Highlights:

Rwanda: Pen-Plus Meeting in Kigali - the Management and Treatment of Non-Communicable Diseases At Primary Levels Strengthened .................................................. 2

East Africa: Uganda Declared Ebola-Free By World Health Organisation .................................................. 3

Tanzania: Govt Launches Vector Control Strategy ..................................................................................... 4

Africa: WHO and the Africa Centres for Disease Control and Prevention Call On Countries in the Region to Work Together On the Ebola Response ............................................................................. 6

Africa: Rwanda to Evaluate New ARV Drug ................................................................................................. 8

Uganda: 50,000 to Get Anti-Cholera Jabs in Bududa .................................................................................... 9

Tanzania: HIV Positivity Rate in Kagera Declines ....................................................................................... 10

Uganda to Breed Malaria-Fighting Mosquitoes ......................................................................................... 11

Rwanda Sets 5-Year Target to Eliminate Hepatitis C ...................................................................................... 12

Rwanda: Ebola - Rwanda Shuts DRC Border After Outbreak ..................................................................... 13

Rwanda: Eight Hospitals to Undertake Clinical Drills on Ebola Preparedness ................................................. 15

Kenya: KNH begs Kenyans to Help Fund Sh430 Million Cancer Hostel ....................................................... 16

Kenya Facing Shortage of Medics, Health Experts Say ................................................................................ 17

Tanzania: Let’s Live Healthy Lifestyles to Control Silent Killer Diseases ..................................................... 18

Tanzania: Groups At High Hepatitis Risk Identified ..................................................................................... 19

Rwanda: Nyagatare - Speaker Mukabalisa Urges Parents to Promote Birth Control ..................................... 21

Uganda Targets 18 Million Children for New Measles, Rubella Vaccine ..................................................... 22

Kenya: Lessons From Kenya On How to Boost Breastfeeding Rates ......................................................... 23

Uganda: Makerere, Us Scientists Researchers Team Up to Develop Swine Fever Vaccine .......................... 25
Rwanda: Pen-Plus Meeting in Kigali - the Management and Treatment of Non-Communicable Diseases At Primary Levels Strengthened
29th July, 2019
By World Health Organization (Geneva)

The management and treatment of non-communicable diseases at primary levels will be in the spotlight from 29 July 2019 to 1 August 2019 when the WHO Regional Office for Africa (WHO/AFRO) and the Ministry of Health Rwanda will be holding a Regional Consultation in Kigali.

The meeting, which will bring together Ministries of Health and WHO Country Representatives from twenty member states across the African region, in addition to WHO representatives from WHO/AFRO and WHO/HQ, will focus on "WHO PEN and Integrated Outpatient Care for Severe, Chronic NCDs at First Referral Hospitals in the African Region (PEN-Plus)".

The regional consultation will also include partner organizations, including Partners In Health/Inshuti Mu Buzima, Harvard Medical School, the Clinton Health Access Initiative (CHAI), World Diabetes Foundation (WDF), Pan-African Society of Cardiology (PASCAR), Reach, the West Africa Health Organization (WAHO), African Palliative Care Association (APCA), and the Global Sickle Cell Disease Network, among others.

Building on critical work that WHO/AFRO and member states have already begun, to define and promote essential packages of care for non-communicable diseases at primary care levels (PEN), the consultation will evaluate current progress in implementation of PEN and discuss a regional strategy for expanding access to high-quality care for severe, chronic NCDs (PEN-Plus).

"PEN-Plus" strategies provide an integrated platform at first-referral level hospitals to address priority conditions such as type 1 diabetes (T1D), rheumatic heart disease (RHD), and sickle cell disease, as well as palliative care for advanced malignancies and other conditions. "PEN-Plus" approaches are also designed to complement PEN and
offer an opportunity to develop the leadership needed to train, supervise, and mentor implementation and expansion of chronic care services for more common and less severe NCDs at health centres.

Throughout the four-day technical consultation, WHO/AFRO and member states will review the accomplishments and challenges of member states to implement PEN and similar models at scale. In addition, the group will survey outcomes regarding current availability in first-level hospital care delivery for severe, chronic NCDs, preliminary WHO/AFRO Regional PEN-Plus Strategy documents, and member state led PEN-Plus operational plans. Through this process, WHO/AFRO and member states will discuss and collect expert feedback, which will inform a draft regional strategy for the African region.

The regional consultation follows a successful introduction of "PEN-Plus" at an official side event on "Tackling the burden of hypertension and strengthening the management of severe NCDs through public health approaches" at the August 2018 WHO Regional Committee for Africa in Dakar, Senegal.

East Africa: Uganda Declared Ebola-Free By World Health Organisation
27th July, 2019
By The Observer (Kampala)

Following the completion of the recommended 42 days without any new Ebola case since the first Ebola cases last month, Uganda has been declared Ebola-free by the World Health Organisation (WHO).

In a joint press statement signed by Dr Jane Ruth, the Health minister and Dr. Yonas Tegegn Woldermariam, WHO country representative to Uganda states that Uganda has completed the recommended 42 days a country is supposed to be declared Ebola-free.

On June 11, government and WHO declared an outbreak of Ebola in the country, after confirmation of a case of a 5 year-old boy who'd travelled to neighbouring Democratic Republic of Congo (DRC) for burial of a relative. Upon return in Uganda, the boy developed symptoms and was confirmed to be the country's first confirmed case.

His 3 year-old brother and 50 year-old grandmother would also succumb to the deadly virus a few days later. Since then, however no any other new cases have
been confirmed. All those who came into contact with the family were isolated, vaccinated and effectively treated.

Aceng said Uganda is safe and all national and international travelers are free to travel to and within the country. According to the International Health Regulations (IHR) 2005, movement of people from one place to another within the country and between countries is not restricted during disease outbreaks.

"There are no confirmed cases of Ebola in Kasese district or in any other part of the country, however, the outbreak continues to escalate in neighbouring Democratic Republic of Congo (DRC) with which Uganda shares a long and porous border. This, therefore, means Uganda is still under EVD threat and the ministry of Health remains on high alert for any eventualities," said Aceng.

Aceng said that all travelers from DRC are still being screened at the health desk at Entebbe International Airport and at all border entry points in high-risk districts.

