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EA bloc urged to increase local drug manufacturing

Nov 8, 2018
By The Citizen

In Summary

The region imports more than 70 per cent of its most needed medicines due to low production capacity at home.

Arusha. Renewed calls were made here early this week for the East African region to mobilise resources for increased investments in drug manufacturing.

The region imports more than 70 per cent of its mostly consumed medicines due to low production capacity at home, leading to high spending on imports. “Availability of quality drugs for the region is paramount. We need more investments in the health sector,” said Mr. Karoma Nganyira, the coordinator of Kairuki Health and Education Network.

The region spends a staggering $5.3 billion on pharmaceuticals each year, the highest compared to other regions in Africa and projected to grow at the rate of 12.5 per cent in the next five years. He said during the official launching of the office premises for the East African Health Platform (EAHP), an advocacy forum for the sector based in Arusha, that drug production in the region could not meet the rising demand.

Mr. Nganyira added that the network, which sprung up from the Dar es Salaam-based Herbert Kairuki Hospital, has established a unit responsible for pharmaceutical production.

“Of course, we have to cope with the unfavourable tax regimes but we are ploughing back what we earn from hospital and training units to create a domain in health value chain,” he told The Citizen.

Mr. Issa Hango from the Pharmaceutical Society of Tanzania said the universal health care advocated by the East African Community (EAC) partner states called for steady availability of drugs.

He said although the pharmaceutical manufacturers and dealers were there to make profit, availability of locally made drugs would make them affordable to the majority of people than imported ones.

Platform’s (EAHP) chief executive officer Jonniah William-Mollel said the body, founded in 2012, was a “window of engagement” for health sector actors to the EAC with members drawn from an array of industry players.
These, according to her, include mainly the private sector hospitals and colleges, pharmaceutical industries and allied entities and interest groups in the broader health sector.

“The platform’s formation was also based on the recognition of the importance of the public private partnership (PPPs) between the private sector, civil society, faith based organisations and government in promoting facilitative health related activities,” she said. It is also set to be a voice of the private sector organisations (PSOs), civil society organisations (CSOs) and faith-based organisations (FBOs) and other interest groups working on health issues in East Africa.

EAHP’s key objectives include advocating for the development and or reform of effective and appropriate health policies and legislations for sustainable health growth and development in the region.

The platform now joins nearly a dozen non-state regional organisations based in Arusha and affiliated to the EAC, the prominent others being the East African Business Council (EABC) and the East African Law Society (EALS).

There is also the East African Employer’s Organisation (EAEIO), East African Trade Union Confederation (EATUC), East African Local Government Association (EALGA) and a host of others.

Aga Khan High School hosts 4th Model UN Debate

NOV 3, 2018
By Daily Nation

Team work, Students of The Aga Khan High School consult each other during the the 4th Model United Nations Debate at their campus in Kampala on Wednesday.

Kampala. The Aga Khan High School has hosted the 4th Model United Nations Debate aimed at grooming students into excellent researchers, public speakers and debaters as well as inculcating into them good leadership and writing skills. The annual Model United Nations (MUN) event, held at the Aga Khan High School’s International wing at Old Kampala, attracted more than 20 speakers from Gayaza, Muyenga, and Baptist high schools.

The students discussed political, security ecology, special committees, human rights, health and economic issues. Deputy Speaker of Parliament Jacob
Oulanyah, who graced the occasion, urged the students to always find peaceful means of resolving conflict and live in harmony with one another. “We want young people to be agents of peace, to advance the frontline for those who believe that the world should be peaceful. To have this in place, you need a moral foundation to be able to work on key issues regarding peace,” Mr. Oulanyah said. He urged the young people to use their youthful energy properly, be creative and participate in community programmes that leave a positive change.

“Participation is key and should be positive --to cause positive change for the betterment of the people’s lives,” Mr. Oulanyah added.

MUN is an educational simulation and academic competition in which learners are taught about diplomacy, international relations, and the operations of the UN. Mr. Michael Musaazi, the head teacher of Aga Khan High School, said the MUN event, which is global in nature, gives the students an opportunity to mimic the UN in terms of experimenting the model of debate and way of resolving complex issues peacefully.

“This debate helps students to find solutions, particularly on some of the topics they feel are trending globally and those resolutions are passed by delegates from several countries and that’s why the delegates are represented by countries,” Mr. Musaazi said. He said the debate builds in the students the confidence to participate in other debate and also helps them to tap into some of the skills from fellow students.

Uganda to deploy Ebola vaccine to border points
3 Nov, 2018
By East Africa

A Congolese health worker administers Ebola vaccine to a boy who had contact with an Ebola victim in the village of Mangina in North Kivu province of the Democratic Republic of Congo on August 18, 2018.

In Summary

- Minister for Health Jane Ruth Aceng announced a plan to start vaccinating frontline health workers from November 5.
- She said the conflict in North Kivu and Ituri regions of the DRC had affected activities to stop the spread of the disease.
- The spread of the disease is now just 100 kilometers from the Uganda border.
Uganda has announced that it will deploy an Ebola vaccine even though there is no outbreak of the disease in the country.

Minister for Health Jane Ruth Aceng announced a plan to start vaccinating frontline health workers from November 5, due to fears that the outbreak currently affecting the Democratic Republic of Congo could soon cross into Uganda.

The vaccine, which has been developed by Merck and is still at the experimental stage, has previously been used in the DRC and Guinea during outbreaks. It is yet to be approved by the World Health Organisation.

**Ready for delivery**

Officials in the Health Ministry say they are yet to determine which districts or health facilities will receive the vaccine, but there are 2,100 doses at the national medical stores that are under preparation for delivery to different parts of western Uganda.

Although the Ebola vaccine is still at the clinical trials stage, Dr. Aceng says that it makes sense to start inoculating health workers in the risk districts near the border.

She said the conflict in North Kivu and Ituri regions of the DRC had affected activities to stop the spread of the disease.

As of November 1, the DRC had registered a total of 285 cumulative cases, 250 confirmed cases and 180 deaths. About 41 suspected cases are under investigation.

The spread of the disease is now just 100 kilometers from the Uganda border.

Results from randomised, open-label, controlled groups in Guinea showed convincing evidence that the Ebola vaccine can protect an inoculated individual from the virus.

The vaccine is yet to be approved because the manufacturer hasn’t provided all the required information for a license. In the meantime, the WHO has recommended its use.

“Should an Ebola disease outbreak occur before the candidate vaccine is licensed, SAGE recommended that the vaccine be promptly deployed under the Expanded Access framework, with informed consent and in compliance with Good Clinical Practice,” reads a statement by the Strategic Advisory Group of Experts (SAGE) for the WHO.

