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Kenya: Health Ministry Owes Kemsa Sh1.5 Billion, Audit

24th August, 2019
By The Nation (Nairobi)

In Summary

- Nairobi County has the highest debt at Sh84.2 million, Kilifi Sh138 million followed by Kitui and Narok owing the authority Sh104m.
- Out of the Sh1.5 billion, Sh1.09 billion has been outstanding for more than two years.

The Ministry of Health owes Kenya Medical Supplies Authority (Kemsa) Sh1.5 billion, Auditor General 2017/2018 report shows.

Out of the amount, Sh1.09 billion has been outstanding for more than two years.

However, an officer from the budget committee revealed to the Nation that the figure was never budgeted for in the last financial year.

The debt is for services that Kemsa has been rendering to the ministry including procurement of products, distribution and warehousing for products from donors including family planning commodities, condoms nutrition products.

SERVICES

"The services cannot stop, as the counties pick the commodities, more are brought on board and the cycle continues," says the officer.

The counties owe Kemsa Sh2.2 billion dating back to 2013.

He wondered why Kemsa CEO Dr. Jonah Mwangi was not putting pressure on counties to pay their debts.

"If all the 47 counties owe them (Kemsa) Sh2.2 billion and one entity a huge amount of Sh1.5 billion which one should be more pressurised? Why are counties the ones being blamed?" he asked.

Nairobi County has the highest debt at Sh84.2 million, Kilifi Sh138 million followed by Kitui and Narok owing the authority Sh104 million while Nakuru's debt has accumulated to Sh96 million for drugs and other medical supplies.

Dr. Mwangi, was however, reluctant to reveal the amount of money the Health ministry owes them. The official however gave the amount of money the counties owe Kemsa.

WRITE OFF DEBTS

"What I know is that the ministry pay as services are rendered, they procure, store and we distribute as more stock comes in," Dr. Mwangi said.

He was, however, not willing to discuss the ministry with the media. He said he was in talks with the Health ministry and that the money would be settled.

"If you want to know how much the ministry owes us, kindly call them," said Dr. Mwangi.
In a recent interview with the Nation, when asked about writing off the debts by counties Dr. Mwangi said that all the monies must be paid.

"All the orders are committed in the IFMIS and they were serviced against issued LPOs, the PFM Act has no provision for writing off public debts by the authority, only Cabinet Secretary Treasury can write them off," he said.

Kemsa has in the past blacklisted counties who did not pay their debts in time.

**Rwanda: Urban Refugees to Get Health Insurance**

24th August, 2019  
By The New Times (Kigali)

The development follows a memorandum of understanding (MoU) signed between MINEMA, Rwanda Social Security Board (RSSB) and the United Nations High Commissioner for Refugees (UNHCR) on June 25, 2019.

Speaking to The New Times, Jean Claude Twishime, Public Relations and Communications Officer at MINEMA said that the move was in line with the implementation of the 2015 commitments that Rwanda made including providing them with refugee IDs and passports, supporting them with development projects, as well as integrating them in the national health insurance scheme.

He noted that the project will benefit 12,045 urban refugees who are in Rwanda, as well as 1780 student refugees staying in boarding schools and universities across Rwanda.

He indicated that the UNHCR would be contributing Rwf 7,000 for each refugee to be enrolled in the Community Health Insurance Scheme - Mutuelle de Santé. Over Rwf 96 million has been allocated for the purpose this year (2019).

Such refugees, he explained, are considered as a special group because they are not considered in Ubudehe - Rwanda's classification of citizens depending on their economic status - because their economic profiles are not documented in the country.

"We have partners, health posts and health centres that help us treat refugees in camps. But, imagine a refugee who is in Kigali and has to pay for a shelter, as well..."
as other needs including education," he said, adding that the health sector is an aspect that should be given more priority.

He said that the government has embarked on refugee inclusion in terms of economic development so that they start enjoying services that all the citizens are entitled to.

