# HEALTH NEWS-CAP EAST AFRICA

26th Jan – 1st Feb 2019

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East Africa: EAC Heads Meet to Sort out Barriers
1 February 2019
By The Citizen (Dar es Salaam)

East African Community presidents at a summit in Kampala, Uganda in February 2018. They are scheduled to meet in Arusha, Tanzania on February 1, 2019

Arusha, Top East African Community leaders meeting in Arusha today may finally decide to act effectively on the crippling financial crisis which the regional economic bloc is stoically going through.

The twice-cancelled summit of the regional Heads of State and Government starts here this morning amid persisting budget constraints blamed on accumulated arrears of contributions to the EAC by some of its six member-countries.

Cash crises have often adversely impacted implementation of key projects and programmes, thus critically affecting operations of some EAC institutions. The issue was raised last December by regional lawmakers who called for decisive action on the crises.

Until then, only 34 per cent of $50 million - the total contributions due from the six EAC states this fiscal year - had been remitted. In that regard, Members of the East African Legislative Assembly (Eala) claim that some of the partner states lack political commitment - rather than financial inability - to disburse their contributions in full and on time.

The EAC budgeted to spend $99,770,716 during the 2018/19 financial year, $42.9 million of which was due from the Community’s development partner, while about $50 million would come from the six EAC nations.

Suggestions to penalize the countries defaulting on their budget commitments wouldn’t work because doing so is not within the competence of the EAC organs. The persistent cash crunch facing the EAC is among the key issues to be discussed during today’s summit at the Arusha International Conference Centre (AICC).

"The financial status of the EAC will be formally presented to the regional presidents, who may come up with corrective action," an official of the EAC Secretariat told The Citizen.

The ministers responsible for East African Cooperation from the member countries ended their four-day consultations in Arusha yesterday. But details of their discussions were not made public.
However, it is believed that one proposal discussed by the ministers on how to effectively tame the funds shortage is to create "a sustainable financing mechanism" that was mooted years ago, and under which funds would be raised through imposing tax on imports entering the bloc. That proposal is yet to be operationalized.

The long-standing issue of non-tariff barriers (NTBs) will once again be raised at the Summit, in seeking to eliminate them. To that end, the Uganda second deputy prime minister and chairman of the EAC Council of Ministers, Kirunda Kivenjija, yesterday called on the regional governments to act strongly against NTBs.

Kagame replaces Museveni as EAC summit head
February 1, 2019
By Daily Monitor

Kagame was named as the new EAC head in Arusha where he attended the East African Community Heads of State Summit, erasing doubts that he would skip and opt to mark Heroes Day celebrations in his country.

In his acceptance speech, President Kagame who is also the chairperson of the African Union said: "I thank you for entrusting me with this role. I want to assure you of my commitment as chairperson of the EAC summit."

Four of six East African Community heads of state attended the meeting.

Host president John Magufuli was joined by his counterparts Museveni of Uganda, Kenya's Uhuru Kenyatta and Rwanda's Paul Kagame.

Burundi's Pierre Nkurunziza sent his first vice-president Gaston Sindimwo while South Sudanese leader Salva Kiir was represented by his Foreign minister Nhial Deng Nhial. The summit had been postponed twice after Burundi's last minute boycott of the planned November meet which was rescheduled to December but failed to take place.

Burundi wanted the EAC leaders to first address differences pitting his country and Rwanda. Relations between the two neighbours have soured since the failed Bujumbura coup in 2015 threatening to tear apart the Community.
Now, there is expectations that the Summit will help unlock programmes and foster EAC integration at a time when observers have predicted a collapse akin to the 1977 one.

WHO issues warning over Ebola outbreak across the region
January 26, 2019
By The East African

Health workers in DR Congo move a patient to a hospital after he was cleared of Ebola on November 4, 2018

In Summary

Efforts to contain the outbreak in DR Congo were hindered by the December polls.

WHO advised countries sharing a border with DR Congo to urgently strengthen their surveillance and alert systems for early detection, and timely and effective response to potential cases.

Nine neighboring countries were put on high alert: Rwanda, Uganda, South Sudan, and Burundi are ranked Priority-1. Angola, Congo, Central African Republic, Tanzania, and Zambia are ranked Priority-2.

East African countries are working on measures to prevent Ebola virus outbreaks across borders after the World Health Organisation issued a warning of the virus spreading from Democratic Republic of Congo to Uganda, Rwanda, Burundi and South Sudan.

Efforts to contain the outbreak in DR Congo were hindered by the December election, with at least 30 health facilities around disease hotspots like Beni and Butembo targeted by protesters. Some citizens also fled into Uganda for fear of violence.

Rwanda, jointly with partners, has developed and is implementing an Ebola preparedness and contingency plan in Gihundwe and Mibilizi District Hospitals, and Kamembe Airport in Rusizi district, which has direct flights to Kigali.

WHO advised countries sharing a border with DR Congo to urgently strengthen their surveillance and alert systems for early detection, and timely and effective response to potential cases.

Regional countries have reintroduced routine screening of all travellers at points of entry and cautioned citizens to be vigilant.

Screening is ongoing at Rwanda’s Rubavu and Gisenyi districts, which border DR Congo as well as Kicukiro, where an Ebola treatment centre is located.

At the end of last year, vaccination of health and front-line workers at priority sites in Uganda began and preparations are...
underway for similar measures to be undertaken in Rwanda and South Sudan.

In South Sudan, a new multi-purpose Infectious Diseases Unit was opened as part of control and preparedness efforts.