**Border movements**

Dr. Aceng says they decided to deploy the vaccine since Ugandans in the western districts of Kabarole, Bunyangabo, Kasese, Bundibugyo, Hoima, Arua and Ntoroko routinely interact with people in the part of DRC that is currently fighting the disease.

She said movement across the border had been high as visits to relatives have been heightened, increasing the risk of cross-border transmission.
“An undiagnosed Ebola patient could present to a health facility in Uganda for medical attention. This puts health care and frontline workers in Uganda at risk of being in contact with an Ebola virus disease patient,” she said.

In addition to the vaccine, Uganda is on the lookout for cases of Ebola in the communities, health facilities, and at informal border crossings in all districts. Potential cases are isolated, treated and blood samples taken for testing by the Uganda Virus Research Institute.

The government in collaboration with the World Health Organisation has also conducted case Management and surveillance trainings in seven districts including Kabarole, Bunyangabo, Kasese, Bundibugyo, Ntoroko, Wakiso and Kampala.

**Agony for children as KNH cancer drugs run out**

November 4, 2018
By Nairobi News

Children at the Kenyatta National Hospital cancer ward when they were visited by National Hospital Insurance Fund’s (NHIF) staff.

Cancer drugs for children receiving treatment at the Kenyatta National Hospital have run out, putting the lives of the young ones at risk.

Parents are now forced to buy the drugs expensively from private pharmacies and for those who cannot afford, their children are skipping treatment.

The problem is said to have started over two months ago. Parents who have been nursing their children at the hospital for the last one year said that the shortage started between July and August.

**TREATMENT CYCLES**

The Sunday Nation visited some of the children admitted to the hospital in ward 3A Room 1, which accommodates about 20
patients. The parents called upon the government to supply drugs so that their children can continue with their treatment cycles.

The paediatric cancer wards at KNH no doubt are quiet places. There are roughly 200 children in the three cancer wards. Many of them come from poor, rural families. They do not have health insurance and cannot even afford to buy the drugs that are sold exorbitantly in chemists.

The drugs and drips prescribed to the children include Vincristine, Doxorubicin, Metacapurine, Allopurinol, Cytoplastin and Cyclophosphamide.

Ms. Carol Omondi is afraid that she might lose her daughter any time. The doctor told her last month that the tumour had grown and they needed to change the drugs, which she was required to buy.

When they were admitted on July 3, the child was to get 12 cycles of chemotherapy, but they have only managed five since they do not have the money for the rest of the sessions.

‘MAKE ENDS MEET’

“For the first two months, the treatment was smooth but the last two months, I have literally been struggling to make ends meet. It is very unfortunate, God forbid that I will lose my child because I can’t afford her treatment,” she told the Sunday Nation.

The child has lost her eyesight and cannot walk and she now depends on chemotherapy to survive. She is suffering from Neuroblastoma cancer, which can develop in the stomach, chest, neck, pelvis and bones. Children aged five or younger are the most affected.

Ms. Omondi has taken to the social media to look for well-wishers to help her buy the drugs.

“My child has missed the life-saving drugs that are out of stock at the hospital. We are forced to buy but I do not have the money. A tumour is spreading so fast she cannot survive without chemotherapy. Please help me in any way possible to bring my daughter back to life,” She added, giving her contact details.

She needs between Sh106,000 and Sh160,000 for a chemotherapy cycle.

‘OUT OF STOCK’

Also in the ward is Wakesho’s child. The child is supposed to go for 18 cycles, so far they have done 16.
“I was admitted in January and the journey was smooth. My daughter was getting drugs very well and on time until July that they started asking us to buy the drugs from outside,” said Ms. Wakesho, whose child suffers from acute leukaemia (blood cancer). She spends between Sh16,000 and Sh20,000 per week.

“Between July and August, we missed all the cycles because we did not have the money to buy the drugs and they were out of stock,” she told the Sunday Nation at the hospital.

Even though the parents are contributors to the National Health Insurance Fund, they said that out of the Sh75,000 which they pay for the oncology drugs, the fund only covers Sh3,600.

‘GROWTH OF TUMOURS’

“I pay Sh500 every month but the amount they pay is too little, the procedures are limited. I can’t do more than four x-ray in a year but with cancer, every time the procedure has to be performed to see the growth of the tumours,” says Wakesho.

“I feel for the children but there is nothing I can do. It is very painful to see a child in pain because the parents cannot afford the drugs. Cancer kills when not treated early and skipping the cycles is very dangerous,” noted a nurse at the ward.

David Makumi, who chairs the Kenya Network of Cancer Organisations, said the pattern of missing drugs is worrying, especially because they have run out.

For Mr. Makumi, an ideal and sustainable situation would be one where the National Insurance Hospital Fund (NHIF) pays for all the cycles.

“Cancer is not like malaria where one type of treatment cures the disease. If you cannot cater for the full treatment, you would rather do without it,” he said.

KHN corporate affairs and communications manager Simon Ithai said some cancer drugs are not stocked at the hospital.

“What I know is that there are some drugs that we don’t stock in our facility. Send me the names of the drugs and then I will talk to the doctor and call you back,” said Ithai, who did not respond to further queries on phone as he had promised.

Pharmacists say new law will allow quacks to import medicines

NOVEMBER 4, 2018
By Daily Nation
The Kenya Medical Supplies Authority Act now makes it mandatory for national and county public hospitals to obtain drugs and medical equipment from Kemsa.

**In Summary**

- The 2018 Health Laws (Amendment) Bill was sponsored by National Assembly Majority Leader Aden Duale

- It was passed by the National Assembly on October 28 and is awaiting President Uhuru Kenyatta’s assent.

- Health professionals say it will promote the sale of drugs merely on the strength of price and not quality.

The enactment of the health laws bill has elicited sharp reactions from professionals in the industry.

The 2018 Health Laws (Amendment) Bill was passed by the National Assembly on October 28 and is awaiting President Uhuru Kenyatta’s assent.

The professionals say they have problems with amendments to the 2013 Kenya Medical Supplies Authority Act and Pharmacy and Poisons Act.

**MANDATORY**

The Kenya Medical Supplies Authority Act now makes it mandatory for national and county public hospitals to obtain drugs and medical equipment from Kemsa.

However, it is the amendment that allows hospitals to compare drug prices with the private suppliers that has raised concern among professionals.

“A national or county public hospital shall, in the procurement and distribution of drugs and medical supplies, obtain them ... from the authority unless (a) such drugs and medical supplies are for the time being not available at the authority; or (b) the prices of such drugs and medical supplies as provided by the authority exceed the prices offered by other commercial entities,” the amendment reads.

**QUALITY**

This, health professionals say, will promote the sale of drugs merely on the strength of price and not quality.