Africa: The WHO Africa Gates Tobacco Control Project Review Meeting Kicked Off in Kigali

28th August, 2019
By World Health Organization (Geneva)

Kigali, 27th August 2019: The World Health Organization (WHO), in collaboration with the Ministry of Health of Rwanda, is organizing in Kigali, a three days' workshop, from 27th to 29th August 2019, on WHO Africa Gates Tobacco Control Project Review in the African Region. The participants are focal points for Tobacco control in the Ministries of Health and WHO Country Offices from countries supported by the Gates Tobacco Control Project whose current phase of Project is Phase 3 which commenced on 6th April 2017 and will end in 2020. A total of 13 countries are benefiting from the project funding namely, Botswana, Burkina Faso, Cote d'Ivoire, DR Congo, Ethiopia, Gabon, Gambia, Guinea, Kenya, Nigeria, Rwanda, Togo and Uganda.

The objectives of the meeting are to:

(i) review the progress made in each country in the implementation of Phase 3 activities;

(ii) To identify challenges faced and develop strategies to overcome them;

(iii) To develop a short term plan for remaining priority actions under Gates Project Phase 3;

(iv) To explore priority areas that can be considered in the next phase of the Gates Project.

The Meeting was officially opened by the Division Manager of NCDs in Rwanda Biomedical Centre, Dr. Gilles Ndayisaba on behalf of the Minister of Health. Dr. Jean Marie Dangou, NCDs/AFRO, is representing WHO Representative in Rwanda and AFRO Region.

In his opening speech, the Representative of the Ministry of Health welcomed all participants in Rwanda. He highlighted that "tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year. More than 6 million of those deaths are the result of direct
tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke”. He urged countries to put all efforts to fight tobacco and other NCDs risk factors, especially in youth for a better and healthier future.

Dr. Dangou, on behalf of WHO Representative in Rwanda, Dr. Kasonde Mwinga, thanked Rwanda for hosting this meeting. He recalled that WHO has been working with governments by supporting the Ministry of Health and Partners, to improve the health of populations towards Universal Health Coverage, especially by tackling epidemics like tobacco consumption. He "appreciated the generosity of the Bill and Melinda Gates Foundation for providing funding support that has continued to support tobacco control activities in 13 countries in the region". He added: "Let us ensure that the impacts of these resources are seen and felt through tangible results and eventually a reduction of tobacco use in Africa. This will save many lives and bring savings to our economies”.

**Rwanda: Researchers Record Over 10,000 New Cancer Cases**

24th August, 2019
By The New Times (Kigali)

Medical experts during a panel discussion at Kigali Marriott Hotel on Saturday. They said there is need to begin shifting resources toward cancer fight.

An estimated 10,704 new cancer cases involving 4,520 males and 6,184 females were recorded last year according to Dr. François Uwinkindi, the Director of Cancer Programme at Rwanda Biomedical Centre.

He was talking to Sunday Times during a consultative meeting of stakeholders in fighting cancer in Kigali on Saturday.

"8,200 new cancer cases were recorded in 2017 which increased to over 10,700 new cancer cases in 2018," he said adding that there is a need to begin shifting resources toward the imminent burden.

Of the recorded cases, breast and cervical cancers are the most common in women while prostate cancer is the most common cancer in men, and colorectal cancer as the third most common cancer.
Others include stomach cancer, liver cancer, and others.

He said National Cancer Registry has been established to help provide cancer-related data in Rwanda. Dr. Uwinkindi urged people to embrace screening for early detection and be aware of prevention measures.

"Some cancers are preventable since the risk factors are modifiable. For instance, people can avoid tobacco, beer, fight obesity but others are not preventable because some cancers might be hereditary in families," he said.

In terms of treatment, Dr. Uwinkindi said that there was vaccination to prevent certain types of cancer.

"Today 93 per cent of young girls are vaccinated against cervical cancer. We have also vaccination against Hepatitis C and treatment drugs are available," he said.

The main challenges that are still leading to cancer-related deaths, he explained, include lack of people's knowledge about the disease, low participation in the medical check-up and limited financial capacity for those who need treatment.

"Many people seek treatment at a late stage. We need to enforce measures for early detection of cancer in order to get early treatment. Many people sell their properties due to the high costs of cancer treatment. The lowest treatment cost is $5,000 and it can even rise up to $100,000 or $200,000. We are mulling over a fund that can support cancer patients to afford the cost," he noted.