Since November last year, $7.3 million has been mobilised for comprehensive preventive activities in South Sudan, since the Ebola outbreak in DR Congo on August 1.

The European Union’s Commissioner for Humanitarian Aid and Crisis Management, Christos Stylianides, appealed for support for South Sudan to boost its efforts, especially at major entry points from DR Congo and Uganda at Yei River, Yambio, Nimule and Maridi.

**Informal traders**

According to WHO’s deputy director-general for emergency preparedness and response Peter Salama, at least 30,000 informal traders and people go back and forth between the Uganda and DR Congo border, which poses a major challenge to the Ebola response.

According to the Red Cross, at least 60,000 people move between Rwanda and Congo daily; more than 24,000 people move across the DR Congo- Burundi border each month, and another 3,000 move between DR Congo and South Sudan each month.

Tanzanian Health Minister Ummy Mwalimu assured people living near the border with DR Congo that the government is on high alert to prevent the virus from spreading into the country.

Kenyan Health Minister Sicily Kariuki said the government has established a National Health Emergencies Council, tasked with preventing the spread of the virus.

According to WHO, as of January 15, there had been 663 cases of Ebola (614 confirmed and 49 probable), including 407 deaths (overall case fatality ratio was 61 per cent). So far, 237 people have been discharged from Ebola treatment centres.

Nine neighbouring countries were put on high alert by the WHO and advised that they are at high-risk of spread of the virus. Rwanda, Uganda, South Sudan, and Burundi are ranked Priority-1. Angola, Congo, Central African Republic, Tanzania, and Zambia are ranked Priority-2.

Preparedness activities have begun in these countries to ensure they are able to respond swiftly in the event of an Ebola outbreak.

New regional varsity for modern medicine opens in rural Rwanda

January 26, 2019
By Daily Monitor
President Paul Kagame and Dr. Paul Farmer unveil the plaque during the inauguration of the University of Global Health Equity in northern Rwanda on January 25, 2019

In Summary

The University of Global Health Equity (UGHE) is located in Butaro, some 95km north of the capital Kigali.

UGHE offers a master's degree in Science in Global Health Deliver as well as degrees in Bachelor of Medicine and Bachelor of Surgery.

President Paul Kagame Friday launched a modern health science university that will train health professionals from around Africa and Asia.

The University of Global Health Equity (UGHE) is located in Butaro, some 95km north of the capital Kigali.

The institution sits on a 100-hectare land that was given by the Rwandan government.

While details of the cost of construction have not been disclosed, the varsity was set up with funding from Partners in Health, Cummings Foundation and the Bill and Melinda Gates Foundation.

Acknowledging the importance of partnerships, President Kagame said: “We have collaboration on scientific research to measure the impact of health interventions, and continually improve the care that our citizens receive.”

UGHE offers a master's degree in Science in Global Health Deliver as well as degrees in Bachelor of Medicine and Bachelor of Surgery.

The plaque on the inauguration of the University of Global Health Equity in northern Rwanda

Generation of doctors must understand the systems that drive social determinants of health, have the skills to strategically take initiative, and find solutions to barriers to
service delivery,” said Dr. Agnes Binagwaho, UGHE’s Vice Chancellor.

Dr. Agnes Binagwaho, the Vice Chancellor of the University of Global Health Equity speaks during its launch on January 25, 2019 in northern Rwanda. PHOTO | URUGWIRO

Dr. Paul Farmer, a co-founder of Partners in Health and a university professor at Harvard Medical School, said UGHE’s location in rural Rwanda was ideal because that is where doctors are most needed.

“ It’s no accident that our campus is not in an urban city centre. We want our students to understand what it’s like to deliver care in rural settings, yes, but more importantly to look beyond what they can learn in the classroom and the clinic,” he said at the launch.

The university will offer scholarships for the master’s students ranging between $49,000 and $54,000.

Women living with fistula complications to get free surgeries in Nyeri
January 26, 2019
By Nairobi News

The exercise which is being done in partnership with Safaricom Foundation and Flying Doctors’ Society of Africa aims at creating awareness about fistula and the
importance of quality maternal health services.

NAIROBI, Kenya, Jan 26 – Over 30 women living with fistula related complications in Nyeri County are expected to receive free surgeries and medical advice in a weeklong free fistula Camp at Nyeri County Referral Hospital

“Safaricom Foundation is keen on having a positive impact on maternal health hence the reason we are supporting this Camp. We understand the pain, agony and indeed the stress that comes with Fistula as a condition. We are also aware of the suffering our women go through with this condition. We want to raise awareness that fistula is actually treatable,” said Joseph Ogutu, Chairman Safaricom Foundation.

The World Health Organization has termed fistula as the single most dramatic aftermath of neglected childbirth estimating that more than 2 million women live with fistula worldwide.

It is estimated that there are 3,000 new fistula cases in Kenya each year, and only 7.5 percent of these are able to access medical care. This means that every year, more than 2,700 women with new fistula cases do not receive the necessary medical attention.

“Fistula is a very debilitating condition and many women and mothers suffering from the condition do not even know treatment exist. We are hoping to expand fistula treatment so that it can be accessible to women around the country.” said Tanya Nduati, CEO of Flying Doctors’ Society of Africa

Uganda: New Intervention to Protect More Ugandans from Malaria
28 January, 2019
By Uganda Ministry of Health

Drawing blood to test for malaria

The Government of Uganda and Government of Egypt have signed a Memorandum of Understanding (MoU) on Larval Source Management (LSM) in a bid to boost Malaria control initiatives in the country. This is premised on the background that Ministry of Health is promoting the Integrated Vector Management (IVM) approach to complement the existing interventions towards reduction of Malaria transmission.