"Though the country has been declared free, the ministry of Health will continue to implement different measures to detect any possible Ebola importation since Uganda’s good track of record in managing Ebola and in all previous outbreaks the disease was contained within the outbreak areas." Aceng added.

Since the Ebola outbreak in DRC last year, there have been 2526 confirmed cases, 94 probable cases, 2620 total cases and 1762 deaths as of 24 July 24 according to figures from WHO.

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Tanzania: Govt Launches Vector Control Strategy

28th July, 2019
By Tanzania Daily News (Dar es Salaam)

Following a series of alarming disease outbreaks like malaria and dengue fever in the country, the government launched a five-year National Strategy for Vector Control (2019-2024) in Dar es Salaam yesterday.

Speaking on the trend of the diseases, Minister for Health, Community Development, Gender, Elderly and Children Ummy Mwalimu said the country had recorded up to 6.5 million cases and 4,390 deaths due to malaria in 2017.

She cited statistics from the World Health Organisation (WHO), which showed that worldwide there were 216 million new cases and 450,000 deaths being recorded annually due to malaria.

"When dengue fever broke out early this year and created a lot of distress among the people, my fellow ministers in the
cabinet were telling me to come up with a strategy to curb the problem.

On the other hand, I told them that the effects of malaria were far worse, therefore, instead of coming with a strategy for dengue fever we should come up with a comprehensive strategy for vector control," noted Ms. Mwalimu.

According to her, officials from the ministry did an assessment of vector-borne-diseases like cholera, rift valley, bilharzia, yellow fever, among others, and decided that more should be done in overcoming the diseases.

She, however, pointed out that from January to July this year patients, who were diagnosed and confirmed to have contracted dengue fever were 6,677 and 13 deaths.

"Since 2010 when the disease broke out for the first time in the country the number of patients has never crossed 500, except this year.

Among the regions, where patients were confirmed with the disease Dar es Salaam led by 6,191 cases and 11 deaths, Tanga (325) and one death, Coast Region (115), Morogoro (22) and eight cases in Lindi.

"The rest are Arusha (5), Dodoma (3) and one death, Kagera (2), Singida (2), Ruvuma (2) and one patient for Kilimanjaro," pointed out the minister.

Ms. Mwalimu disclosed that since July 1-25, Dar es Salaam recorded six cases of dengue fever, meaning that there had been remarkable progress.

The minister commended the Dar es Salaam Regional Administrative Secretary, the Chief Medical Officer and District Executive Directors for their concerted effort in fighting the disease.

She said all this during a recent meeting with Chinese Deputy Minister for Health Li Bin, who noted that in the past the country had recorded 30 million cases of malaria annually, but after investing in preventive measures since 2017 they had zero cases.

"If China was able to overcome the disease, I believe that Tanzania is going to succeed as well," she said.

In exerting more force to the initiative, the ministry has purchased eight pesticide machines identified as forging machines, which were procured through the assistance of MSD at 29m/- instead of 60m/-.

Ms. Mwalimu noted that four machines had already arrived of which three would be distributed to Dar es Salaam Region and one would go to Tanga, taking into consideration that the problem was severe in these areas.

According to her, implementation of the strategy will involve nine areas and more emphasis is laid on community participation to ensure the environment is kept clean and taking part in interventions.

She urged all councils to come up with a plan of procuring the machines in their respective areas for effective implementation of the strategy, which would be rolled out countrywide.
The minister further called upon them to prepare a list of registered individuals or private companies responsible for spraying pesticides in households and other public areas to assure people of the importance of participating in the exercise.

"The ministry has prepared stickers, which will be issued to social gathering areas like bars, lounges, hotels, saloons, among others, to certify that they have been sprayed, therefore, they are mosquito-free to attract more customers.

For his part, Minister of State in the President's Office (Regional Administration and Local Government) Selemani Jafo pledged to support the course of action, calling upon all councils to immediately devise suitable models and implement them in their respective areas.

Mr. Jafo noted that although Tanzania was a good initiator of good plans, in the long run it failed to implement them successfully and instead other countries borrowed the same plans succeeded.

"I will be very bitter on this. The strategy not only involves health officers, but also everyone from the environment, community development officers and so forth.

"With good preventive measures it means solving budgetary problems of finding solutions for cure and this is a plus to the development of the country," he said.

Africa: WHO and the Africa Centres for Disease Control and Prevention Call On Countries in the Region to Work Together On the Ebola Response

29th July, 2019
By World Health Organization (Geneva)

Addis Ababa — The World Health Organization (WHO) Regional Office for Africa and the Africa Centres for Disease Control and Prevention (Africa CDC) urge countries in the region to show solidarity with the Democratic Republic of the Congo (DRC), which is experiencing its worst Ebola Virus Disease (EVD) outbreak. The two organizations call on countries in the region to redouble efforts to end the outbreak and build stronger health systems.

On 17 July, the WHO Director General, Dr. Tedros Adhanom Ghebreyesus declared the Ebola outbreak in the DRC a Public Health Emergency of International
concern (PHEIC). The declaration followed a meeting of the International Health Regulations Emergency Committee for EVD in the DRC. The Committee cited recent developments in the outbreak including the first confirmed case in Goma, a city of almost two million people close to the border with Rwanda, and the gateway to the rest of the DRC and the world.

The Africa CDC and WHO strongly call on Member States in Africa and the international community to adhere to the requirements of the International Health Regulations (2005) including ensuring the national capacities to prevent, detect and respond to public health emergencies are strengthened.

The two organizations reiterate the need for all countries to adhere to the following recommendations:

No country should close its borders or place any restrictions on travel and trade, including general quarantine of travelers from the Ebola-affected countries, currently only the DRC. Such measures compromise economies and impede response operations.

There should be no requirement for certificates of Ebola vaccination for any movement across borders or for issuance of visas, as there is currently no licensed vaccine against Ebola.

Exit screening is recommended at international airports in affected countries (currently only the DRC).

Entry screening at international airports or other ports of entry outside countries neighbouring the DRC is not recommended as it is not effective and involves large amounts of resources.

National authorities should work with airlines, airports and other transport and tourism industries to encourage communication and collaboration, and to ensure that the measures adopted are in line with WHO guidance for travel and transport during outbreaks.