He added that the other way to make treatment affordable is working and negotiating with drug manufacturers to devise ways of reducing prices.

"We also have to work with insurance service providers to also play a role in affordable treatment costs," he added.

The expert added that oncologists are also still a few in the country.

"There are over 100 types of cancers and each discipline should have 10 medical specialists. Treating cancer needs a multidisciplinary treatment team. Treatment involves surgery, drugs, and radiotherapy," he noted. He said that there are only two medical oncologists in the country and four radiation oncologists.

According to Dr. Chite Fredrick, the Director of International Cancer Institute, there was a need for a multidisciplinary treatment team, national cancer control plan, electronic medical records to manage data related to cancer among other challenges.

Dr. Pacifique Mugenzi, the Director of Radiotherapy Center at Rwanda Military Hospital said that over the past two months they have recorded between 40 and 50 cancer patients every day.

"Last week alone, we received over 165 cancer patients. We need more awareness campaigns for early detection to avoid the high number of people who come when it has reached a critical stage because they cannot even afford the costs," he said.
Dr. Solange Hakiba, the Deputy Director-General, fund management at RSSB reiterated that the main challenge they face is high costs of cancer drugs and thus community-based health insurance - Mutuelle de Santé - cannot cover it.

"For those whom we cover, we only cater to those treated locally but not those referred to outside the country," she said.

Prof Emmanuel Rudakemwa, a cancer survivor and advocate, said that government should establish National Cancer Control Plan to guide priorities, stakeholder and funders.

"We have to also map all types of cancers in the country," he added.

The stakeholders recommended rolling out of breast and cervical cancer screening in all districts, strengthening community check-up at health care level and improve cancer screening at primary health care level, improving diagnostic capabilities, chemotherapy in referral hospitals as well as establishing a comprehensive center of excellence providing radiotherapy, advanced surgery ad systematic therapy.

Dr. Christian Ntizimira, the city manager of the City Cancer Challenge initiative said they will soon release results related to the challenges in terms of cancer treatment.

Government has also issued an alert over fake Augmentin tablets circulating in Kenya and Uganda.

In Summary

- Health agency suggests visit to a professional if you suffer any adverse effect or note lack of efficacy

The World Health Organisation has confirmed many Kenyans' worst fears -- that they could be taking fake antibiotics, doing more harm to their bodies. The bottle or pack of Augmentin you have carefully stored in your kitchen cabinet could be fake, the WHO has warned.

Augmentin (usually a combination of amoxicillin and clavulanic acid) is a common antibiotic used to treat a number of bacterial infections and is listed on the WHO Essential Medicines List as an access group antibiotic.

Kenya: WHO Issues Alert Over Fake Augmentin Tablets

28th August, 2019
By The Nation (Nairobi)
The WHO has warned that anyone who has the drug, listed in its bulletin as Augmentin (Amoxicillin trihydrate -- Potassium clavulanate), batch number 786627 manufactured by SmithKline Beecham Limited, should not use it.

"If you have taken this falsified medical product, or if you suffer an adverse event or an unexpected lack of efficacy, please seek immediate advice from a qualified healthcare professional, and ensure they report the incident to your Ministry of Health," said the WHO warning.

In the alert contained in its latest bulletin, the international health agency warned that the numerous trips to the chemist to get the drug that is easily bought over-the-counter could be useless after it was found to be counterfeit.

The same version of the antibiotic sold in Uganda was also found to have been falsified. The WHO says the fake drugs were discovered through routine post-marketing surveillance, which tested the quality of medical products in the market.

It then informed the Kenya Pharmacy and Poisons Board (PPB), as well as the Uganda National Drug Authority, about its findings.

"It should be noted that this is the second WHO medical product alert issued on falsified Augmentin in the African region," the agency said. It said that tests in the quality assurance laboratory revealed that the drug did not have any of the stated active ingredients.

There were also some inconsistencies in labelling and packaging of the drugs. But Smithkline Beecham has denied manufacturing the falsified version. And no adverse reactions have been reported to WHO.

This is not the first time WHO is issuing such a warning. It first issued an alert on the circulation of fake antibiotics on March 2.

The country’s drug regulator Wednesday contradicted the WHO warning, saying that since November last year, there have been no fake versions of the drug in the Kenyan market.