Kemsa gets its stock from suppliers and it will be an important player in universal healthcare, which is part of Mr. Kenyatta’s Big Four Agenda.
One of those not happy with the changes is Dr. Thuranika Kaugiria, a public health advocate.

STANDARDS

“It is a great idea to have public hospitals first seek medicine from Kemsa but there seems to be no standards set, judging from the way the amendment is worded,” Dr. Kaugiria said.

“The quality of medicine is not emphasised. That will mean unscrupulous suppliers may stock cheap drugs of poor quality so that Kemsa may lose out when competing with other players.”

He said the amended bill lacks checks and balances.

COUNTERFEITS

Closely connected to the Kemsa bill is the amendment to the Pharmacy and Poisons Act.

Pharmaceutical Society of Kenya president Loius Machogu said the amendments would water down the war against quacks and counterfeit medicines.

“The changes will open a window for profiteers to import drugs through unqualified people,” Dr. Machogu said.

The 2018 Health Laws Amendment Bill was sponsored by Majority Leader Aden Duale.

UNQUALIFIED

It will do away with the levels of practice that confer the highest responsibility to qualified personnel, Dr. Machogu said.

“The changes will kill value, career progression, training and competence in the profession of pharmacy,” he added.

PSK said the bill will allow importation of medicines by unqualified individuals “who are ambiguously referred to as pharmacy practitioners in the changes”.

The pharmacist’s organisation added that the bill will compromise competence and training of professionals.

DUMPED

“Medicines are complex, expensive and potentially risky products to be left to people with no training but masquerading as experts in a field they little know about,” Dr. Machogu said.

He told Kenyans to brace themselves for low quality medicines “that will soon be dumped in our market”.

“This is a scheme by corrupt businesspeople who want to enrich themselves quickly by importing substandard drugs,” the pharmacist added.

UNIVERSITIES

He said the bill will water down efforts by the society to weed out counterfeits and quacks “even as the government fails to recruit the
more than 400 pharmacists who graduate from universities every year”.

“While the society is fighting for quality, others are pulling us down and rewarding those who lease their licences to quacks to start importing medicines,” Dr. Machogu said.

He added that the changes put diploma and degree in pharmacy at the same level of recognition.

**RESPONSIBILITY**

They also lower the entry level of practice of pharmacy in Kenya to diploma and lower the highest level of responsibility in pharmaceutical care to diploma level.

“They propose that technicians and pharmacists be registered in one roll as pharmaceutical practitioners — a term not recognised anywhere else in the world,” Dr. Machogu said.

**PHARMACOVIGILANCE**

He said the bill also deals a blow to pharmacovigilance which is the practice of monitoring the effects of medical drugs after they have been licensed for use, especially in order to identify and evaluate previously unreported adverse reactions.

He said the amendments jeopardize the careers of Kenyan pharmacy students who went abroad to study Degree in Pharmacy and Specialization in pharmacy.

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**Tanzania: NHIF to Close Health Cover Gap**

4 Nov, 2018

By Tanzania Daily News (Dar es Salaam)

MORE Tanzanians will, in the near future, have access to health insurance as the National Health Insurance Fund (NHIF) is coming up with new packages that will allow individuals to join the health scheme depending on their financial ability.

The move is in line with the government’s intention to extend the health insurance cover to majority of Tanzanians, who have been missing out the service.

The news came amid a report released recently by religious leaders under the umbrella of Interfaith Tanzania, including the Tanzania Episcopal Conference (TEC), BAKWATA and the CCT which indicated that 64 per cent of Tanzanians have no health insurance cover.

In a meeting with journalists held in Dar es Salaam yesterday, NHIF Acting Director
General, Mr. Mbaruku Magawa said that the packages will provide a wide range of choice and enable people to contribute depending on their financial ability hence increase the health insurance coverage.

"The packages will allow a person to decide whether to join as individual or include a number of beneficiaries of his/her choice... this is very critical because it widens the choice of beneficiaries," he noted. He said that most Tanzanians were willing to join the health insurance scheme but it became difficult due to procedures and lack of awareness over the Fund.

Mr. Mgawa, however, noted that the fund was making efforts to widen its coverage by introducing different ways for people to join the scheme, especially at this time where the government is determined to reach the entire population in the country with quality health services through the health insurance.

"The government is coming up with new arrangement of attaining Universal Health Insurance Coverage, thus NHIF is putting up in place a system that will be easier for many people to join the health scheme," he observed.

He said the packages have been designed by taking into account people's needs, income and treatment cost, adding that the plan was at an advanced stage and it was set to take off very soon. "We will very soon introduce health insurance packages that will enable majority of Tanzanians to contribute depending on their financial ability," he said.

Mr. Magawa, however, noted that the introduction of the new packages will see other membership packages being removed such as private individual. He, however said that NHIF has started implementing Improved Community Health Fund (CHF) with the aim of reaching majority of Tanzanians at their councils.

Mr. Magawa noted that the improved CHF will be launched in Dar es Salaam to allow many people to benefit from the service.

Speaking at the opening of the meeting, the Government spokesman and Director General of the Tanzania Information Services, Dr. Hassan Abbas said that improving the health sector was among the priorities that were put forth by the Fifth Phase Government, and in the three years it has been able to have tangible evidence of its success.

There are several successful proofs in numerous categories of the health sector including National Health Insurance Fund (NHIF) said Dr. Abbas said.

"NHIF has been able to improve and deliver services catered for all Tanzanians," he said as he congratulated them, adding that, "major changes have been made in NHIF that have helped in increasing its members from around seven million to over 17 million, managing to double the membership number within the three years."
In the three years, the government has been able to build 67 health facilities comparing to the 77 health facilities that were built from the time Tanzania attained its independence to before the fifth government entered into power, this shows how the health sector has improved immensely, noted Dr. Abbas.

The government has also managed to improve extensively Medical Stores Department (MSD) he affirmed adding that, "There have been a great transformation in MSD, like the ability to purchase directly from the manufacturers by removing the middlemen and there is assurance of availability of essential medicines by 90 per cent in hospitals and health centres across the country."

During the submission of the Interfaith Research Committee report, Dr. Musa Kulaba, a researcher within the Interfaith Committee, said that the report is answering the question, 'Can we maximise access to social security in the Health sector through income or financial revenue?' He says that the report shows that Tanzania could increase access to Universal Health Coverage through its own tax resources without relying on funding from development partners.

The report proposes temporary and long-term alternatives that can help the government to assist low income earners and the poor to get Health Insurance and increase the registration of Health Insurance from 32 per cent to 99 per cent by 2025.

Statistics show that 32 per cent of Tanzanians have health insurance; 8 per cent joined the National Health Insurance Fund (NHIF); 23 per cent have joined Community Health Fund; while 1 per cent joined the private companies that provide Health Insurance.