Currently, all countries in the region are following the above recommendations and ensuring no travel measures that interfere with international traffic to and from the DRC are implemented.

Under the leadership of the government of the DRC, Africa CDC and WHO are committed to working with partners to coordinate efforts and together increase support for the control of the Ebola outbreak.

Ever since the current outbreak was declared in August 2018, the Africa CDC has supported the efforts of the government of the DRC in several ways. These include deployment of 41 multi-disciplinary public health experts; training of more than 800 local healthcare workers and community volunteers; contributions to surveillance and investigations; and provision of personal protective equipment and GeneXpert machines to health facilities.

Alongside the Ministry of Health of the DRC, WHO is leading the coordination of the public health response. WHO is also providing technical leadership in the areas of surveillance, vaccination and case management. WHO has mobilised and
deployed more than 700 international experts - 71% of whom are from the African region - as part of the surge capacity needed to respond to the outbreak.

As of 24 July 2019, the Ministry of Health of the DRC reported 2,620 cases (2,526 confirmed and 94 probable) with 1,762 deaths and 737 survivors.

**Africa: Rwanda to Evaluate New ARV Drug**

*28th July, 2019*

By The New Times (Kigali)

HIV remains one of the continent’s most intractable health challenges. Tremendous progress is being made to understand the virus, the immune mechanisms that contribute to its control and for new antiretroviral drugs and vaccines to be developed to treat and prevent HIV.

Rwanda will evaluate the effectiveness of Dolutegravir (DTG), an Anti-retroviral drug which the World Health Organisation has recently approved and cleared.

Initial studies had highlighted a possible link between DTG and birth neural tube defects (defects of the brain and spinal cord in infants born to women using the drug at the time of conception.

However, based on new evidence assessing benefits and risks, the WHO has recommended the use of the HIV drug as the preferred first-line and second-line treatment for all populations, including pregnant women and those of childbearing potential.

According to information from the Rwanda Biomedical Centre, Rwanda will host a scientific meeting next month on the use of the drug, and recommendations concerning it will be made.

Potential safety concern about the drug was reported in May 2018 from a study in Botswana that found 4 cases of neural tube defects (defects of the brain and spinal cord) out of 426 women who became pregnant while taking DTG.

Based on these preliminary findings, many countries advised pregnant women and women of childbearing potential to take efavirenz (another type of ARVs) instead.

However, new data from two large clinical trials comparing the efficacy and safety of DTG and EFV in Africa have now expanded the evidence base. The risks of neural tube defects are significantly lower...
than what the initial studies may have suggested.

The study conducted by a Johannesburg-based research group from the University of the Witwatersrand, will only be completed next year. But early results show that dolutegravir is an effective and well-tolerated antiretroviral drug.

The scientists considered mathematical models of the benefits and dangers associated with the drug; the values and preferences of people living with HIV, as well as factors related to implementation of HIV programmes in different countries, and cost.

"DTG is a drug that is more effective, easier to take and has fewer side effects than alternative drugs that are currently used," read a statement from WHO website after the drug was recommended.

"DTG also has a high genetic barrier to developing drug resistance, which is important given the rising trend of resistance to EFV and nevirapine-based regimens (both ARV drugs)," it went on.

In 2019, 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10%.

However, WHO urged that for any medications, informed choice is important.

"Every treatment decision needs to be based on an informed discussion with the health provider weighing the benefits and potential risks," read a statement from WHO.

The HIV prevalence in Rwanda has been at 3 per cent in the general population (15-49 years) over the last decade.

Uganda: 50,000 to Get Anti-Cholera Jabs in Bududa

29th July, 2019
By The Monitor (Kampala)

At least 50,000 people in Bududa District are to be vaccinated against cholera, the Ministry of Health has revealed.

Currently, the district is struggling to contain a cholera outbreak that has affected 51 residents.

"The Ministry of Health is vaccinating more than 50,000 individuals in 22 parishes that are comprised of 207 villages in the district. Bududa District is currently facing an active cholera outbreak. However, the outbreak is being responded to effectively by the resilient and determined health workforce," Mr. Emmanuel Ainebyoona, the ministry
public relations officer, said at the weekend.

The cholera vaccine is administered orally for persons above one year.

It is administered in two doses and offers protection of up to five years.

Early this year, the Ministry of Health concluded the first round of the cholera vaccination in Nebbi, Zombo, Buliisa and Pakwach, with the second round scheduled for August to September.

**Tanzania: HIV Positivity Rate in Kagera Declines**

30th July, 2019
By Tanzania Daily News (Dar es Salaam)

The HIV positivity rate has declined in Kagera Region from 6.1 per cent recorded during 2014 down to 1.2 per cent by September, last year, the HIV/AIDS Regional Coordinator, Dr. Jonas Kessy, has disclosed.

Dr. Kessy told the 'Daily News' that the number of AIDS-related deaths, on the other hand, also dropped from 4,500 in 2010 to 1,200 last year.

Elaborating, he said while the HIV positivity rate during 2014 stood at 6.1 per cent, it dropped to 4.0 per cent during 2015; 2.5 per cent (2016); 1.6 per cent (2017) down to 1.2 per cent last year.

"The achievement was due to improved testing and anti-retroviral treatment (ART) enrollment with improved care and treatment, resulting into many clients being viral suppressed; hence few deaths occur," he said.

Dr. Kessy, however, appealed to Tanzanians not to relax in the fight against HIV/AIDS because the disease was still prevalent and silently killing millions of people worldwide.

About 37 million people globally are living with HIV out of who 19 million are in Eastern and Southern African regions. "As we meet today, millions of people are dying every day due to HIV/AIDS.

Tanzanians should not relax in the fight against HIV/AIDS. More efforts were still needed to ensure that the disease is totally controlled by 2030," he said. Scaling up access to anti-retroviral treatment has helped Tanzania minimise the impact of the epidemic.

As a result, between 2010 and 2015, the number of new infections declined by more than 20 per cent and the number of people dying from an AIDS-related illness halved.
In 2015, about 36.7 million people were living with HIV and it resulted in 1.1 million deaths. In 2016, 1.4 million people were living with HIV in Tanzania. This equates to an estimated HIV prevalence of 4.7%.