While signing the MoU on behalf of Government of Uganda, Minister for Health, Hon. Dr. Jane Ruth Aceng explained that larviciding is the process of introducing chemicals into water bodies such as swamps or stagnant water where the mosquito larvae reside. “The larvicides target the
larvae and attack it hindering it from becoming an adult mosquito” she said.

On other benefits of the MoU, Aceng said that the MoU covers major areas of cooperation including; Setup of a local production unit to produce larvicides. “Other public health products will also be produced by the production unit to increase the Government capacity to cover more districts and reduce the budget burdens incurred while importing the products” she informed.

She further added that the MoU will provide sponsorship and grant opportunities for young scientists among other industrial capacity building and technology transfer activities.

The LSM program under this MoU is expected to run in Northern and Western Regions in 2019/2020 protecting over 15 million Ugandans. The program will later be rolled out across the country in a phased manner.

Represented by Haitham Mokhtar, the Deputy Head of Mission of the Egyptian Embassy in Uganda, Mokhtar noted that an Egyptian based company, Innovative Research and Development ‘InRad’ has been supporting the Ugandan health sector in the fight against Malaria for over nine years.

“The signing of the MoU today is another great step taken in the direction to contain and fight Malaria in Uganda” he said.

This cooperation comes under mutual agreements signed following the meeting between the President of Uganda, HE President Yoweri Kaguta Museveni and the President of Egypt, HE President Abdul Fattah Sisi. Larval Source Management was revived in Uganda following a directive by the President of Uganda to control Malaria.

Malaria is the leading, most widespread and serious communicable diseases in Uganda. It is a major public health problem, and is endemic in approximately 95% of the country; the remaining 5% is prone to malaria epidemics mainly highland areas of South-western Uganda, the Ruwenzori and Elgon Mountain ranges.

Larval Source Management (LSM) is one of the major strategies for Malaria control under the National Malaria Control Program (NMCP) in Uganda. NMCP is currently implementing the following interventions in order to fight Malaria in Uganda; Case management, long lasting Insecticide treated mosquito Nets (LLIN), Behavior Change Communication and Integrated Vector Management

This newly added intervention is expected to protect and reduce malaria burden among the vulnerable-groups especially pregnant women, children under 5 years of age and school going children.

Doctors call for drop in insurance charges before they cut theirs
January 27, 2019
By Daily Nation
In Summary

Doctors have demanded that insurance companies reduce their premium by 20 per cent before they implement the reduction order by the Ministry of Health.

The doctors noted that if the costs are to be reviewed as proposed in fee guidelines, the premium has to be reduced since it is the main reason why health services are costly.

Earlier, the insurance companies had threatened to increase their premiums if medical fees and charges by the doctors were not reduced.

A tug of war is shaping up between insurance companies and doctors over the 20 per cent reduction order on medical fees and charges by the government.

Doctors have demanded that insurance companies reduce their premium by 20 per cent before they implement the reduction order by the Ministry of Health.

Earlier, the insurance companies had threatened to increase their premiums if medical fees and charges by the doctors were not reduced.

A premium is an amount an individual or a business pays for an insurance policy. Once it is paid, the insurer must provide coverage for claims made against the policy.

However, as the implementer of the order, the Ministry of Health is torn between who to support between the two parties, leaving ordinary Kenyans at the mercy of the two.

"Some people are thinking that doctors will suffer; we are not going to suffer. However, the worst will be that we risk losing Kenyans who cannot see a specialist unless in a public hospital and cannot pay for insurance. We are joking with the lives of Kenyans," said the secretary-general of Kenya Medical Practitioners, Pharmacists and Dentists’ Union (KMPDU) on Saturday.

The doctors demanded that the insurance company pays for services given by a specialist doctor within 30 days from the date rendered.

HEALTH COST

The doctors noted that if the costs charged by the professionals are to be reviewed as proposed in the fee guidelines, then the premium has to be reduced since it is the main reason why health is costly in the country.
"The reason healthcare is costly is because the insurance companies are taking longer to remit money for the services that have been rendered yet they are immediately deducting a huge amount of money," said Dr. Ouma Oluga. He added that specialists should directly invoice the payer (patient) or the insurance companies for services rendered in order to reduce the amount of time taken to pay for services. Further, the time to pay should not exceed 30 days," said Dr. Oluga.

The doctors also called upon the insurance companies to immediately disband panels since they comprise persons without any medical background and some of them are corrupt.

"Insurance companies are delaying care to patients, they dictate which hospitals the patients can seek services from without taking into consideration the patients’ needs and choices," Dr. Oluga said.

They alleged that the doctors are owed over Sh700 million accumulated in the last two years.

"Why would I render services and get paid after two years yet the patient is being deducted immediately the services are offered. We will endeavour to recover from the insurance companies all the monies that are owed to us," he said.

PREMIUMS

The insurance companies, during an earlier public consultation forum organised by the Consumers Federation of Kenya, said if the fees charged by doctors were not revised downwards, they would increase the premiums.

"The sector is already bleeding from the high costs of healthcare. Given the small number of insured Kenyans, we might soon have to increase our rates," Ms. Jemimah Mbugua of Resolution Insurance said.

"Only about three per cent of Kenyans have medical cover other than the National Hospital Insurance Fund. The doctor's fees in its current form will put insurance out of reach for many," she said.