Uganda: Govt to Deploy Ebola Vaccine to Health Workers on DRC Border
5 Nov, 2018
By Voice of America (Washington, DC)

Following confirmation of an outbreak of #Ebola in #Congo, the Nigeria Centre for Disease Control issued a public health advisory.

Uganda will begin administering the experimental Ebola vaccine to approximately 2,000 health care and frontline workers along its border with the Democratic Republic of Congo on Monday, the Ministry of Health said.

Uganda has no confirmed cases of Ebola, but as the threat worsens in the DRC, the
preventive measure is seen as necessary because of heavy border traffic. More than 20,000 people cross from the DRC into Uganda and back every week, the ministry says.

"The public high risk of cross-border transmission of Ebola to Uganda was assessed to be very high at national level," said Jane Ruth Aceng, Uganda's minister for health. "Hence, the need to protect our health workers with this vaccine. Currently in Uganda, we have 2,100 doses of the vaccine available at the National Medical Stores and preparations are in high gear, including training of the health workers that are to be targeted."

Many of those crossing the border are from the DRC’s North Kivu province, about 100 kilometers (62 miles) from the Ugandan border, where armed conflict has made fighting the Ebola outbreak a challenge.

The vaccine, known as rVSV, has been used during recent outbreaks in Congo, Guinea and Sierra Leone, and is currently being dispensed in North Kivu.

Uganda’s Health Ministry says the Ebola vaccine will be given with the consent of Uganda's health workers, since it is being used outside of clinical trials.

Despite being experimental, the vaccine is absolutely safe, Aceng says.

"The vaccine is a recombinant vaccine genetically developed by getting a particle of the Ebola gene, replacing a particle of the gene with another virus called the vesicular stomatitis virus. The vaccine therefore is a genetically modified organism, that is able to replicate and cause antibody production against the Ebola virus but not cause Ebola virus disease," she explained.

The Ebola virus causes a severe and often fatal hemorrhagic fever.

The Democratic Republic of Congo has confirmed 250 cases of Ebola — causing 180 deaths — and another 41 suspected cases.

**Hepatitis B prevalence rate drops**
By Daily Monitor
Nov 5, 2018

Hepatitis B prevalence rate drops

In Summary
The drop in Hepatitis B comes as good news, especially for Karamoja, which Ministry of Health statistics placed with the highest prevalence at 24 per cent, northern Uganda at 21 per cent, West Nile at 19 per cent and Western Uganda at 10 per cent.
Kampala. Uganda has registered nearly a 6 per cent drop in Hepatitis B prevalence, State minister for Primary Health Care, Dr. Joyce Moriku Kaducu, has said. Previously, Dr. Kaducu said last week, prevalence of the deadly disease, recently described by health workers as “worse than HIV/AIDS”, was estimated at 10 per cent nationally, meaning more than four million people were living with the incurable but preventable disease.

“Uganda has had a big problem as far as Hepatitis B is concerned,” Dr. Kaducu said.

“However we have made a big stride in terms of treatment and vaccination. Previously, it [disease prevalence] was 10.3 per cent but the current prevalence is 4.5 per cent,” she added.

Dr. Kaducu was speaking at the sidelines of a five- year aflatoxin control programme in Kampala last week. Aflatoxins are poisons produced by fungi mainly found on grains such as maize, groundnuts, millets and sorghum, among others. Recent research by Makerere University revealed that nearly half of all grains on the market are contaminated with the said poisons that also cause liver cancer, leads to stunting in children as while as damaging their brains.

The drop in Hepatitis B comes as good news, especially for Karamoja, which Ministry of Health statistics placed with the highest prevalence at 24 per cent, northern Uganda at 21 per cent, West Nile at 19 per cent and Western Uganda at 10 per cent. The decline in prevalence was attributed to massive vaccination against the disease and its treatment.

About disease

Symptoms. Hepatitis B, according to the World Health Organisation, “is a viral infection that attacks the liver and can cause both acute and chronic disease”. The virus is transmitted through contact with the blood or other body fluids of an infected person and it is estimated that 257 million people around the world are living with the disease.

Shocking report of 14,000 pregnant school children in one county

November 5, 2018
By Nairobi News

Education Secretary Amina Mohamed looks...
on as a candidate finishes her last paper in the 2018 KCPE on November 01, 2018 at the Langata Women's Prison.

County releases a shocking report indicating that 13, 624 pregnancies were reported among school children

The Kilifi county children affairs department has released a shocking report indicating that 13, 624 pregnancies were reported among school children aged between 15 and 19 years for the last one year.

This report comes amidst public debate on rising cases of teenage pregnancies as KCPE and KCSE candidates sat for their national examinations.

Kilifi County Children Affairs Coordinator George Migosi said Kilifi North Sub-county led with 3,134 pregnancies followed by Magarini with 2,861 and Kaloleni with 2,180 cases.

Mr. Migosi said the number has steadily risen over the past years due to parental negligence.

“In addition, Kilifi South and Malindi reported 1,771 cases each, while Ganze and Rabai reported 1,362 and 545 cases respectively,” he said adding that “the facts are based on compiled County Health department records.”

Other than the 13, 624 cases, the children officer said an additional 290 cases were reported among girls aged between 10-14 years.

“This is an alarming trend since we are talking about close to 14,000 cases of teenage pregnancies which have been reported for one year in the county,” he added.

Education Ministry to roll out policy to curb teen pregnancies

November 5, 2018
By Capital News

CS Amina Mohamed with students of Mama Ngina Girls, Mombasa ahead of the start of KCSE exams/CFM NEWS

By CORRESPONDENT, MOMBASA, Kenya, Nov 5 – The Ministry of Education is now working on a policy to curb cases of pregnancies in schools, Education Cabinet Secretary Amina Mohamed said on Monday.

She said they are working with other government agencies to develop the
document which will be rolled out soon, even though she did not give a time-frame.

“We are working on a policy as government on teenage pregnancies in schools and we will roll it out at an appropriate time. It is really sad that we have increased cases of teen pregnancies,” said Mohamed.

She said it was unfortunate that those who are supposed to protect children have abdicated their responsibilities and instead allowed them to be exposed.

Speaking during the opening of containers carrying the Kenya Certificate of Secondary Education (KCSE) examination papers in Mvita Mombasa, Mohamed said society has become irresponsible and in most cases it’s adults that mislead the school-going children.

“Rape is rape in any language; defilement is defilement in any language, it is a crime and the law will take its course, whenever a culprit is found,” she said.

She added that the country must confront the worrying trend.

“We must have this conversation. We cannot bury our heads in the sand. It is happening to our children, our sisters, and even our young brothers. We will deal with it...it will not go away,” said Mohamed.