"Post-market surveillance conducted through a rapid results initiative by the board and the Ministry of Health in November confirmed there was no more falsified Augmentin in the Kenyan market," said PPB’s Chief Executive Officer Fred Siyoi.

On Wednesday, Dr. Siyoi said the drug regulator was aware of the warning, claiming the WHO alert was based on information relayed by the PPB.

"Earlier in October (2018), the board’s surveillance system had received reports regarding the falsified Augmentin and undertook investigations, which led to the arrest and arraignment of a suspect in court, whose case is ongoing," he said in a statement to newsrooms.

Antibiotics are often used to treat and prevent bacterial infections, and are considered a marvel because of the way they revolutionised modern medicine.

In Kenya, for instance, they are routinely prescribed for infections they do not treat, or for which they are not needed. If
you have children, they will most likely be vaccinated against some of the most dreaded diseases, and your kitchen cabinet has one or two syrups for the baby -- just in case.

Drug-resistant infections already account for an estimated 700,000 deaths every year. If no action is taken, they are expected to kill 10 million people annually by 2050. Antibiotics are key to preventing both pre- and post-surgery infection.

For instance, in Kenya, three in every 10 births are through caesarean section, during which antibiotics are used to protect the mother and baby. Also, since most cancer treatments suppress the patient’s resistance to infections, antibiotics, antifungals and antivirals help to keep them alive as they receive cancer care.

Antibiotics play a crucial curative role in the health sector, but some are now failing to do what they were designed to do, and scientists, researchers and international health bodies are worried.

**Rwanda to Release New Data on HIV Prevalence**

26th August, 2019
By The New Times (Kigali)

Rwanda is set to release new data on HIV/AIDS prevalence in the country, the ministry of health has said.

According to officials, results of a nationwide survey that has been carried since October 2018 will publish results before December 2.

Dubbed the Rwanda Population-based HIV Impact Assessment (RPHIA) the survey aimed to establish new infections, the number of people living with HIV, and viral load suppression among adults and adolescent children.

Viral load suppression is a count of how much HIV virus is in the blood and can show if treatment is being used effectively.

The survey is a joint project by the Ministry of Health through the Rwanda Biomedical Centre and the Ministry of Finance and Economic Planning through the National Institute of Statistics of Rwanda (NISR) in coordination with
ICAP at Columbia University and the U.S. Centres for Disease Control and Prevention and support from the U.S. President’s Emergency Plan for AIDS Relief.

During the survey, researchers visited approximately 10,800 randomly selected households and collect demographic, clinical, and behavioural information from consenting participants.

The staff also performed HIV and hepatitis B and C testing.

The study also sought to measure the reach and impact of Rwanda’s HIV prevention, care, and treatment services across the country.

Officials said that the data collected is expected to provide critical insights on the successes and challenges Rwanda faces in confronting the HIV epidemic.

Dr. Diane Gashumba, the Minister of Health said that the results of the survey will be released ahead of the International Conference on AIDS and STIs in Africa (ICASA) due to take place on December 2, in Kigali.

The ICASA conference is the biggest AIDS conference in Africa.

"Results definitely will be published before the conference," she said.

Available data shows that the HIV prevalence in Rwanda is at 3 per cent in the general population (15-49 years), 4 per cent among women and 2 per cent among men.

The HIV prevalence is highest in the Kigali where it is 6.3 per cent and is relatively uniform throughout the other provinces (2 per cent to 3 per cent).

Africa: We Need to Revisit War On AIDS, TB, Malaria...

26th August, 2019
By The Citizen (Dar es Salaam)
UK and the US - named here strictly in alphabetical order, and on no other merit.

Invited participants included - but were not limited to - the EU Council President, Egypt, India, and Rwanda next-door...

Conspicuously absent were the world's second biggest economy China, as well as the Russian Federation and Brazil, home to the world's largest natural forests, described as the world's lungs, routinely spewing out oxygen for humanity...

Among the topics for discussion at this year's G7 Summit were climate change, global trade, the raging Amazon wildfires in Brazil - and more!