If adopted, the minimum consultation fees charged by a general practitioner will drop from Sh1,800 to Sh1,440 while the maximum fees will reduce from Sh5,000 to Sh4,000.

Similarly, the minimum consultation fees charged by a specialist doctor will go down to Sh2,980 from Sh3,600, while the maximum from Sh7,500 to Sh6,000. The board is recommending a minimum of Sh29,800, down from Sh36,000, for normal childbirth, while the maximum drops from Sh72,000 to Sh57,000.

Uganda: When Electricity Means Life

28 January 2019
By allAfrica.com
Umeme workers installing a transformer on an old electricity pole in Kampala recently

Electricity is considered a luxury in parts of Africa. When it comes to its supply in public health facilities however, it can mean life or death.

When Uganda’s privatized electricity supplier shuts off power to hospitals, the results are catastrophic. In 2012, 150 babies on oxygen concentrators at a hospital in Jinja died after utility company UMEME Uganda Limited turned off the electricity with no prior notice. In 2015, Kiboga District Hospital was without power for over a month. UMEME disconnected the supply because the government of Uganda had not paid the bill of over 100 million Uganda Shillings (US$26,600).

The utility has a right to be paid for the services it provides. But when it comes to hospitals, the consequences are too grave for such hard and fast rules. We need stricter regulations that ensure the unbroken supply of electricity to hospitals, even if the government fails to pay its bills. Otherwise, more patients will die.

If UMEME gave hospitals sufficient warning that the power was going to be turned off, these facilities could make arrangements for temporary measures such as generators. But that’s not what happens; my law firm has handled cases in which the utility sent agents to disconnect the power to hospitals with no warning.

This costs lives.

Kiboga’s district hospital, for example, serves 100,000 people. When it went without power for a month, doctors said they were unable to provide even basic first aid such as sutures because they could not sterilize tools. Vaccines and blood went bad because of the lack of refrigeration. Laboratories could not perform diagnostic services without power. The maternity wing was in complete darkness, and Cesarean sections could not be performed. Mothers died on their way to the capital Kampala or private clinics to access emergency obstetric care.

Even so, UMEME did not reconnect the electricity supply.

The issue of power outages in public facilities is not peculiar to Uganda. Kenya, Tanzania, South Africa, and Malawi have reported power outages causing deaths. Yet governments have yet to set regulations that would ensure private utilities provide uninterrupted power to hospitals.

Uganda’s constitution guarantees the right to life and the protection of human rights, as do many other nations in Africa. The law firm where I work, Center for Health, Human rights and Development (CEHURD), recently
sued UMEME, arguing that it denied those basic rights by cutting off power to hospitals.

To our dismay, the High Court dismissed the case in September, on grounds that corporations have a contractual obligation to recover their money and governments ought to pay their outstanding bills.

UMEME certainly has a right to be paid for the services it provides. No one is arguing that the government has a right to skip payments. But doesn’t the right to life supersede the right to be paid? UMEME has a moral obligation to preserve life. More people will die if we fail to hold multinational corporations to account for the preventable loss of life.

Ultimately, UMEME can use the courts to recover money owed because courts are well equipped to enforce contracts. Patients who die for lack of proper medical care have no such recourse.

This is not a challenge without solutions. The United Nations has offered guidance on how to manage businesses while respecting human rights. Businesses must respect, protect and remedy individuals when they violate fundamental human rights.

In 2001, Uganda privatized the provision of electricity by granting concessions to non-state actors. Since then, electricity service has become commercialized and unaffordable to an increasing number of rural communities.

Under international human rights law however, privatization does not relieve the state of its responsibility to ensure that social services are accessible. The state is obliged to ensure that lives always come before profits, even when private service providers are involved.

The government’s failure to develop infrastructure sufficient to regulate electricity supply to health facilities is a violation of Ugandan and international law, as is the failure to provide alternative power sources due to insufficient government funding.

In Uganda and many other countries across Africa, the push for privatization was prompted by the World Bank, which tied aid to efforts to remove government ownership of public services. The World Bank’s intent was to promote accountability and good governance. We now need regulations that prohibit distribution companies from cutting power to health facilities. This will protect the vulnerable and ensure that no power outage occurs in hospitals. This will save innocent lives.

Primah Kwagala manages strategic litigation at the Center for Health, Human Rights and Development in Uganda. She is a 2018 Aspen New Voices Fellow.

South Sudan vaccinates health workers against Ebola
28 January 2019
By WHO
The Ministry of Health of South Sudan, with support from the World Health Organization (WHO), Gavi, the Vaccine Alliance, UNICEF and the US Centers for Disease Control and Prevention (CDC) and other partners, today started vaccinating health workers and other front-line responders against Ebola as part of preparedness measures to fight the spread of the disease.

Vaccination began in Yambio, Gbudue State, but health workers in Tombura, Yei and Nimule as well as the capital city, Juba, will also be offered the vaccine. These are high-risk areas bordering the Democratic Republic of the Congo (DRC), now experiencing its tenth outbreak of Ebola. The outbreak began 1 August 2018. Neighbouring countries have not reported any cases of Ebola, but preparedness is crucial.

As part of these preparedness activities, South Sudan received 2 160 doses of the Ebola vaccine (rVSV-ZEBOV) from Merck, the vaccine developer. The vaccine offers protection against the Zaire strain of the virus, which is the one affecting DRC at present.