In the same year, 55,000 people were newly infected with HIV and 33,000 people died from an AIDS-related illness.

Most of those infected live in Sub-Saharan Africa. Between its discovery and 2014, AIDS has caused an estimated 39 million deaths worldwide.

UNAIDS 2015 report revealed that Tanzania had succeeded to reduce new HIV/AIDS infections among adults from 72,000 cases during 2013, 69,000 cases during 2014 down to 48,000 cases during 2015.

Also, new infections among children dropped from 67,000 cases during 2010 to 56,000 cases during 2015.

The report also indicated that about 1.4 million Tanzanians were living with HIV while those under Anti Retrovials (ARVs) were about 800,000.

**Uganda to Breed Malaria-Fighting Mosquitoes**

30th July, 2019
By The Monitor (Kampala)

Government will establish an insectarium where research on genetically-modified mosquitoes will be conducted under a project to fight malaria in Africa.

The mosquitos are meant to quickly spread a genetic mutation that is lethal to its own species [female Anopheles mosquitoes] that transmit malaria.

Mr. Jonathan Kayondo, an entomologist at the Uganda Virus Research Institute (UVRI) says that the research will inform a plan to use genetically-modified mosquitoes to wipe out the malaria-causing breed.

The intervention will be added to the current methods being used in the prevention and control of malaria, which include among others, the use of mosquito nets and anti-malaria drugs.

There are about 3,000 species of mosquitoes on planet earth, 800 of which are in Africa.

However, only three species including the anopheles mosquito cause malaria.

The researchers will review the vector composition abundance and diversity amongst malaria spreading mosquitoes, the vector biting, resting, mating and breeding behaviour and insecticides used to kill mosquitoes before coming up with final results to be used to combat malaria.

The idea is that if these modified mosquitoes are eventually shown to be safe and effective, they might be released in area plagued by malaria across Africa.

Scientists hope that they would spread their mutation and eventually sterilise all the females, thereby crashing or drastically reducing local populations of the main species of mosquito that spreads malaria.
The research being carried out by a consortium of several research organisations across Africa will be overseen by the United States Agency for International Development and United Kingdom Aid on behalf of the Bill and Melinda Gates Foundation and the Open Philanthropy Foundation.

The partners have so far injected $25 million (Shs90 billion) on the project, which is also running in Mali, Burkina Faso and Ghana.

Ms. Deborah Malac, the US ambassador in Uganda says the strengthening of laboratory systems that do research, will enable Uganda and other countries around the world remain prepared to fight the ever-increasing emerging health-related disasters.

Uganda registered up to 10,000,000 cases of malaria in 2018, ranking 5th amongst countries in the world with the highest malaria prevalence.

The global goal is to eradicate malaria by 2030, according to the United Nations while the Commonwealth organisation expects to reduce global malaria infections by half by 2023.

Mr. Jimmy Opigo, the Director Malaria Control Programme in Uganda says such targets are constrained by the physical location of Uganda.

"The climatic conditions in the country threaten our strides to end malaria since we are close to the equator and have a conducive climate. Mosquitos such as the anopheles mosquitoes want to live in such environment," Mr. Opigo says.

Rwanda Sets 5-Year Target to Eliminate Hepatitis C

1st August, 2019
By The New Times (Kigali)

The Ministry of Health has proposed an ambitious plan that will see the Hepatitis C virus (HCV) eliminated in the country within five years.

The new initiative seeks to screen about four million people aged 15 years and above, carry out viral load tests for about 230,000 people, and treat 112,000 chronically affected patients.

Hepatitis C is prevalent among 4 to 8 per cent of Rwandan adults and it is believed to be the second largest contributor of cancers in the country.

According to available information, Rwanda is the first country in sub-Saharan Africa to propose an elimination plan of this size.

Dr. Diane Gashumba, the Minister of Health addresses the meeting during the launch of the campaign to eliminate Hepatitis C virus (HCV) within five years in Kigali last year (Sam Ngendahimana)

The five-year plan is estimated to cost $44 million (approximately Rwf40bn), and according to the ministry, it will mainly focus on investing in new technologies to enable more effective and affordable care, and innovative models of service delivery to reach affected populations.

The plan aims at reducing the HCV prevalence from the current 4 per cent to close to 1.2 per cent; and achieving 90 per
cent treatment coverage for people aged 15 years old and above by 2024.

"This would require around 4,500,000 rapid tests; 400,000 viral load tests as well as around 150,000 treatment doses," read a statement from the ministry.

80 per cent of the $44 million will be allocated for lab tests and treatments, while 20 per cent will be for community mobilisation, monitoring and evaluation, personnel and programme coordination.

Viral Hepatitis is one of the major public health concerns affecting more than 71 million individuals worldwide.

The hepatitis C virus is a bloodborne virus: the most common modes of infection are through exposure to small quantities of blood. This may happen through injection drug use, unsafe injection practices, and unsafe health care, transfusion of unscreened blood and blood products, and sexual practices that lead to exposure to blood.

A significant number of those who are chronically infected will develop cirrhosis or liver cancer.

WHO estimated that, in 2016, approximately 399,000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer).

Antiviral medicines can cure more than 95 per cent of persons with hepatitis C infection, thereby reducing the risk of death from cirrhosis and liver cancer, but access to diagnosis and treatment is low.

There is currently no effective vaccine against hepatitis C; however, research in this area is ongoing.

Hepatitis C virus causes both acute and chronic infection. New HCV infections are usually asymptomatic. Some persons get acute hepatitis which does not lead to a life-threatening disease.

Around 30 per cent (15-45 per cent) of infected persons spontaneously clear the virus within six months of infection without any treatment.

The remaining 70 per cent (55-85 per cent) of persons will develop chronic HCV infection. Of those with chronic HCV infection, the risk of cirrhosis ranges between 15 per cent and 30 per cent within 20 years.

Throughout the years, Rwanda has made significant progress in implementing HCV control measures, including screening of blood products, training and enforcement of safe injection practices, and the publication of Viral Hepatitis Policy and Guidelines in 2013.

The Government also conducted major price negotiations resulting in cutting treatment cost per person from $86,000 to $350, making the treatment nationwide more accessible for chronic HCV patients.