She was accompanied by the Foreign Affairs Chief Administrative Secretary Ababu Namwamba.

Namwamba said education is the anchor of any society and the integrity of exams is significant.

“I want to acknowledge the model that has been adopted by CS Amina and Ministry of Education. Everybody can feel the renewed confidence in our examinations system, the renewed confidence in our education system. This is very important for the development of our nation,” he said.

Namwamba said this is also important for Kenya’s image globally.

“All over the world, our citizens are looking for jobs, scholarships, and it is difficult when you are travelling the world, you are questioned on the integrity of the examinations of this country,” he said.

He urged young girls to focus in education.

“We want to tell out girls we have so many role models, starting from your CS Amina Mohamed. You need to stay focus on your studies,” he said.

New law bad for Kenya, cartels at work: Pharmacy students

NOVEMBER 5, 2018
By Daily Nation
A university student in the Pharmacy Students Association of Kenya (Kephsa) during a protest on November 5, 2018 against the enactment of Health Amendment Bill, 2018, which seeks to group them with pharmaceutical technologists, who are diploma holders.

In Summary

- Led by chair Dr. Cohen Andove, the students marched on the streets of Nairobi in protest on Monday, from Uhuru Park, to the Office of the President at Harambee House and then to Parliament.

- They later presented a petition to Speaker Justin Muturi, calling for the withdrawal of Chapter 244, which they term dangerous for the entire health sector.

- Kephsa Organising Secretary, Dr. Bona Ogendi, said the amendments are dangerous to public interest and that he will not allow unqualified individuals to import drugs into Kenya.

Undergraduates at the Pharmacy Students Association of Kenya (Kephsa) have called for the withdrawal of sections of Health Laws (Amendment) Bill, 2018, saying it will dilute professionalism.

Led by chair Dr. Cohen Andove, they marched on the streets of Nairobi in protest on Monday, from Uhuru Park, to the Office of the President at Harambee House and then to Parliament.

PETITION

They later presented a petition to Speaker Justin Muturi, calling for the withdrawal of Chapter 244, which they term dangerous for the entire health sector.

"Kephsa is disillusioned to learn of the proposed amendments to the Cap 244, which is an act of parliament, to make better provisions for the control of the profession of pharmacy and the trade in drugs and poisons," Mr. Andove said.

"While we agree with certain clauses in the proposed amendment, we reject it in its entirety as it fails to address fundamental issues of the pharmacy practice."

The bill was passed by the National Assembly on October 28 and is awaiting President Uhuru Kenyatta’s assent.
The amendment seeks to register both pharmacists and pharmaceutical technicians under one board, using the title ‘pharmacy practitioners’, and grade them under one job group.

This essentially degrades the rigorous pharmacy course that takes five years. The diploma pharmaceutical technician’s course that takes 18 months.

**MALICE**

The association also targeted the mover of the bill, Baringo Woman Representative Gladywell Chesire, accusing her of malice. The bill was sponsored by Majority Leader Aden Duale.

"We reject her antics, which continue to stagnate our very young democracy, as her failure to engage all stakeholders of the pharmacy profession betrays the very basic tenets of our democracy. We are appalled by her malicious attitude and failure to recognise that our democracy can only grow if we choose to debate such contentious issues openly, with inclusivity and continuity," he said.

Dr. Andove further said the country cannot afford to water down the profession through the amendment. He asked it to instead scale up the level of care offered to patients in public facilities in line with universally accepted standards.

“We are in a critical era of personalized patient care due to the very recent realisation that different patients respond differently to the same drugs. To integrate with the rest of the world in this era, the pharmacist has to be given space in the healthcare system and be equipped with modern knowledge and techniques,” he said.

“As future pharmacists, the future looks bleak to us with this amendment, despite the rigorous training we have undergone."

University students in the Pharmacy Students Association of Kenya (Kephsa) demonstrate along Haile Selassie Avenue in Nairobi County on November 5, 2018, against the passing of Health Amendment Bill, 2018, which seeks to group them with pharmaceutical technologists, who are diploma holders.

**"GRAVE DANGER"**

Kephsa's University of Nairobi chair, Njenga Muiruri, said it is time for parliamentarians to reject the bill, which he termed "a grave
danger to patients and quality care in the health sector”.

Dr. Muiruri criticised the bill for downgrading the qualifications of pharmacists to a diploma, saying the diploma holders do not take oaths but that pharmacists vow to protect their patients.

“The US and the UK recently revamped their pharmacy curricula to ensure medics learn for at least seven years. We cannot stand aside as people seek to mutilate our health care,” he said.

In a previous interview with the Nation, Pharmaceutical Society of Kenya (PSK) President, Dr. Louis Machogu, hit out at what he called “the systematic effort to lock professionals out of the regulation of the industry”.

Dr. Machogu noted that amendments to the law were first drafted in the 11th Parliament.

“The whole process was initiated in the 11th parliament when a politician with vast interests in the pharmaceutical sector tabled amendments that removed the legally accountable individual, who is the pharmacist, from the Kenya Medical Supplies Authority (Kemsa),” he said.

"The same tabled amendments watered down the independent pharmacist's role in self-regulation and the upholding of public interest within the Pharmacy and Poisons Board (PPB) by reducing the number of board members from four to three."  

**CARTELS**

The PSK president further termed the decision to remove pharmacists from the board “a move by cartels and other unscrupulous business people who want to control the pharmaceutical business”.

“What this means is that cartels are fighting back to get control of the business of selling counterfeits. They are now angling for the big four agenda of manufacture of medicines by supplying expired and poor quality medicines worth billions to Kenyans,” he said.

Kephsa Organising Secretary, Dr. Bona Ogendi, said the amendments are dangerous to public interest and that he will not allow unqualified individuals to import drugs into Kenya.

“We cannot have semi-qualified individuals playing the role of board members at the PPB. It would expose the entire process to interference by cartels since it would be easier for them and other interested individuals to compromise pharmaceutical technologists, who do not fully understand the drugs they are dealing with, in a bid to import fake, substandard drugs in to the country,” said the pharmacist.

**DEGREE**

Dr. Christine Ndanu, a pharmacy student at the University of Nairobi, with a diploma in pharmaceutical technology, told the Nation that there is no law against
diploma students advancing their qualifications.

“I have gone through the diploma course and now I have joined the university. If diploma students wish to be recognized as pharmacists, let them go back to school just as I did,” said Dr. Ndanu.

Dr. Triza Okoth said the diploma course will not allow a certificate holder to open a chemist if global standards are enforced locally. “Under international standards, a diploma holder is not even allowed to open a chemist let alone import drugs in to the country,” said Dr. Okoth.

