

The disease is classified into eight genotypes A to H, with each one having distinct geographic distribution.

In highly endemic areas, hepatitis B is most commonly spread from mother to child at birth (perinatal transmission) or through horizontal transmission (exposure to infected blood), especially from an infected child to an uninfected child during the first five years of life. Hepatitis B is also spread by percutaneous or mucosal exposure to infected blood and various body fluids, as well as through saliva, menstrual, vaginal and seminal fluids.

Sexual transmission of hepatitis B may occur, particularly in unvaccinated men, who have sex with men and heterosexual persons with multiple sex partners or contact with sex workers.

The ministry further said the government had taken several measures, including the introduction of hepatitis B vaccine to under five children in Tanzania in 2002 and was administered as Pentavalent (DPT-hepatitis B) at 4, 8 and 12 weeks of life. To date, 20 million Tanzanians have been vaccinated.
Another measure taken by the government is to provide vaccination to people, who are more at risk of infection, including healthcare workers, those, who share needles and those, who have unprotected sex with multiple sex partners or with someone, who is living with HBV. The statement further says that the vaccine has been sent to public health hospitals in several regions and border areas.

Other areas are Ocean Road Cancer Institute in which one will have to pay 10,000/- for diagnosis and 30,000/- for three dosages.

Indications for HBV treatment are strict, as it has to be offered only to chronic hepatitis B patients with inflammation of the liver, fibrosis, high viral replication and/or at high risk of disease progression to cirrhosis.

A patient is, therefore, subjected to serial investigations before the commencement of treatment. Signs and symptoms of hepatitis B range from mild to severe.

They usually appear about one to four months after one has been infected, although one could see them as early as two weeks postinfection. Some people, usually small children, may not have any symptoms.

Hepatitis B signs and symptoms may include abdominal pain, dark urine, fever, joint pain, loss of appetite, nausea and vomiting, weakness and fatigue, yellowing of one's skin and the whites of one's eyes (jaundice).

**Tanzania: Go for Expert Guide in Handling Dengue Fever, Public Advised**

23rd May, 2019

**MEMBERS of the public were yesterday warned against relying on distorted reports on treatment of dengue fever, amid advice to pursue professional information from reliable sources.**

The Chief Medical Officer, Prof Muhammad Kambi told the 'Daily News' that there is no specific medication for the viral disease but treatment was given on associated symptoms like high fever and dehydration.

"Dengue fever is a mosquito- borne tropical disease caused by dengue virus...it's difficult to have definitive treatment on viral diseases...what are being treated are symptoms associated with the disease like sudden high fever, severe headache associated with eye pain, joint and muscle pains," the CMO said.

He said currently people infected with dengue virus, are given paracetamol/panadol to heal fever, joint and...
muscle pains, advising victims to drink plenty of fluids to avoid dehydration.

Prof Kambi was reacting on reports making rounds on social media that extract from papaya leaves can cure dengue fever and the use of coconut oil on skin repels mosquitoes.

"One of the complications of dengue fever is that it affects blood cells and generate antibodies that destroy platelets, causing bleeding to patients... there are reports that papaya leaves can help to boost platelet counts but we don't entertain such reports, which have not been scientifically proved," Prof Kambi noted.

He dismissed reports that the use of coconut oil on skin can prevent people from mosquito bites, saying there is no scientific proof.

The CMO, however, noted that since the symptoms associated with dengue fever resemble symptoms of other diseases, it was important for people to report to health facilities for checkups and receipt of proper treatment.

He called on health service providers and citizens to understand that not every illness is dengue fever, saying it's important to undergo diagnostic tests of other illnesses before reaching groundless conclusions.

Professor Kambi further detailed that currently, the National Health Laboratory has 43 test kits with the capacity of diagnosing 430 people.

"These test kits remained after distributing 156 kits to various public health facilities in the country, the government has also placed an order of 3000 test kits with the capacity of testing 30,000 people...the aim is to ensure that our public facilities have enough test kits," he said.

Prof Kambi said the government has extended diagnostic services in Dar es Salaam and Tanga regions by increasing the number of public health facilities that are carrying out diagnostic tests from seven to 19 to ease the free of charge diagnostic tests.

Commenting on why dengue fever was not covered by the National Health Insurance Fund (NHIF) and the need for the government to provide indicative price for dengue fever testing, he said the ministry was working over the matter, asking the public to remain patient.

"We need time for now as we continue working over the matter...we also need to go through other international procedures, assess the situation and we will communicate our decision to wananchi," he said.

NHIF Public Relations Manager Angela Mziray said dengue fever was among the epidemic diseases like cholera and Ebola, which the government has set special procedures of dealing with them as per the Public Health Act, 2009.

"According to the Act, all citizens, including NHIF members will access diagnostic test services for dengue fever charge free from public health facilities, which the government has identified," Ms. Mziray said.

Meanwhile, Tanzania Food and Drugs Authority (TFDA) has said it has not
registered two drugs Carpill (carica papaya leaf extract tablets) and papaya platelets booster alleged to have the capacity of treating dengue fever.

"These drugs are not registered by TFDA, reports that they can cure dengue fever are false because their quality and efficacy have not been approved for use in the country," reads TFDA statement.