Rwanda: Ebola - Rwanda Shuts DRC Border After Outbreak

1st August, 2019
By Deutsche Welle (Bonn)
Just hours after a third case of Ebola was reported in the border town of Goma, Rwanda closed its border with the DRC. Health workers have long feared an outbreak of Ebola in the frontier city.

Rwanda closed its border with the Democratic Republic of Congo on Thursday following the third reported case of Ebola in the frontier city of Goma, both countries said.

Goma, an impoverished city of 2 million people, is a major transport hub in the DRC and the arrival of Ebola in the city has long been feared by health experts. The densely packed, highly mobile population will make containing the highly contagious and deadly disease difficult.

Thursday's decision came just hours after the third case in the city was announced. The disease first arrived last month, when an infected preacher arrived in the city and preached at seven churches, regularly touching worshipers. He died after leaving the city.

The second Goma case, reportedly unconnected to the first, was a gold miner who arrived at his family home from the provinces. He transmitted the disease to at least one of his 10 children before he died. There are at least 12 more suspected cases in and around Goma.

After the preacher’s death, the World Health Organization declared the epidemic a "public health emergency of international concern," prompting major funding pledges.

Congoese President Felix Tshisekedi condemned the "unilateral decision by the Rwandan authorities" to shut the border. He said it would affect citizens from both countries. More than 57,500 people travel between Goma and the small Rwandan city of Gisenyi every day.

"On the basis of a unilateral decision by the Rwandan authorities, Rwandan citizens cannot go to Goma and Congolese cannot leave Gisenyi but are prevented from going home," the statement from the president's office said. "This decision harms a number of Congolese and expatriates who live in Gisenyi but work in Goma."

"The Congolese authorities regret this kind of decision, which goes against the recommendation of the World Health Organization."

"Response teams are continuing to ensure that the city of Goma is out of danger," it promised.

Already in Uganda

More than 1,800 people have died from the disease in eastern DRC in the past year. In June, the disease jumped the border into Uganda.

The virus causes fever, vomiting and severe diarrhoea, often followed by kidney and liver failure, internal and external bleeding. It is transmitted through contact with infected body fluids. There is no cure, but an experimental vaccine has shown success.
Rwanda: Eight Hospitals to Undertake Clinical Drills on Ebola Preparedness

30\textsuperscript{th} July, 2019
By The New Times (Kigali)

The Ministry of Health is undertaking clinical drills to assess the preparedness of medics at different public hospitals in high risk areas as far as Ebola response is concerned.

A statement from the Rwanda Biomedical Centre said that the drills started Monday and will run through August 9 at eight district hospitals, engaging medics who form "the rapid response team."

The objective is to assess their ability for prevention and response to the disease; as they will also exploit the opportunity to polish the skills they have been equipped with since last year.

The hospitals to take part are Butaro, in Burera District Byumba in Gicumbi District, Kibuye in Karongi District, Ruhengeri in Musanze District, Nyagatare in Nyagatare District, Gisenyi in Ruvavu District, Gihundwe in Rusizi District, and Murunda in Rutsiro District.

"This follows several trainings for the rapid response team. It is actually one of the continuous activities that we are doing for readiness in order to see how far we are with the preparations against Ebola, and look out if is there anything we can improve," said Mallick Kayumba, the Head of Rwanda Health Communication Centre.

The drills will be around infection control, basic patient care, and patient movement through the health facilities.

"They keep doing some practices to make sure that they master what they have to do so that in case we have an Ebola case, it doesn't spread, and the victim gets treated quickly," he added.

The drills will also cover the skills of wearing of protective equipment, hand hygiene, isolation and disposal of waste, the correct use of chlorine sprayers (chlorine is sprayed on items to kill Ebola viruses), among others.

Over 1,600 people have died from the virus since the current outbreak started in DR Congo in August 2018 - more than two thirds of those who had contracted the virus.

Three cases of the epidemic were reported in Uganda in June, but after the completion of the recommended 42 days without any new Ebola case, the World Health Organisation declared the country Ebola free.

Rwanda has never registered an Ebola case.

The World Health Organization this month declared the Ebola crisis in the DR Congo a public health emergency of international concern (PHEIC), urging for more concerted international effort to contain the virus.

Rwanda has taken a number of measures in an effort to prevent the epidemic from entering its territory.
The World Health Organisation (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus last week commended Rwanda on its ongoing Ebola preparedness efforts and confirmed that no cases of Ebola had been reported in the country to date.

Kenya: KNH Begs Kenyans to Help Fund Sh430 Million Cancer Hostel

31st July, 2019
By Nairobi News (Nairobi)

Three years after taxpayers lost Sh5 billion in NYS-style scandal at the Health ministry, the Kenyatta National Hospital (KNH) has appealed to Kenyans to help them construct a hostel to house cancer patients.

In a statement put on their social media pages, the taxpayer-funded hospital wants Kenyans of goodwill to help the raise money through an M-Pesa paybill number.

KNH says the project will be the first of its kind in Kenya and it involves the construction of accommodation facility (hostel) for cancer patients undergoing outpatient treatment at a cost of Sh230 million and establishment of an endowment fund of Sh200 million to support its operations.

The project entails construction of a three-floored building with capacity of 140 patients, a day respite area, a cancer resource centre, a restaurant and other support services.

A LONG WAY

"It is in this regard that KNH is calling upon all people of goodwill to own and support this project by contributing via MPESA Paybill No - 474444, KNH Hope Hostel. A little will go a long way. Let us come together and Give hope a home in Kenya," said the referral hospital.

The appeal comes amid rising cases of cancer diagnosis and resultant deaths in the country.

In 2015, KNH in partnership with American Cancer Society (ACS) conducted a study on cancer patients attending outpatient clinic to determine barriers to cancer treatment.

These findings inspired the idea of a 'Hope Hostel' that would accommodate cancer patients as they undergo treatment.

The Hope Hostel has been designed as a multi-storey building to cater for both genders as well as children.

KNH says that the patients will be housed for a short term, so that they are available for repeated investigations or treatments.

Cancer treatment, which is offered at a subsided rate at the public hospital, is an outpatient service, making it difficult for
Kenya is facing a severe shortage of public health officers and technicians at all levels of service delivery.

The public health officers and technical council chairman Simon Kimani speaking at Mount Kenya University said the county has 4,000 registered public health officers against a population of approximately 45 million citizens.