“It is absolutely vital that we are prepared for any potential case of Ebola spreading beyond the Democratic Republic of the Congo,” said Dr. Matshidiso Moeti, WHO Regional Director for Africa. “WHO is investing a huge amount of resources into preventing Ebola from spreading outside DRC and helping governments ramp up their readiness to respond should any country have a positive case of Ebola.”

Vaccination is one of a raft of preparedness measures South Sudan is putting into place. WHO has deployed more than 30 staff members to support these activities.

In particular, WHO has helped train 60 health workers in good clinical practice principles and protocol procedures to administer the yet-to-be-licensed Ebola vaccine. To detect any travellers entering the country who may be infected with the virus, the Ministry of Health, with the support of its partners, has established 17 screening points. Nearly 1 million people have been screened to date.

WHO is also supporting engagement with communities, active surveillance for the disease at the community and health facility levels, strengthening capacity for infection prevention and control and case management, and supporting dissemination of Ebola information through the media. Local laboratory capacity to test samples taken from people suspected of having Ebola is also being strengthened. Protective gear for responders has been stockpiled in a dedicated warehouse.

Gavi, the Vaccine Alliance, in addition to its work making the Ebola vaccine stockpile available, is providing US$2 million to
support the WHO’s vaccination efforts in countries neighbouring the DRC, including South Sudan.

“Although research is ongoing, the evidence so far suggests the Ebola vaccine is a highly effective tool to help stop epidemics and can be used to prevent this national outbreak from becoming a regional one,” said Dr. Seth Berkley, CEO of Gavi. “Vaccinating front-line workers and health workers in South Sudan border regions will be crucial: an outbreak in South Sudan would be deeply concerning.”

Uganda began vaccinating its front-line workers in November 2018. So far, more than 2,600 health workers in eight high-risk districts have been immunized. In DRC, more than 66,000 people have been vaccinated – more than 21,000 of them are health and other front-line workers. Rwanda also plans to vaccinate its front-line responders.

The yet-to-be-licensed rVSV-ZEBOV vaccine has been shown to be highly protective against the Zaire strain of the Ebola virus in a major trial. Though not yet commercially licensed, the vaccine is being provided under what is known as “compassionate use” in the ongoing Ebola outbreak in North Kivu province of DRC as part of recommendations from the Strategic Advisory Group of Experts on Immunization. This vaccine was also used in the Ebola outbreak in Equateur province of DRC in May–July 2018.

Masindi hospital also hit by blood shortage
January 29, 2019
By The Observer

Masindi hospital has joined the long list of the country's health facilities currently hit by blood shortages.

Dr. Vincent Katusiime, the medical superintendent Masindi hospital said that it is now a week since they started experiencing the shortage. He says in case of blood shortage, the facility normally gets blood from Hoima regional referral hospital. But at the moment Hoima hospital is also having the same shortage challenge.

Katusiime explains that they are now relying on blood from Kiryandongo hospital, although they are expected to drive patients there instead of transporting blood. He explains that the most affected departments are the maternity, children's, males and the females' wards.

"I would like now to communicate that for now we have run short of blood. Blood is totally out of stock. It is now about a week. Often we collect blood from Hoima referral hospital which unfortunately for now has as well run out of stock. Therefore we’re relying on Kiryandongo hospital, but unfortunately Kiryandongo doesn’t allow us to pick blood
but encourages us to take patients to them instead. That implies that it has a large cost implication given the number of departments that need blood." Dr. Katusiime said.

He says patients that are in need of blood are currently surviving on God's mercy adding that many patients could lose lives because of this shortage. Dr. Katusiime explains that every two months they receive new stock of blood but this time he is not sure whether the hospital will receive any.

He also noted that they have run shot of Hepatitis B vaccine. He attributes this to the overwhelming number of people they are receiving across the district who are turning up for immunization.

On drug shortage, Katusiime explains that it is also another challenge and this has forced them to request patients to buy their own drugs. Elizabeth Kaahwa, a resident of Kihaguzi village says that it is too costly for them to buy drugs and yet they pay taxes on a daily basis. James Tumusiime, a resident of Kijura cell in Masindi town says in order to have enough blood, government should put in place regional blood banks.

Last week, the Uganda Blood Transfusion Services (UBTS) explained the nationwide blood shortage - blaming it on the lack of testing reagents. UBTS executive director Dr. Dorothy Kyeyune said the crisis has been on for the last two weeks and that all regional blood collections centres are affected.

"We have been collecting blood but have not been able to use it. We didn't have necessary reagents to test blood for diseases like HIV, Syphilis, Hepatitis B and C or even determine blood groups. So, the problem is not that we don't have blood. We have blood but couldn't use it because we didn't have money to procure reagents from National Medical Stores," Dr. Kyeyune told journalists.

Adding that, "We didn't get enough funds and that is why we couldn't purchase reagents. We needed a supplementary budget and now that the budget has been approved we shall be able to provide blood in two to three days."

**Government launches healthcare plan for refugees**

January 29 2019

By Daily Monitor

South Sudanese refugees who fled fighting between troops loyal to former vice president Riek Machar and government troops supporting President Salva Kiir, at Dzaipi Reception Centre in Adjumani District

**Kampala**- Government has launched the Sector Integrated Refugee Response Plan to cater for refugees and the host communities.
The plan will integrate the health response for refugees and host communities in the districts to ensure equitable access to quality health services, co-existence and mobilisation. Under the plan government will provide additional health resources to support and build a resilient health system.

“By involving refugees into our National Development Plan, we are championing the principle of “leave no one behind” which is in line with our commitment to the 2030 Agenda for Sustainable Development,” Prime Minister Ruhakana Rugunda said at the launch of the plan in Kampala on Friday.