According to the Ministry of Health, Community Development, Gender, Elderly and Children, as of May 16, this year, 1,901 people were reported to have been diagnosed with the fever since it was first reported in January, this year.

The disease is not new in the country for it was also reported in 2010, with 40 people affected. It has also been detected in the neighbouring Mozambique and Kenya where 100 and 30 people, respectively, were affected.

**Uganda to Start Ebola Vaccine Trials**

23rd May, 2019

By The Independent (Kampala)

A team that has just finished setting up a tent in the high-risk zone in the Ebola treatment centre, getting out of their personal protective equipment (PPE). It’s hard work, and harder still in such attire. Photographer: Karin

Kampala, Uganda — The Uganda Virus Research Institute-UVRI is set to carry out phase two human trials for the Ebola vaccine. The trials are expected to start in July.

The trial is going to use the Janssen Ebola Vaccine that was developed by Janssen Pharmaceutical Company. Phase I and II human trials of the vaccine have already been carried out by the Oxford Vaccine Group in the United Kingdom.

The study will be carried out at Mbarara University of Science and Technology.

Prof Pontiano Kaleebu, the Director UVRI says that the vaccine will be tested on a wide number of people in Mbarara. He says the people will be under close observation.
As part of the trial, volunteers will be given two doses. The first will be a prime dose to stimulate an initial response and then a booster dose to increase the level and duration of protection against Ebola.

Prof Kaleebu says that they are carrying out the phase II trial on a bigger scale because the vaccine is moving on to be licensed so that it can be used in Democratic Republic of Congo-DRC where there is an outbreak of Ebola.

The vaccine is a mix of different Ebola strains and Marburg fever. Majority of the vaccine is made up strains from Ebola Zaire. It has components of Ebola Thai and Sudan.

Prof Kaleebu says that previous trial of the vaccine has shown that it is highly effective in protecting animals like monkeys up to over 90 percent.

Dr. Juliet Mwanga, the focal person of the trial in Mbarara says that they have formed a strong team of health workers and support staff to closely follow the trial.

"A team of over 24 doctors and support staff will take part in the study. The study will take place in a controlled environment for us to better get accurate results of the effectiveness of the vaccine."

Uganda last year began carrying out emergency vaccination of frontline health workers against Ebola in high-risk districts neighbouring DRC where Ebola has claimed the lives of over 900 people.

More than 4,000 health workers were vaccinated using the Ebola-rVSV vaccine.

The vaccine was developed by Merck pharmaceuticals

Rwanda: Kabeza, the Medic Using Tech to Raise Awareness on Diabetes
24th May, 2019
By The New Times (Kigali)

In 2013, Claudine Kabeza encountered 100 cases of children and teens who lived with diabetes at an educational camp in Kigali.

The same year, her mother had been killed by the disease.

Most of the children and teens she met for the first time were diagnosed with diabetes 1.

Diabetes is a disease in which a person's blood glucose or sugar levels are too high. Glucose comes from the foods you eat.

With type 1 diabetes, someone's body does not make insulin. Insulin is a hormone that
helps the glucose gets into cells to give them energy.

"During the time I met the children, I was trying to get more educational information about diabetes, I was a medical student pursuing my master's degree," she recounts.

Kabeza, who will soon acquire her doctorate, was particularly interested in researching about the disease because she had a personal experience, having lived with her mother who had spent 15 years with the disease.

"Having witnessed how she struggled with self-care and diabetes self-management with little information at hand, I felt a duty to ensure enough information is at the disposal of the diabetes patient as possible," she says.

However, what sparked her interest were the young people she met at an educational camp, which had been organised by Rwanda Diabetes Association, an organisation that supports people with diabetes.

"They were resilient, they wanted to be together and they had bigger dreams," she recalls.

The camp had been organised under the theme: "It won't stop my dream", reflecting the same resilience that the young have.

In reality, diabetes is a chronic disease but, with self-care, victims are able to live a healthy life. However, so often people living with the disease lack enough information.

Kabeza wanted to respond to that challenge, by tapping into the power of technology.

The technology

The medical student at Carl Gustav Carus University Hospital at the Technical University of Dresden in Germany designed a mobile phone application - Kir’App - that aims at raising awareness about the disease.

The application, currently available on Android, enables those diagnosed with diabetes to self-manage their health. It responds to what she calls a "big gap that exists in diabetes education among people living with diabetes in Rwanda".

The application provides content regarding the disease, offers advice about eating habits, and makes suggestions about when or which tests to take, as well as the kinds of sport one should do.

At the moment, her target is that segment of people who use smartphones, most of whom include the teens she met six years ago.

She also targets those who live near those who have diabetes, including neighbours, friends and relatives who can share information with others who don't have the same access.

In Rwanda, there are around 187,280 adults who are diagnosed with diabetes, according to Rwanda Biomedical centre (RBC).

Although there is no recent study that pinpoints the extent of the educational gap, Kabeza says several studies have brought to light the fact that Rwanda's diabetes education is poor, and that it is of urgent importance to address it.
On the global scale, approximately 425 million adults (age 20 to 79 years) have diabetes. This means roughly 1 in 11 people.

**The medical student is optimistic.**

"Rwanda's digital technology is rapidly developing, so is the use of smartphone applications like WhatsApp. This is a suitable environment to bring diabetes awareness to the masses," she notes.