"This means that one officer is responsible for health and safety of 11,250 citizens. This is an enormous task and hence the challenges the country in experiencing in monitoring public health delivery services," said Mr. Kimani.

During the event, Mount Kenya University was cleared to offer public health studies courses further increasing the scope of programmes that the institution teaches and researches on.

A new Environmental health skills laboratory at the university was also opened.

The university will offer Bachelor of Science in environmental health programme for a period of four years.

Mr. Kimani said records at the council an additional 4,000 public health officers and technicians are urgently required to address the emerging environmental health challenges across the Country.

"This constitutes about 40 Public health officers and 46 public health technicians per county to address the current disease burden arising from preventable causes," said the chairman.

He said the council has mandate and duty to offer technical and professional support towards full programme accreditation of all public and environmental health programmes in all institutions of higher learning in Kenya.

This accreditation for the B.Sc. Environmental Health programme in Mount Kenya University is indeed a testimony that partnership and meaningful collaboration yield positive results for the growth of the Public Health profession in our Country," added the chairman.
He said the accreditation of the programme only marks an initial step in the improvement of quality training for Public Health Officers and not an end in the enhancement and adherence to training standards.

He said the council in partnership with the universities and colleges will continue to implement minimum training standards to bridge the current shortage in health workforce particularly at the community level.

"Our country will be able to achieve Universal Health Coverage by supporting and empowering critical community health units through promoting public health preventive services thereby cutting the diseases burden at the primary health care level.

"This will translate to more resource savings in curative care services for the country, a healthy Kenyan population, more man hours used in building the Kenyan economy and therefore creation of more employment opportunities for our youth," said the chairman.

**Tanzania: Let's Live Healthy Lifestyles to Control Silent Killer Diseases**

28th July, 2019
By Tanzania Daily News (Dar es Salaam)

THE government has continued improving health services in the country to ensure Tanzanians from all walks of life improve the quality of their lives.

The improvement of health services is reflected in services offered at big hospitals, health centres and dispensaries in various parts of the country.

In the past, some patients with complicated conditions would be referred to overseas hospitals, but this has changed over the years after the government improved health services in the country.

For instance, improvements that have been made at Jakaya Kikwete Cardiac Institute (JKCI) show souring success in the treatment of heart conditions.

On Friday, JKCI received a modern cardiac ablation machine from the government of the People's Republic of China.

This was revealed by JKCI Executive Director, Prof Mohamed Janabi, during the launch of the China-Tanzania Heart to
Heart Medical Mission in Dar es Salaam on Friday. Besides this, a joint heart surgery camp was also launched. This arrangement is the first of its kind as far as heart treatment is concerned in the country.

According to Minister for Health, Community Development, Gender, Elderly and Children Ummy Mwalimu, the China-Tanzania Heart to Heart Medical Mission is going to bear much fruit in the sector of health, especially improvement in the treatment of heart conditions.

We can go on enumerating roaring successes in Tanzania’s sector of health, but it suffices to say that we are moving in the right direction as far as improvement of health services in the country is concerned.

What is still needed though is adequate investment in the health sector, training of local health practitioners so that we may have enough specialists to treat complicated cases and develop a culture of going for check-up and get medical advice especially on how to avoid non-communicable diseases (NCDs), which are silent killers of many people.

Statistics from the World Health Organisation (WHO) show that NCDs kill 41 million people each year, equivalent to 71 per cent of all deaths globally and that each year, 15 million people die of an NCD between the ages of 30 and 69 years, over 85 per cent of these "premature" deaths occurring in low- and middle-income countries.

WHO further notes that heart-related diseases account for most NCD deaths or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9 million) and diabetes (1.6 million).

So, we shouldn't underestimate the impact of NCDs, especially cardiovascular diseases. Actually, what happens at global level should make us act on it at local level.

It is only in doing this, that we can prevent NCDs and ensure we live quality lives.

With the investments we are making in our country we have to ensure we live longer to benefit from them. So, we have every reason to have healthy lifestyles, which will guarantee our quality of life.

Tanzania: Groups At High Hepatitis Risk Identified
28th July, 2019

By Tanzania Daily News (Dar es Salaam)
Study conducted by the Aga Khan Hospital shows that illicit drug users, sex workers and individuals, who regularly undergo blood transfusion are at high risk of contracting hepatitis.

Speaking in Dar es Salaam yesterday, the Aga Khan Hospital gastroenterologist and hepatologist, Dr. Casmir Wambura, said there was a need to invest in a public awareness campaign on the groups, including administering vaccination to save the national workforce.

He said this on World Hepatitis Day, which was organised by the Agha Khan Hospital before the World Health Organisation (WHO)’s calendar celebration for every year, which is marked on July 27.

In commemorating World Hepatitis Day 2019, WHO is urging partners to promote the theme, "Invest in eliminating Hepatitis".

He said hepatitis could be preventable, diagnosed and treated, but 80 per cent of people living with hepatitis lacked prevention, testing and treatment services.

"Hepatitis is a serious disease as it can cause cancer of the liver. What is more needed is education, vaccination and treatment. The government, stakeholders and communities should join efforts to eliminate the disease," Dr. Wambura said.

"We have to ensure people are educated about it, go for a check-up and victims are treated without forgetting to vaccinate infants soon after birth," he stressed.

About 3.2 million Tanzanians have hepatitis B and about 0.5 million have hepatitis C, meaning for every 14 people one is suffering from hepatitis B or C, according to WHO.

World Hepatitis Day, commemorated on 28 July every year, aims at raising global awareness of hepatitis as a group of viral infectious agents especially band C causing liver disease known as hepatitis and encourage prevention diagnosis and treatment. He noted that, viral hepatitis B and C was a leading infectious killer and could cause liver cancer.

Hepatitis A and E was caused by contaminated water, where the body can resist and hepatitis E is highly found on the Asian continent.

Aga Khan Health Services Tanzania through the Agha Khan Hospital, in collaboration with the Ministry of Health, has taken the initiative of participating in the global elimination of hepatitis.

This campaign will focus four essential stakeholders. WHO came forward in 2016 to propose a strategy for eliminating hepatitis as a global problem by 2030 and over 194 countries signed the strategy including Tanzania.