He said the health plan proves that hosting refugees is not only the right thing to do but also promotes the development of refugee hosting areas and the host communities in the long term.

The plan is themed on “Universal Health Coverage for All.”

Ms. Ruth Aceng, the minister of Health, said the five-year plan will not only benefit refugees but also seven million host communities across the refugee-hosting districts in Uganda.

She urged all partners to align their operations to the new common plan. She asked the local government leaders to develop district level health plans aligned to that of the ministry.

Mr. Hillary Onek, the minister for Refugees noted that the government is committed to supporting the implementation of the plan, but added that they are relying on continuous support from humanitarian and development partners to facilitate the plan.

Ms. Rosa Malango, the United Nations representative, noted that the UN system in Uganda is committed to supporting the successful implementation of the integrated health sector plan.

Ms. Susan Grace Duuku, a South Sudan refugee, and a refugee representative of Rhino Camp in Arua District, thanked the government for its support to refugees.

“We have been given free land and are co-existing in peace with the host communities on top of receiving all social services (health and education) just like the locals,” she said.

Shortage of space limiting heart operation at Mulago

January 29, 2019
By Daily Monitor

Dr. Michael Oketcho from Uganda Heart Institute (left), three-year-old William Kalulu (centre), who is among the 10 children supported by Rotary and Mr. Francis Xavier Sentamu, the governor-elect of Rotary Uganda at the heart institute yesterday.
Kampala- The Uganda Heart Institute (UHI) has said shortage of working space has curtailed doctors’ ability to treat heart patients and many cases remain waiting in the queue daily.

“The patients are there, we have a very big waiting list. We had a 12 bed intensive care unit (ICU) but it was handed over to Mulago hospital with the hope that it will be brought back better in two years. It is four years now it has not come back,” Dr. John Omagino, the executive director of the institute said yesterday.

“So we only have four beds which we had to improvise. We broke part of the offices and created beds. But those four beds cannot support 1,000 operations needed every year,” he added.

Dr. Omagino said expanding the work space will enable them reach out to almost every heart patient in the country.

“If we had the 12 beds it would be possible to do three operations per day or even five. But we cannot because the patient has to be in ICU for 48 hours before he is stable enough to be moved to the general ward,” he explained.

Currently the patients from ICU are taken to Uganda Cancer Institute where the general ward is, though it also is short of beds.

As our reporters toured the ward, some patients were seen admitted on chairs rather than beds.

Dr. Omagino said lack of working space has led to few heart operations daily thus less work for the doctors who feel their skills are not being utilised and they decide to leave the institute for other jobs.

“Instead of operating three times a week, may be they operate once a week because there is no space. So if you do not practice, your skills deteriorate. It is also frustrating when you are used to working. You see patients dying in front of you but you cannot help. So the doctors start looking for jobs somewhere else,” said Prof Francis Omaswa, the executive director of African Centre for Global Health and Social Transformation.

There are about 300 heart patients who require surgery every year though about 100 are usually worked upon with a cumulative of 500 children on the waiting list.

Meanwhile Rotarians have mobilised about Shs1 billion for surgical operations on 100 children born with heart defects.

Under this grant, 30 open heart surgeries, 20 closed heart surgeries and 50 interventional cardiac catheterisation procedures will be conducted.

Of the 1.5 million babies born in Uganda per year about 15,000 of them have heart problems and half of these need medical assistance.

The total cost of operating a child abroad stands at $20,000 (about Shs73 million) and about $5,000 (Shs18.4m) when done in the country.

Blood shortage hits health facilities
January 29, 2019
By Daily Monitor

@EAHP Health News-Cap East Africa 26th Jan – 1st Feb 2018
Pints of blood at the Uganda Blood Transfusion Services in Nakasero, Kampala. Shortage of blood has hindered service delivery countrywide

Countrywide- Blood shortage has continued to paralyse operations in many hospitals across the country, forcing health workers to suspend some procedures that require blood transfusion.

At St Mary’s Hospital Lacor in Gulu District, Dr. Emintone Odong, the medical director, said service delivery, especially to those that need blood, had been paralyzed due to blood shortages.

“Our hands are tied as we watch our patients die yet we could save their lives if there was blood. We feel indebted to the lives we are losing every now and then,” Dr. Odong told Daily Monitor on Monday.

Dr. David Turyamumanya, the Gulu Regional Referral Hospital principal administrator, said the hospital had decided to spare the little blood mainly for expectant mothers.

“The little we have in store are reserved for critical conditions such as operations of expectant mothers and others that require blood,” Dr. Turyamumanya said.

“We are worried of a long blood shortage and the dilemma our patients are already facing even when the situation has not yet worsened like the previous years,” he added.

In eastern Uganda, Mbale Regional Referral Hospital is facing a similar scarcity.

The hospital handles a huge number of patients who include expectant mothers and accident victims who require surgical procedures.

Dr. Emmanuel Tugaineyo, the hospital director, said they receive an overwhelming number of patients in need of blood but the facility receives about 50 to 60 units of blood from the national blood bank.

“The number of patients, including referrals from lower health centres that are in need of blood is extremely high. The hospital gets little blood compared to the number of patients,” Dr. Tugaineyo said.

Pallisa Hospital administrator Geoffrey Ekisa said they had recorded one death by yesterday as a result of lack of blood, adding that the shortage has been on for three weeks.

Mr. Ekisa said the hospital is supposed to receive between 25 and 30 units of blood daily from Mbale Regional Blood Bank but on some days, they receive less than that.