She said some technologists are likely to endanger the lives of patients if elevated to the level of pharmacists since they do not fully understand the drugs they issue at health facilities.

**Vote for Malaria Consortium in the 2018 Charity Film Awards**

6 November, 2018

By Malaria Consortium

A film documenting Malaria Consortium’s iCCM-MaCS project in southern Uganda has been nominated in the Charity Film Awards. It is the latest in a line of Malaria Consortium films to be submitted to the awards, and underlines the power of film in communicating the success of our programmes in fighting communicable diseases and improving child and maternal health in vulnerable populations.

The film explores the innovative aspects of the Comic Relief-funded project, and makes the case for scaling it up, both across Uganda and to other countries in sub-Saharan Africa with similar contexts. Voting is open now and closes in December. Winners will be announced in March 2019.

**Study: New HIV drug Gammora is 99 per cent effective**

November 5, 2018

By Daily Nation
A HIV patient consumes antiretroviral drugs. Results of the first human clinical trial of the HIV drug, Gammora, have shown that it can eliminate up to 99 per cent of the virus within four weeks of treatment.

**In Summary**

- The study was done by researchers from Zion Medical, an Israeli biotech company, and the Hebrew University of Jerusalem.
- Nine patients at Ronald Bata Memorial Hospital in Uganda were randomly assigned to receive different doses of the drug for four to five weeks.

Results of the first human clinical trial of the HIV drug, Gammora, have shown that it can eliminate up to 99 per cent of the virus within four weeks of treatment.

The results released Sunday show that Gammora significantly reduced the viral load in human subjects by killing infected cells without harming healthy ones, unlike antiretroviral drugs which suppress the spreading of the virus.

**APOPTOSIS**

The study was done by researchers from Zion Medical, an Israeli biotech company, and the Hebrew University of Jerusalem.

“The drug triggers the self-destruction of the infected cell called apoptosis. It has the potential to cure HIV-infected patients by destroying all cells carrying the HIV genome.

**RANDOMLY**

“These first clinical results were beyond our expectations and promise hope in finding a cure for the disease,” Dr. Esmira Naftali, head of development at Zion Medical, said, adding that nine patients at Ronald Bata Memorial Hospital in Uganda were randomly assigned to receive different doses of the drug for four to five weeks.

In the second part of the trial done two weeks later, patients were given the drug with additional retroviral treatment after four to five weeks.

**VIRAL LOAD**

Patients received either lopinavir 800 mg and ritonavir 200 mg (LPV+r) daily in combination with Gammora administered twice a week, or LPV+r only.

The results showed that the combined treatments eliminated up to 99 per cent of the viral load within four weeks without exhibiting any side effects.
During the 10-week study, patients in both groups showed a significant increase in T-cell count — another name for CD4 cells, which play a role in the body’s immune system.

**DOSAGE**

“Given the limited nature of this study, we are excited to prove the efficiency of our drug in phase 2b with a greater number of participants over a longer period of time,” Dr. Naftali said.

Prof Abraham Loyter of the Hebrew University of Jerusalem started the study a decade ago. Phase Two is expected to begin in the coming months, expanding the pool of subjects to 50 and the dosage period to three months.

**ENZYME**

The drug is derived from HIV enzyme integrase that is responsible for inserting the virus’s genetic material into the DNA of the infected cell.

There are indications that 1,493,382 Kenyans live with the virus, with the overall prevalence rate dropping to 4.8 per cent.

**PROPHYLAXIS**

The prevalence among women is 5.2 per cent and 4.5 per cent in men. More than 53,291 Kenyans are receiving pre-exposure prophylaxis.

The government intends to raise the number to half a million people by 2022.
and tuberculosis despite the disease killing 32,987 Kenyans a year.

The revelation comes as Kenya experiences a public health crisis following an acute shortage of mercaptopurine, which is used for leukaemia treatment, and carboplatin that fights ovarian, oesophageal, bladder, breast, lung and cervical cancers.

The absence of cancer drugs from Kemsa’s essential list of medicines is at odds with the World Health Organisation (WHO) which has included the medications in its rank of critical health products.

Kemsa chief executive Jonah Mwangi said cancer products have not been among the firm’s essentials drugs, adding that they will start placing orders for the medicines in the current financial year.

“We have evaluated and picked on the lowest bidders and from next Thursday we will be having anti-cancer drugs on board, though Kenyatta National Hospital does not procure drugs from Kemsa,” Mr. Mwangi said. Mercaptopurine, which is a chemotherapy drug, run out at KNH — which treats about 90 per cent of cancer patients in public hospitals, putting the lives of those suffering from leukaemia at risk.

The shortage started in August. KNH said it was expecting supplies by end of day yesterday.

Mr. Mwangi said they did not get bids for mercaptopurine

“No bidder was found capable of supplying the drug at a competitive price. The authority will, therefore, procure directly from manufacturers either in India or Europe,” he said.

He said the authority was not to blame for not stocking anti-cancer drugs because public hospitals do not demand them.

“Most hospitals have been procuring directly from manufacturers and only turn to Kemsa when there is a problem. If they can tender with us, then we will have them in our warehouses and avoid the crisis,” Mr. Mwangi said.

It is not yet known when the drugs will be delivered in the country putting more lives at risk.

Uganda to Vaccinate Health Workers Amid Contagion Fears Along DRC Border

6 NOV, 2018

By Radio France Internationale

A medical officer attends to a suspected ebola patient. Dr. Mathew Lukwiya (inset)
died of ebola when the disease first broke out in 2000. Uganda planned to start vaccinating some of its health workers against Ebola on Wednesday, making it in the first country in the world to give the vaccine without experiencing an active outbreak.

Uganda is vaccinating at least 3,000 health workers in five districts that border the Democratic Republic of Congo, where an Ebola outbreak has killed at least 180 people.

The vaccination programme in this area is driven by fears about the disease spreading across the border between the two countries, the porousness of this border being a big concern, according to Grace Kiwanuka, executive director of the Uganda Healthcare Federation.

"We've seen a lot of exposure for health workers along the Congo border," Kiwanuka told RFI. "There's really a need for some sort of intervention to protect those workers. Uganda has a very porous border with the DR Congo, so we have a lot of refugees and other people crossing through from where there is violence."

In most of the DR Congo, the government has implemented some important measures to help combat the spread of Ebola. For example, in places of entry to and exit from big cities where there has been an Ebola case, people are screened for the disease and have to wash their hands to contain the virus.

In light of the violence in the eastern DRC, there are questions about how well-equipped Kinshasa is to deal with the spread of Ebola there.