According to WHO, globally, over 328 million people are suffering from either hepatitis B or C of which over 257 million are suffering from hepatitis B and 71 million from hepatitis C, while 90 per cent over 290 million, who have hepatitis, do not know that they have it.

It has been reported that 1.34 million deaths are caused by hepatitis, which
counts for more than HIV/Aids, TB and even malaria, whereby chronic hepatitis is among the top 10 causes of death world over.

The Aga Khan Hospital Oncologist and Director of Oncology programme, Dr. Harrison Chuwa, said the viral disease was the second major killer infectious disease after TB and 9 times more people were infected with hepatitis than HIV/Aids.

He said hepatitis was preventable, treatable and in case of hepatitis C, curable.

"Investing in hepatitis testing and treatment means preventing liver cancer, creating awareness to communities of the deadly killer, medical professional to be sensitised to take part in the fight," he said.

A total of 325 million people are living with viral hepatitis B and C and 2,850,000 people became newly infected in 2017 and 80 per cent living with hepatitis lack prevention, testing and treatment.

About $6bn investment is needed annually to achieve the global elimination target by 2030.

**Rwanda: Nyagatare - Speaker Mukabalisa Urges Parents to Promote Birth Control**

29th July, 2019
By The New Times (Kigali)

The Speaker of the Chamber of Deputies has challenged parents in rural areas to respect family planning programmes if they are to satisfy the needs of their children.

Donatille Mukabalisa delivered the message on Saturday when she, alongside 17 Members of Parliament and local leaders, joined residents of Karama Sector, Nyagatare District in the monthly community work known as Umuganda.

"The Government does its best to deliver the services that you need. You therefore need to carry out good planning, starting from your homes," she said, stressing the importance of family planning. "I would like to urge you to produce children you are able to raise."

The call comes at a time figures from the National Institute of Statistics of Rwanda (NISR) show that the country's population increased from 10.5 million in 2012 to 12.3 million in 2017. Life expectancy increased to 67 years.

The projections of NISR show that between 2030 and 2050 Rwanda's population will be around 20 million.

The Speaker also tipped parents on balanced diet for children.

She also encouraged locals to adapt to technology advancement in all sectors, including agriculture

"I saw a person using piped water to irrigate their crops. In developed economies, they irrigate the farms while sitting in their offices. They do it through their computers," she stated.
She noted that to achieve that level of development, Rwandans have to fight malnutrition, which will help to sharpen the children's brains.

Jean-Baptiste Habamenshi, who hails from Kanungu Village, Nyakiga cell said that; "the mentality of producing many children should be a thing of the past."

"I have three daughters, I am 48, and I am not planning to have more children because I think these are the ones I have capacity to raise, and they will be able to have good life when they grow up.

"I was born in a family of six children. When I compared with our time, I decided that I had to raise three children, save for them, so they will not suffer when I am not there anymore," Habamenshi explained.

Uganda Targets 18 Million Children for New Measles, Rubella Vaccine
29th July, 2019
By The East African (Nairobi)

Uganda’s Health Ministry will in September launch a campaign using a new combination vaccine against measles and rubella (MR) on children.

The government has procured at least 20 million doses of the MR vaccine with $19 million financial support from the Global Vaccine Alliance. The vaccination exercise targets more than 18 million children aged between nine months and 14 years.

"An increasing number of unvaccinated children has led to measles outbreaks in several districts across the country," said the United Nations Children’s Fund (Unicef) Uganda representative Doreen Mulenga. "By vaccinating every child on time, we will avert the spread of these dangerous diseases and many preventable child deaths and birth defects."

First reported in Kampala and Wakiso districts two years ago, the two diseases have spread to at least 62 districts, 25 of which have been affected by Rubella alone.
"This means that our coverage is still low. We are not reaching above the 90 per cent target and there are people in communities who could potentially spread the diseases," said Health Minister Dr. Ruth Aceng at a meeting with resident district commissioners who will monitor the vaccination exercise.

Globally, more than 400 children die every day from measles while about 280 babies are born with serious heart defects known as congenital rubella syndrome (CRS). But the World Health Organisation monthly measles update shows that the data could be an underestimation.

"The number of reported cases is a small proportion of the actual number of cases occurring in communities. Many people do not seek healthcare or diagnosis are not reported," reads WHO's monthly update for July.

The measles virus can be contracted up to two hours after an infected person has left a room. It infects the respiratory tract, potentially killing malnourished children or babies too young to be vaccinated. It could also cause complications including blindness, encephalitis, severe diarrhoea and severe respiratory tract infections such as pneumonia.

Rubella on the other hand is a viral infection that is particularly dangerous for adolescents and pregnant women.

A woman infected with the virus early in pregnancy has a 90 per cent chance of passing it to her unborn child, leading to the death of the foetus or serious birth defects, such as deafness, blindness and CRS.

Kenya has, over the past two decades, made tremendous achievements in promoting breastfeeding. The number of babies who were exclusively breastfed rose from just 13% in 2003 to about 61% in 2014.

This was achieved largely because of two programmes led by the Ministry of Health: the Baby Friendly Hospital Initiative and the Baby Friendly Community Initiative. The hospital initiative promotes breastfeeding in hospitals at the time of delivery, while the community initiative promotes breastfeeding at home.

Breastfeeding is important. It lowers incidences of child illness and death and has also been linked to better outcomes at
school. The World Health Organisation recommends that babies be breastfed immediately after they're born, followed by exclusive breastfeeding for the first six months of their lives.

For over ten years scientists at the African Population Health Research Centre (APHRC), myself among them, have tried to tackle the challenges that still stand in the way of Kenya achieving its national target of getting 80% of women to breastfeed.

To do this, we focused our research on the Baby Friendly Community Initiative. Over the past five years, it's been rolled out in several counties. The initiative recognises that many women deliver at home and need continued support after delivery.

Our studies, carried out in rural and urban settings, looked into how well home-based counselling worked. The aim was to see where improvements could be made. We also carried out an exercise across Kenya to understand community perceptions on how best to implement the initiative.

We found that the project was a success. Mothers developed confidence and knowledge about breastfeeding and felt supported by the community health workers. These health workers are volunteers motivated by goodwill and recognition for the work they do.