In Budaka District, the situation is not any different. The officer-in-charge of Budaka
Health Centre IV, Dr. John Wogabaga, said all emergencies that require blood were being referred to Mbale hospital due to lack of blood.

At Anaka Hospital in Nwoya District, major operations had been halted due to inadequate blood, according to the district spokesperson, Mr. Axuma Odokonyero.

“Major operations have been halted and now the emergency cases are referred to either St Mary’s Hospital Lacor or Gulu Regional Referral Hospital,” Mr. Odokonyero said.

However, there was some news of relief in Mbarara District.

“We have had no crisis. We are operating normally. Sometimes people with a unique blood group may fail to get blood. When such a person doesn’t get, they say there is no blood in hospital. Uganda Blood Bank will collect more blood when students come from holidays,” Dr. Celestine Barigye, the director of Mbarara Regional Referral Hospital, said.

Inconvenience

At Jinja Regional Referral Hospital in Busoga Sub-region, the shortage was also pronounced.

“We haven’t been getting adequate quantities of blood since December 2018. Sometimes when we have a patient who needs blood, we have to look around by sending for blood from Nakasero blood bank and this takes time,” Dr. Edward Nkurunziza, the hospital administrator, said.

Asked about the severity of the situation, Dr. Nkurunziza said the hospital is currently getting about 60 per cent of what it used to get weekly. He was noncommittal on the actual volume of blood the hospital receives, saying he had to first verify with the data office.

“When making performance, we quote blood used per month and not what we order against what we receive,” he said.

At Kibito Health Centre IV which is the main facility for Bunyangabu District, expectant mothers who needed blood were referred to Fort Portal in Kabarole District, according to Dr. Richard Obeti, the district health officer.

“Our staff last night delivered a mother and she was bleeding. We did not have blood at the facility and we tried at Buhinga Regional Referral Hospital. They told us that the machine for screening blood had mechanical problems but we managed to get one unit of blood,” Dr. Obeti said.

In Rakai District, Dr. Yasin Kiyemba, the hospital superintendent, said for the past two weeks, they had been hit by blood shortage, but yesterday they received 18 units which are expected to take them for three days.

He said they had been referring the patients in need of blood to Kitovu and Masaka referral hospitals to avoid fatalities. Dr. Kiyemba, however, said they expect to get more blood supplies from the regional blood bank next week.

At Mubende Regional Referral Hospital, the director, Dr. Alex Andema, said they usually order for blood whenever need arises but
their main concern is that at times they do not receive enough supplies as required. He said they usually order for 30-50 units of blood twice a week but they often receive less.

The Masaka Regional Referral Hospital director, Dr. Nathan Onyanchi, said the hospital had not suffered blood shortage.

He said since Masaka hospital houses the blood banks, it has been receiving blood as soon as cases that require blood come up.

**Not affected**

Masaka Regional Blood Bank manager Ayub Mutebi said they had enough blood unlike other blood banks.

“We have not been affected. We have enough blood, the issue of lack of blood testing kits did not affect us much since we had stocked some kits,” he said.

Mr. Mutebi asked health units that need blood in Masaka region to make their requisitions and receive blood.

Dr. Steven Kawooya, the Mityana General Hospital senior administrator, said the facility had received blood supplies last Friday, but added that they were using the new blood units sparingly.

“We are handling the blood we have in a special way [because] blood shortage is now a big problem from our suppliers,” Dr. Kawooya said.

**Cause of problem**

Last week, Dr. Dorothy Kyeyune Byabazaire, the Uganda Blood Transfusion Service (UBTS) director, admitted that they had been unable to supply blood to health facilities across the country for half a month.

Dr. Kyeyune said the failure was due to “lack of reagents” used to test blood for several infections before it is declared safe for use.

“Much as we know that blood can save life, if blood is not tested and made safe.....our standard policy is that all blood must be made safe before it is sent to hospitals,” Dr. Kyeyune said in Kampala last week.

“All the blood we have been collecting for the last two weeks throughout the country, we have been storing it in our cold rooms and we have not been able to give this blood to hospitals because we did not have reagents to test it,” she added. Reagents meant to test a unit of blood cost $29 (Shs107,300) and the national blood bank has a target of collecting 300,000 units, half of which has been collected.

To treat the said blood units, Dr. Kyeyune said, Shs39.2 billion is needed but government provided only Shs12.88 billion. Mr. Micheal Mundane, the spokesperson of the UBTS, yesterday said the situation had “normalised” and health facilities were starting to get blood supplies. “It is a small problem we had but it has been normalised. We are giving our services normally,” Mr. Mundane insisted by telephone.

**DPP to supply 20,000 files to NHIF suspects**

January 30 2019
By Daily Nation
In Summary

Investigating officer said the documents to be relied on during the hearing were bulky — both in soft and hard copy — and therefore needed time.

In the case, NHIF Chief Executive Officer Geoffrey Mwangi and his predecessor Simeon Kirgotty have denied 17 counts relating to loss of over Sh500 million at the insurer.

Prosecutors were Tuesday given one month to supply more than 20,000 documents to the suspects facing charges over the loss of over Sh500 million at the National Hospital Insurance Fund (NHIF).

Appearing before Chief Magistrate Douglas Ogoti Tuesday, the investigating officer said the documents to be relied on during the hearing were bulky — both in soft and hard copy — and therefore needed time.

The officer said 20,520 documents will be used.

Prosecution counsel Victor Owiti also asked the court to be allowed to supply bank statements — which form the bulk of the documents — in soft copies, adding that they will highlight the pages they will be referring to.