But, perhaps of greater interest - especially for developing countries like Tanzania - was the pledge during the G7 session by the EU Council President Donald Tusk committing the EU to finance the 6th replenishment of the Global Fund by a record euro550 million, roughly $618 million (Sh1.4 trillion).

The Global Fund is an international partnership designed to promote innovative solutions to global health challenges - even as it accelerates the end of AIDS, tuberculosis and malaria as epidemics by 2030..." Tanzania and other least-developed countries need this more than ever. As noted in The Citizen yesterday, Tanzania has been benefitting from the Fund since it was created in 2002. But the three epidemics continue to plague the country.

Surely, it's possible to do away with HIV/Aids, tuberculosis and malaria, all of which are preventable, avoidable?

Let's dialogue on this as a nation, together with our development partners and well-wishers, to establish where and why we are failing to eradicate the three maladies. Then we should start the fight afresh with increased vim, verve and vigour.

**Rwanda: Schools Implement Hand Washing Campaign to Stave Off Ebola Threat**

28th August, 2019

By The New Times (Kigali)

At around 11 am, twelve-year old Crispin Mizero, a pupil at Umuco Mwiza School is using a tippy tap to wash his hands, with soap.

Located in Kimironko Sector, Gasabo District, the school is among the many public institutions in Kigali that have
started to implement the ministry of health guidelines on Ebola prevention.

The guidelines, which involve mass hand washing in public places are aimed at keeping Rwanda Ebola-free following the outbreak, a year ago, in neighbouring DR. Congo.

As of last week, this year the disease had killed at least 1965 people since the outbreak was first reported last year while nearly 3000 cases have been reported, according World Health Organisation figures.

The cases particularly the outbreak in the Goma city, which borders Rwanda in the west has put Kigali on high alert.

When The New Times visited some public places such as schools and banks, it established that they have set up hand washing places, especially at the gates.

"Our head teacher told us that there was an Ebola outbreak in our neighbouring country - the Democratic Republic of Congo - and we are many students who come from various parts of Rwanda. So, we have to use all means to prevent the outbreak," Mizero said.

Françoise Tumukunde, the Head Teacher of Umuco Mwiza School, the school has set up four tippy taps at the gate to serve pupils in the school as well as staff and visitor who enter every day.

"The school is a large such that it would be difficult to deal with an epidemic in case of an outbreak. That’s why we focus our efforts on prevention," Tumukunde said.

For Tharcille Nyiranzabicaho, the Deputy Dean of Studies at GS Rugando in Gasabo District, tippy taps were an effective tool in keeping the students and teachers clean.

"We have about 2000 students in nursery, primary and secondary school who come from different families; so it would be hard to manage their sanitation but installing tippy tap hand washers at the entrance plays a big role in their hygiene," said Nyiranzabicaho.

A deadly viral disease, Ebola is spread through direct contact with bodily fluids such as urine, saliva, sweat, faeces, vomit, breast milk, and semen of a person who is sick or has died of the disease.

**Ebola symptoms**

Experts say Ebola symptoms may appear anywhere from 2-21 days after contact with the virus, with an average of 8-10 days but many common illnesses can have these same symptoms, including influenza or malaria.

Recovery from Ebola depends on good supportive clinical care and the patient’s immune response.

According to the WHO, an infected person cannot spread the disease until they develop symptoms.

Symptoms can be sudden and include: fever, severe weakness, muscle pain, headache, and sore throat.

This is followed by: vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (for
example, oozing from the gums, or blood in the stools).

**Africa: Experts - Africa Must Invest More in Education to End Malnutrition**

26th August, 2019  
By The New Times (Kigali)

Increasing investment in education as well as the capacity to collect, analyse and use data will help African countries end malnutrition, experts have said, in the midst of a rise in cases of malnutrition.

The proposal comes at a time statistics show a rise in the numbers of undernourished people, rates of stunting and cases of food wastage on the continent.

According to a recent joint report by the World Bank, World Health Organisation (WHO) and the United Nations Children’s Fund (UNICEF), Africa is the only region where the number of stunted children under five years old has risen between 2000 and 2018.

During that period, stunting on the continent increased from 50.3 to 58.8 million children, the report says.

In addition to the problem of under-nutrition, some African regions have recently seen a considerable increase in the rates of overweight children.