"The situation isn't getting better in this region," Emmanuel Dupuy, an Africa specialist and head of the Paris-based IPSE think-tank, told RFI. "A number of rebel groups are still active there, as President Joseph Kabila mentioned when speaking to the UN recently, when he questioned the efficacy of UN peacekeeping missions that have been in eastern DRC for nearly 20 years."

"There are areas that are very difficult to access and in dealing with Ebola you need to be able to isolate patients, as well as contact tracing, to be following all of the contacts of different people, and safe and dignified burials," added Tricia Norwood, an Doctors Without Borders official based in Bunia in eastern DRC, near the Ugandan border.

"In order to be able to do that, you need to have gained the trust of the community and you need good information-sharing with the community and that's really hard when you don't have access to certain communities," Norwood told RFI. "I know that the DRC health ministry is working very hard in trying to get access to certain communities, but [the security situation] definitely complicates the entire response."
13 districts targeted in new campaign against malnutrition, stunted growth
By The NewTimes
November 07, 2018

The Health Minister Diane Gashumba while addressing residents.

The government has kick started a massive campaign against poor feeding among children in order to boost cognitive, physical and socio emotional development of children.

The campaign targets 13 districts with the highest rate of stunted growth among children under the age of 2 years. The campaign is the latest among efforts by the government to eradicate malnutrition.

The targeted districts are Nyabihu, Ngororero, Karongi, Rubavu, Rutsiro and Rusizi in the Western Province.

They also include Nyamagabe, Huye, Nyaruguru and Ruhango in the Southern province and Gakenke in the North as well as Kayonza and Bugesera in the East.

Launched on the October 4 in Ruli sector, Gakenke District— the campaign is part of the wider strategy to reduce stunted growth
among children from the current 38 per cent countrywide to 19 per cent by 2024.

The campaign is being implemented by the Ministry for Gender and Family Promotion (MIGEPROF) through the National Early Childhood Development Program (NECDP) in conjunction with the Minister of Health.

They aim to sensitisise parent and members of the communities on good feeding practices for infant and children as well as making good use of health services for better health.

NECDP together with its stakeholders will organise holistic mass mobilisation across the country targeting parents, community volunteers and leaders to increase their knowledge on good practices.

In addition, they will also initiate practices for behaviour change in regards to eradicating malnutrition and stunting among young children.

The campaign also seeks to raise awareness on good practices on Water, Sanitation and Hygiene (WASH) to prevent and reduce diseases related to poor hygiene.

Furthermore, parents and members of communities will be sensitised on positive parenting and importance of family planning.

NECPD also wants to raise awareness on the inclusiveness of children with disabilities as well as other with special needs in the promotion of early learning

Dr. Anita Asiimwe, the Coordinator of NECDP, said that the main causes of stunting in children are poverty, poor breastfeeding, parents who don’t know how to prepare proper diets.

She added that stunting is also caused by unplanned births, family conflicts and lack of cooperation between married couples among others.

She advises parents to carryout regular check-ups by taking their children for growth monitoring and attending “village kitchen demonstrations” with a program that consists of teaching parents, especially those who have malnourished children in the village, the way they can cook a balanced diet from their harvests such as soya, sweet potatoes, green vegetables etc. This she said, will help parents learn how to prepare balanced dietary meals.

“Parents should take the early years of a child very seriously because they influence what happens to them when they become adults. As children acquire the ability to speak, learn and reason in early years, cornerstones should be laid that later affect their growth” said Dr. Anita.

The national target to reduce stunting by 2024 is that the number of stunted children should be less than 19% In order for this to be attained, centre-based, community and home-based ECDs should be established until village level.
Way forward

During the dialogue, Gakenke District mayor Nzamwita Deogratias reiterated the commitment from districts to the fight malnutrition, mainly through helping to change the mind set of ordinary people.

Stakeholders and ordinary citizens have also pledged to increase awareness on inclusiveness of children with disability and others with special needs in early learning, positive parenting and importance of family planning.

Community interactions

After the dialogue at the launch of the campaign, there were community interactions with residents at Ruli community ground where various stakeholders showcased their interventions and their roles in early childhood development in Gakenke District.

The Minister of Health Diane Gashumba while addressing residents said that unlike malnutrition and starvation whereby children may appear physically thin or wasted, stunting often goes overlooked.

“While the most obvious feature is short height, stunting extends far beyond physical measurement.

Though some people are naturally short, stunting specifically refers to children who are short-for-age as a result of insufficient food over a long period of time” said Gashumba

She explained that the way a mother is treated and handled during pregnancy has repercussions to the child she is carrying.

“Mothers should immediately go to see a doctor soon after missing their periods so that they get the necessary medical attention by attending four required antenatal visits for their own health and that of the child” she added

Talking to the New Times during the event, the mayor of Gakenke district Nzamwita Deogratias said that more emphasis is going to be put into village kitchens

“Ibikoni by’Umudugudu” so that parents can learn how to prepare balanced diets for their children.

“We shall make malnutrition history by working together as a team with stakeholders through attending dialogues and making follow ups on parents with children suffering with malnutrition and stunting. Also in our plans, we intend to increase the number of Early Childhood Development centers and encourage parents to attend parents’ evening forum which is a platform through behavior change” said Nzamwita.

Showcasing social protection interventions

At their stall, Society for Family Health (SFH), a Non-Governmental Organization
Concurrently with Social Marketing and Behavioural Change Communication in various health aspects demonstrated methods and showcased products that explain to both parents, mothers and fathers on the importance of family planning, methods and how they provide FP services.

While demonstrating their products, the representative for SFH explained that they provide family planning products and services through training, and multi-media campaigns on family planning methods to increase access to family planning and to overcome the barriers that prevent women from using modern contraceptives.

In 2017, the Government commissioned the National ECD Programme (NECDP) with the overall goal of reducing stunting through ECD. NECDP is also mandated to coordinate all programs related to ECD and nutrition to attain the desired child development outcomes on the premise that program integration is critical for holistic child growth and development.

**Doctor, four nurses suspended in Mwanza over infant’s death**

NOV 7, 2018
By The Citizen

In Summary

Nyamagani district authorities crack the whip against negligent medical officers following the death of an infant at a local hospital

Mwanza. A doctor and four nurses at the Nyamagana district hospital in Mwanza have been suspended following the death of an infant during birth. The five are being accused of negligence.

The public servants were suspended by the Nyamagana District Commissioner Phllis Nyimbi who said they had been negligent and dishonest.

Ms. Nyimbi said here Wednesday November 7, 2018 that the hospital workers were on duty on the fateful day, November 3, 2018, when the infant died during birth.

According to the DC, there has been increased complaints by members of the pubic against personnel at the medical facility.
"We have received so many claims against the officials. Not only nurses’ mis-behaviour, but also of doctors soliciting and receiving bribes," said Ms. Nyimbi.