But more needs to be done. It is important to include fathers and others - such as grandmothers and traditional birth attendants - in implementing the project. Also, incentives should be given to community health volunteers to ensure they stay engaged.

Our hope is that the study will inform guidelines being developed by the Ministry of Health for scaling up the initiative.

**Home-based counselling**

To test the initiative, we designed a project that involved regular home visits by community health workers during a woman's pregnancy and until the baby was a year old. It was implemented in two low-income settlements in Nairobi for almost two years.

The health workers taught mothers about nutrition, the immediate initiation of breastfeeding after birth, breast positioning and attachment and the importance of exclusive breastfeeding. Workers also explained how long and often they should breast feed for, how to express breast milk and how to store it.

It was hugely successful. Exclusive breastfeeding rates for the baby's first six months rose from 2% to 55%.

The intervention also worked in rural areas. We implemented the study in Koibatek - a rural area in the Rift Valley area. Over 87% of the mothers who received counselling breastfed exclusively for six months, compared to 43.8% at control sites.

In addition to these two studies, in partnership with Kenya's Ministry of Health, we conducted an exercise across the country to get insights into what communities thought was the best way to implement the Baby Friendly Community
Initiative and what the role of different stakeholders - like fathers, grandmothers, community leaders, traditional birth attendants and community health volunteers - should be.

**Lessons for improvement**

The key lesson was that consistently supporting mothers to breastfeed through home-based personalised care worked. This was partly because the health workers came from their community and so the women trusted them more. The health workers were also more accessible than other health care providers, like hospital nurses.

When it came to the role of the different stakeholders, the community suggested that fathers and other key influencers of infant feeding - like grandmothers, traditional birth attendants, and community leaders - should be involved in implementing the initiative. They also suggested that community mother support groups be formed.

But a major challenge in scaling up the initiative is how to embed the programme into Kenya’s health care system, working with existing resources and within existing structures.

The initiative is a low-cost intervention, as the community health workers are volunteers. This is great in resource-constrained situations - but it also raises a problem: the community health volunteers often lose motivation. We suggest that they be supported through income generating activities such as farming or bee keeping, as was the case in the Koibatek study.

There are also questions of workload and how much more the community health workers can take on.

Once these issues are ironed out, the low resource requirements of the initiative should make it interesting for other African nations. In the future, we plan to translate the learning from Kenya to other countries in sub-Saharan Africa.

*Milka Wanjohi and Florence Sipalla, from the African Population Health Research Center, contributed to the writing of this article*

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**Uganda: Makerere, Us Scientists Researchers Team Up to Develop Swine Fever Vaccine**

31st July, 2019  
By The Monitor (Kampala)

Kampala — Researchers are putting their heads together to develop a vaccine that will eliminate the deadly African Swine Fever.

African swine fever is a contagious disease that spreads rapidly among pigs.

It is passed on to the pigs in a vicious cycle between ticks and wild pigs and direct contact with infected pigs.

The researchers are carrying out the work under the Regional Mediated Partnership
for Enhancing Livelihood and Health (RUMPELH).

In the past few months, African swine fever wiped out thousands of pigs in Uganda and the latest cases were recorded in Masaka District where farmers lost over 700 pigs early this year.

Currently, the African Swine fever has no cure.

RUMPELH is hosted at Makerere University College of Veterinary Medicine Animal Resources and Biosecurity (COVAB).

According to Dr. Margaret Khaisa, a Ugandan senior researcher and lecturer at Mississippi State University, African swine fever has hampered the production system of food on the African continent and negatively impacted on the global economy, food security and trade.

"With other fellow researchers in the US, we are making progress in inventing a vaccine for Africa Swine fever and very soon, we will be able to unveil what we have so far achieved," she said during an interview on Tuesday.

Currently, she says, they are partnering with researchers from Ministry of Agriculture Animal Resources and Fisheries (MAAIF) to test the vaccine before it is taken back to the US for final testing and confirmation.

In addition to African Swine Fever, Dr. Khaisa says Mississippi State University together with other partners are also developing anti-tick vaccine as well as prototypes for control of tsetse flies in cattle in Uganda, which projects are led by Prof. Simo Kahwa and Prof Enock Matovu, respectively.

Prof. John David Kabasa, the principal COVAB, who also the principal investigator of RUMPELH, says the project formed with support from USAID Higher Education for Development grant which brought together American and African higher institutions of learning including Mississippi State University, Washington State University, Columbus State University, North Dakota, Makerere University, Rwanda, Nairobi and Sokoine of Tanzania and others.

Prof. Kabasa says that as a result of the investment, the Japan International Agency joined them to complement the efforts by establishing a joint National Diagnostic Laboratory at CoVAB to strengthen the collaboration between the Ministry of Agriculture and the Makerere University in public veterinary delivery.

Piggery is a major farming activity in Uganda and one of the main sources of economic livelihood for many households involved in the sector.

Masaka is the leading producer of pigs in Uganda followed by Kamuli District.

For an indigenous pig breed, the least one can earn is Shs120, 000 while for a cross breed, it can be Shs300,000 in less than six months.

Kenya: 50% of Medics Always Skip Work, Says Report

1st August, 2019
By The Nation (Nairobi)
Over 50 percent of doctors, nurses and clinical officers are absent from their work stations on any given day in a Kenyan hospital, a Kenya Health Service Delivery Indicator Report shows.

The report which was conducted in 3,095 facilities across the country reveals that doctors and nurses recorded the highest rates of absence at 60.7 percent and 49.5 percent respectively. Clinical Officers who were absent from their workstations totaled 49.5 percent.

National Council for Population and Development director-general Josephine Kibaru said their absence, which was more prevalent in public hospitals than in private facilities, was authorised by their supervisors.

"In any workplace setting absence may be authorised or unauthorised," said Ms. Kibaru.

"From a consumer's perspective however these providers are not available to deliver services at the facility whether authorised or not." She said health workers especially in urban areas had been granted permission to advance their study, go for training and seminars or workshops without been replaced.

"I think that this is the time for the employers to sit and find a balance because how do they continue to give permission yet they still need to ensure that quality services are offered to the clients," she said.

Kenya Medical Association Secretary General Simon Kigondu however said the fact that doctors had been granted leave from work should not be recorded as absenteeism.