The report states that the percentage of overweight children has increased from 10.4 per cent to 13 per cent in Southern Africa and from 8.1 per cent to 10.6 per cent in Northern Africa.

This, according to experts, calls for special attention of countries to turn around the situation.

Experts from research institutes, academia and members of Governments have said that this will require increased investment in nutrition educational programmes and awareness as well as using data to track progress.

Jacqueline Landman, a Professor at the University of Southampton, says that using schools as systems of promoting healthy feeding would be one of the greatest tools to fight malnutrition.

"Investing in schools that would act as systems to promote nutrition is critical. This can be done particularly through school feeding programmes and integrating nutrition educational content into school systems," she said.

Landman who was speaking at the General Assembly of the Federation of African Nutrition Societies, cited Nigeria as one of the countries with a success story when it comes to promoting school feeding programmes, a domestically funded programme.

Such programmes have also been initiated in other countries like Rwanda.

Rwanda has been implementing the national food and nutrition policy since 2013.

Part of that included investing in school feeding and a host of other programmes
that provide highly nutritious fortified food to mothers and children.

Such initiatives have seen the country make some improvements. For instance, the rate of stunting among under-five children dropped from 51 per cent to 38 per cent between 2005 and 2015.

Paul Amuna, a Professor the Ghana based at the University of Health and Allied Sciences, said there were gaps in nutrition research, making the case for building capabilities for data collection.

"Reliable data is important and without it, it is hard to convince governments to invest in nutrition. And without measuring what we are doing, we cannot achieve results we want," he said.

In Ghana, Amuna said, he established a school health education programme and he has been monitoring its progress, highlighting that more than 150 villages have now been able to adopt it.

The programme provides health and nutrition education and related support services in schools to equip children with basic life skills for healthy living, which will lead to improvements in child survival and educational outcomes.

Ghana, just like Kenya, Liberia, Zambia, Namibia, Niger, Sierra Leone and Ethiopia, among others, has now made considerable progress, especially when it comes to reducing stunting.

Experts also laid out more suggestions, from re-orienting agricultural priorities from producing high quantities to producing healthy foods, and sustainably intensifying food production to strong coordinated governance of land and oceans, among other things.

Andrew Prentice indicated that it was equally important for countries to halve food losses and waste, arguing that Africa had immense opportunities to work with global communities to resolve nutritional deficiencies.

However, to achieve all that, Dr. Anita Asiimwe, the National Coordinator of National Early Childhood Development Program (NECDP) noted that it requires coordinated, sustained evidence-based multi-sectoral nutrition programmes.

Kenya: Cancer - Triggers, Healthy Eating, Active Living and Facts in Kenya

27th August, 2019
By Capital FM (Nairobi)

Over the last few years, there has been a sharp increase in cancer diagnosis not just in Kenya, but all around the world. In 2018, 9.8 million people in the world died of cancer with 70% from lower to middle income countries.

With a lot of emphasis on awareness, research, prevention and early detection of cancer, Dr. Gladwell Kiarie, a medical oncologist at Nairobi Hospital explains that cancer is a complex disease and its causes and triggers cannot be wholly attributed to diet and lifestyle changes.

Dr. Kiarie explains that some of the cancer triggers come from having an underlying genetic risk, environmental factors like smoking and consuming alcohol,
infective causes like Human Papilloma Virus (HPV) and Human Immunodeficiency Virus (HIV), bacteria like HPylori, Hepatitis C and B, hormonal contraceptives and exposure to ionising radiation, mammograms and CT scans.

Special thanks to Dr. Gladwell for sharing her wealth of information with us.

Kenya: Relief for Kieni Residents as County Builds Sh340 Million Hospital

28th August, 2019
By The Nation (Nairobi)

A new dawn is beckoning for residents of Kieni in Nyeri as the county government starts building a Sh340 million level four hospital in a bid to meet a growing demand for health services in the constituency.

The three-storeyed hospital with a bed capacity of 175 patients will host key departments including general outpatient, casualty, pharmacy, laboratory, maternal and child unit, maternity, inpatient wards and two theatres.

The new health facility is an upgrade of the Naromoru Hospital which receives 460 patients in a day with 60 babies being delivered every month.