The DC said the hospital has also not been receipting patients using the electronic payment system as required. She said pregnant mothers seeking services there were most affected.

The mother of the infant who died claimed she pleaded for help from nurses on duty as her delivery time approached to no avail. She said fellow women in the ward helped her deliver but due to a complication, the infant died in the process.

The medical officer of health for the district Juma Mpanga said they are trying to ensure that health workers adhered to professionalism. He reported that since January, 56 mothers and more than 500 infants have died during birth in the area.

**Tanzania: Soldiers' Health Insurance Bill in Pipeline**

8 Nov, 2018

By Tanzania Daily News (Dar es Salaam)

The government is working on a bill that among other things will set in place a Tanzania People's Defence Forces (TPDF) health insurance fund that will address a number of challenges facing soldiers.

The announcement was made in Parliament yesterday by the Minister for Defence and National Service, Dr. Hussein Mwinyi when answering a main question posed by Rashid Chuachua (Masasi-CCM) on the need for the TPDF soldiers to be attended by NHIF as it is the case with other public servants.

Dr. Mwinyi said as per the standing orders, soldiers are being attended in TPDF hospitals and dispensaries that are within their areas when they fall sick. He added that following increasing number of complaints on the need to register them with the health insurance fund, the government decided to start an initiative to have one for their own.

"The process is at an advanced stage to have TPDF soldiers health insurance fund for better services, as the cards will give them a
chance to attend medical services in other accredited hospitals in their nearest zones" he said.

He agreed that there are a number of complaints on the quality, standard and limited access of services offered by army hospitals, attributing the situation to lack of needed funds to meet the running and operation costs, including equipment.

Moreover, he said when in place, the TPDF soldiers' health insurance fund will also give room for retirees to enjoy medical treatment because the current one expires when one retires.

Dr. Mwinyi said the deductions of the soldiers will be channeled for the purchase of equipment and medicines and in so doing improve the standard of medical services offered.

"We are in a very good stage, let us be patient, we recognize the importance of health insurance to our soldiers and we are determined to ensure that they get them when need arises" said the Minister. He said soldiers living in areas where there are no army hospitals nearby have been having challenges in accessing health services.

**Tanzania: Plastic Bags' Health Hazards Avoidable**

8 Nov, 2018

By Tanzania Daily News (Dar es Salaam)

PUBLIC awareness campaigns against the use of unauthorised plastic bags or their bad handling or against deliberate or negligent littering of the environment have been going on in the country. Through these campaigns Tanzanians have been sensitised and reminded time and again to use only environmentally friendly plastic bags to minimise health and environmental risks.

Yet, not much has been achieved in this regard as bad handling of unauthorised plastic bags or containers is still used or they are still seen scattered in many areas.

We can reduce health and environmental risks if we protect ourselves from immediate or potential health hazards.

This can be achieved only if we change our mind-set and see ourselves as agents of or active contributors to health or environmental hazards. This is a starting point and unless we are aware of this we won't succeed in making ourselves or the environment free from immediate or potential hazards.
Although a 50,000/- fine or a jail term has been imposed on the people found littering or polluting the environment, many people have not internalised the campaign. This is where the problem lies and makes us hold that as long as we don’t change our mindset, the use of plastic bags remains a recipe for disaster.

Our concern is that besides polluting water and the environment, plastic bags contain substances that cause cancer in humans. This is according to the World Health Organisation (WHO). The UN health body suggests that chemicals used to produce plastics as carcinogenic substances cause cancer in humans as they leach chemicals into food, water or drink.

This is so because vendors, who cook food or boil water and store it in plastic bags endanger the health of consumers due to the fact that some ingredients of poison from plastic bags or containers contaminate food or water especially if it is hot.

On Tuesday, Deputy Permanent Secretary in the Vice-President’s Office (Environment) Joseph Sokoine and other environmentalists stressed this during a Dar es Salaam meeting that involved environmental stakeholders to discuss opportunities for investing in the production of alternative plastic bags to those being used at the moment.

Since carcinogenic substances cause cancer to humans and as many people are involved in food business and use plastic bags to store food or water, we think it is good for them to learn how to protect the health of their customers and not only to be interested in the money they get from them.

Therefore, food traders should be helped to understand that to make their businesses sustainable they must protect the health of their costumers and they can do so by strictly abiding by healthy food guidelines.

**Rwanda aims for universal coverage of maternal, child health services by 2024**

By The NewTimes
Nov 08, 2018

*Rwanda aims to achieve universal coverage of equitable quality maternal, neonatal and child health services by 2024, Rwandan health minister Diane Gashumba said Thursday in the capital city of Kigali.*

The government will scale up setting up of health posts in every administrative cell of the country to ensure equity in terms of
geographic accessibility to health care services, Gashumba briefed reporters at the three-day African Conference on Emergency Medicine which kicked off Wednesday.

There are currently about 610 health posts across the country, but in partnership with other development partners, more efforts are being put in to ensure that every cell has one, she said.

Training of health workers and bridging geographical accessibility gaps through emergency medical services are critical to achieving universal health coverage, she added.

The forum drew about 500 participants, including physicians, nurses, paramedics, technicians, local organisation leaders, policy-makers, government officials, and potential donors from about 45 countries across the world.

Aga Khan, MNH get Sh268m for women, children surgery
Nov 9, 2018
By The Citizen

The Aga Khan Marketing and Communications manager Olayce Lotha (left) speaks during a press conference in Dar es Salaam yesterday. Centre is Sheikh Alhad Mussa Salum and right is the Founder of Sadaka network Dr. Ibrahim Msengi

In Summary

- Two prominent hospitals have joined forces with religious leaders and non-governmental organisations as they seek Sh268 million to conduct plastic reconstructive surgery to 40 women and children.

Dar es Salaam. The Aga Khan Hospital and Muhimbili National Hospital (MNH) have partnered with religious leaders and non-governmental organisations to raise Sh268 million that will fund plastic and reconstructive surgery for 40 women and children who had suffered incidents that caused them to lose their original appearances.
The two facilities have been offering this kind of treatment and their initiative has now been supported by other organisations.

Women for Women – a non-governmental organisation – will provide doctors while Sadaka Network will coordinate the financial contributions from the public.

Dar es Salaam Regional Sheikh Alhad Mussa Salum said yesterday that the initiative deserved support from religious leaders.

“We are obliged to make vulnerable groups feel happy as part of our society. We can do this by putting our beliefs aside and unite to facilitate the achievement of one goal,” he said as he asked people to contribute.

For his part, the Aga Khan Hospital Marketing and Communications manager Olayce Lotha said a total of 16 surgeons will be performed on November 27.

Ten will be from ‘Women for Women’ organisation, three from Aga Khan and three from MNH.

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