COMPLAINTS

For years, residents of Kieni have complained of lack of a good health facility, forcing them to travel for more than 58 kilometres in search of medical services mainly at the Nyeri County Referral Hospital.

Governor Mutahi Kahiga echoed their sentiments saying that lack of a hospital in the area has made it difficult for the residents to access optimal healthcare especially for people requiring surgical interventions.
"The prevailing situation leaves the residents of Kieni feeling marginalised and discriminated thus the need for us to start the hospital," he said while laying a foundation stone of the hospital.

**POPULATION**

Kieni Constituency accounts for 52 percent of the population of Nyeri County.

The hospital in Naromoru will be the first to be built by the county government.

It will come in handy for road crash victims on the busy highway.

**ROAD CRASHES**

Currently, those injured in crashes have to be moved over long distances either to Nyeri Referral Hospital or to Nanyuki.

The arid and semi-arid constituency has several dispensaries which are sparsely located and lack basic amenities, forcing a surge in the number of people reporting to the county referral hospital.

Kieni residents are ranked third in the list of patients visiting the outpatient department of the referral hospital according to data from the Nyeri Health department.

"The 51-kilometre road is a busy highway that is prone to numerous accidents thus the hospital will come in handy," noted Governor Kahiga.

The new hospital in Kieni will be completed in the next 20 months.

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**Uganda: One Ebola Case Confirmed in Kasese District**

29th August, 2019
By The Monitor (Kampala)

An Ebola case of a 9-year-old girl of Congolese origin has been confirmed in Kasese District. According to Ministry of Health, the Ebola patient travelled to Uganda with her mother on Wednesday.

"The child and her mother entered the country through Mpondwe main border post to seek medical care in Bwera Kasese District," the press statement issued by ministry of Health on Thursday evening, reads in part.

"The child was identified at the point of entry by the screening team with the following symptoms; high fever, body weakness, rash and unexplained mouth bleeding. She was subsequently isolated and taken to Bwera hospital Ebola Treatment unit where she is currently being managed," the statement adds.
The ministry states that the blood sample was drawn and sent to the Uganda Virus Research Institute (UVRI) for testing and confirmed positive for Ebola virus on August 29.

"Since the child was identified at the point of entry, there are no contacts in Uganda," Dr. Joyce Moriku, the State Minister for Health in charge of Primary Health Care, said in the statement.

The confirmed case occurs about two months after the last outbreak in June which claimed two people.

**WHO revises recommendations on hormonal contraceptive use for women at high HIV risk**

29th August, 2019
News release by WHO

The World Health Organization (WHO) has revised its guidance on contraceptive use to reflect new evidence that women at high risk of HIV can use any form of reversible contraception, including progestogen-only injectables, implants and intrauterine devices (IUDs), without an increased risk of HIV infection.

However, as these contraceptive methods do not protect against HIV and other sexually transmitted infections (STIs), the guideline emphasizes that correct and consistent use of condoms should be used where there is a risk of STIs, including HIV. WHO also recommends considering offering pre-exposure prophylaxis (PrEP) in settings where the incidence of HIV is above 3%, as appropriate.

The updated WHO guideline follows a thorough review of the latest scientific evidence. It emphasizes that women should have access to the full range of modern contraceptive methods so they can make informed choices around contraceptive choice and their sexual health.

“Evidence shows that a woman’s risk of HIV should not restrict her contraceptive choice,” said Dr Peter Salama, Executive Director, Universal Health Coverage/Life Course at WHO. “All women should have access to a wide range of options for contraception as well as to HIV prevention and to treatment if needed.”

The updated recommendations to the WHO guideline, Medical eligibility criteria for contraceptive use, stem from a review of the latest evidence conducted by the independent Guideline Development Group convened to inform WHO. This Group assessed all of the evidence on hormonal contraception and risk of HIV acquisition published since the previous review published in 2016, along with a systematic review of all published evidence on copper-bearing IUDs and HIV risk.

The global recommendations have particular bearing for sub-Saharan Africa, which has the highest rates of HIV transmission but also some of the biggest challenges in ensuring women have access to a full range of contraceptive options. Currently a quarter of women aged 15–49 in Africa (24%), who want to delay or prevent having children, have limited access to modern contraception. This is the highest unmet need across all WHO regions.
About the evidence

The new evidence is largely based on the results of the Evidence for Contraceptive Options and HIV Outcomes (or ECHO trial) - a randomized clinical trial that showed no statistically significant differences in HIV acquisition among women using intramuscular depot medroxyprogesterone acetate (DMPA-IM), copper IUDs, or levonorgestrel (LNG) implants. This new high-quality evidence supersedes the low to low-moderate quality evidence from observational studies that had been previously available to inform WHO’s guidance.

Promoting STI prevention within contraceptive services

The ECHO study – which was conducted across communities expected to have high levels of HIV prevalence in Eswatini, Kenya, South Africa and Zambia - also revealed concerningly high levels of HIV acquisition and other sexually transmitted infections (STIs) among women seeking contraceptive services, particularly younger women, irrespective of which of the three contraceptive methods they used.

“There is a clear need to ensure women in Africa have access to high quality HIV and STI prevention and testing services, along with a wide range of contraceptive options to suit their values, preferences, views and concerns,” said Dr Felicitas Zawaira, Director of Family and Reproductive Health in WHO’s African region. “In high HIV prevalence settings, these may include condom promotion, pre-exposure prophylaxis (PrEP), as well as linkages to antiretroviral therapy for those testing HIV-positive, and partner testing.”

WHO will work with Ministries of Health, other organizations providing contraception and STI/HIV services and civil society, including youth organizations, to support implementation of these updated recommendations. WHO has established an advisory group of women living with HIV to ensure their perspectives are heard and considered across WHO in relation to HIV and sexual and reproductive health and rights.

Notes

Since 1996, the Medical Eligibility Criteria for Contraceptive Use guideline has applied a four-category scale to indicate medical eligibility for use of each contraceptive method in the presence of certain health conditions or risks (such as women at high risk of HIV). For each condition or characteristic, contraceptive methods are placed into one of 4 numbered categories:

1. A condition for which there is no restriction for the use of the contraceptive method

2. A condition where the advantages of using the method generally outweigh the theoretical or proven risks, but extra consideration and counselling may be needed when choosing this method

3. A condition where the theoretical or proven risks usually outweigh the advantages of using the method
4. A condition which represents an unacceptable health risk if the contraceptive method is used.

In 2016, based on the low to low-moderate evidence available at the time, progestogen-only injectable contraception was placed into category 2, with extra consideration recommended for women at high risk of HIV. This revision to category 1 means it is no longer considered that there is sufficient medical evidence of negative health effects by progestogen-only injectable contraception for women at high risk of HIV.

Kenya: Preterm Baby Who Was Born Weighing 0.4kg Discharged From Kenyatta Hospital

28th August, 2019
By Nairobi News (Nairobi)

Catherine Joy - flanked by her spouse James Narikae - carries her baby Jeremy Tubula when the infant was discharged after a five-month stay in newborn unit at Kenyatta National Hospital Nairobi on Wednesday, August 28, 2019.

Doctors at Kenyatta National Hospital (KNH) on Wednesday discharged the preterm baby who was born weighing just 400grams.

Baby Jeremy Tubula, who was born on April 1, 2019 at 24 weeks, has been at the hospital for the last five months.

According to KNH Chief Executive Dr. Evanson Kamuri after being nurtured and managed over that period by doctors at the facility, the child now weighs 3.5kg.

"Baby Jeremy will be discharged today," said Dr. Kamuri, who termed the five-month process as 'phenomenal' for the country and the region.

He also assured Kenyans that services offered at the hospital’s newborn unit are up to date.

SPECIAL CARE

Dr. Miriam Karanja, a neonatologist who was the led doctor that has been taking care of Baby Jeremy since he was born, said the baby still requires special care.

"Baby Jeremy required very special care as his immunity was low and couldn't keep temperatures" Dr. Karanja said.

Baby Jeremy becomes the second baby born at KNH weighing 400g, coming after Baby Hope who was born with a similar weight 8 years ago.
"Baby Hope Obonyo, who was also born at KNH with a birth weight of 400gms, is now a cheerful 8yr old girl leading a normal life," the hospital cheerfully tweeted.