The defence team, led by Mr. Assa Nyakundi, had opposed the application, saying, electronic evidence was prone to manipulation.

The court also extended orders stopping Webtribe Ltd and its directors Danson Muchemi and Robert Muriithi from interfering with the payment system, despite protestations from the firm through its lawyer Steve Ogolla.

Mr. Ogolla had argued that the extension of the order was not necessary because there was no indication that the company intended to interfere with the system. He said the company had a binding contract and it would adhere to the terms.

In the case, NHIF Chief Executive Officer Geoffrey Mwangi and his predecessor Simeon Kirgotty have denied 17 counts relating to loss of over Sh500 million at the insurer.

TENDER DOCUMENTS

Mr. Kirgotty is charged with seven counts, including abuse of office, wilful failure to comply with the law relating to management of public funds and wilful failure to comply with procurement procedures.

The court heard that he conferred a benefit by authorising payment of over Sh545 million to Webtribe Ltd, a company contracted to collect payments on behalf of NHIF.

Mr. Mwangi is alleged to have extended the contract and authorised the payment, which might have led to loss of funds at NHIF.

Mr. Mwangi, Mr Kirgotty, Ms Ruth Makallah and Ms. Pamela Marendi denied a charge of engaging in a project without prior planning. They allegedly committed the offence between February 7, 2014 and August 15, 2014 when they engaged the services of Webtribe to collect their revenue at a cost of Sh49.5 million.
Ms. Irene Rono, Ms. Jacinta Mwangi, Mr. Gilbert Kamau, Mr. Kennedy Wakhu and Mr. Fredrick Sagwe, who were members of the tender evaluation committee, were accused of failing to adhere to procedures and criteria set out in the tender documents.

Mr. Ogoti directed prosecutors to supply the documents by February 28. The case will be mentioned on March 4 to confirm if the orders have been complied with. The pretrial will be held on March 29.

Civil servants denounce new medical plan
January 30, 2019
By Daily Nation
In Summary

They decision to come up with the model was made unilaterally by the National Hospital Insurance Fund and demanded its revocation.

They said if the model is fully implemented, members would find it difficult to meet the cost of various medical procedures when they seek treatment.

Union of Kenya Civil Servants Tuesday questioned the rationale behind the establishment of a new treatment model for their members, claiming it was adopted without their consent.

The union’s secretary-general Tom Odege said the model, known as Free for Fixed Service, would subject them to untold suffering as it would introduce limits as low as Sh1,500 per day for scheme members.

He said the decision to come up with the model was made unilaterally by the National Hospital Insurance Fund and demanded its revocation.

“In total contravention of the provisions of the contract, the NHIF in September 2017 introduced a strange and unfamiliar model referred to as Fixed Fee for Service. This was purportedly meant to be superior to the capitation method and would address portability of service for officers in Jobs Group A to K,” said Mr. Odege in a statement.

“This was a unilateral decision by the NHIF management without involving the ministry or consulting scheme members through the union. We vehemently rejected the model for it was subjecting our members to untold suffering,” Mr. Odege said.

He claimed that if the model is fully implemented, members would find it difficult to meet the cost of various medical procedures when they seek treatment.

BEGGARS

Mr. Odege demanded the release of their money from the National Health Insurance Fund Comprehensive Medical Cover back to the Civil Servants kitty.

The official said there should be clear segregation between the civil servants’ scheme and others managed by NHIF should they continue to be members of the Fund.

Mr. Ole Kina Jerry, deputy secretary-general of the Union of Kenya Civil Servants, asked why the fund kept reducing limits.
“To-date, and in contrast to the provisions of the contract, members are today being forced to either pay for medical services or have been reduced to beggars,” Mr. Kina said.

In response, acting chief executive officer Nicodemus Odongo said NHIF is administering the scheme as per the running contract between the Fund and Public Service ministry. “The ministry of Public Service chairs the committee that deals with any emerging issues for civil servants. As NHIF, we strive to offer quality services to our members,” Mr. Odongo said.

30 students hospitalised in Tharaka-Nithi after cholera outbreak
January 30, 2019
By Daily Nation

In Summary
Out of 11 girls from Iruma Girls’ Secondary School admitted at PCEA Chogoria Mission Hospital, two tested positive for cholera.

Twenty pupils from Kieni Mixed Secondary, Kiurani Boys and Jediel Kiraithe Boarding Primary School have been admitted at Magutuni Sub County Hospital.

Out of 11 girls from Iruma Girls’ Secondary School admitted at PCEA Chogoria Mission Hospital, two tested positive for cholera.

“Two girls have tested positive while stool samples from the rest, who were also experiencing severe diarrhoea, have been taken for further screening,” said Dr. Hildah Nabiswa.

Twenty students from Kieni Mixed Secondary School, Kiurani Boys and Jediel Kiraithe Boarding Primary School have been admitted at Magutuni Sub County Hospital.

Dr. Nabiswa, who said in the last one month, the hospital had treated three other cases of cholera, urged the public to be cautious.

ABDOMINAL PAINS

County Director of Education Bridget Wambua told the media that the students had been complaining of severe abdominal pains.

Ms. Wambua said 100 boys from Kiurani Secondary School were on Tuesday treated at Magutuni Hospital and discharged, while 76 others were on Wednesday morning rushed to the hospital for treatment.

She added that 50 girls from Kieni Mixed and 51 from Iruma Girls were treated and discharged while others were still receiving treatment.

“New cases are still being reported in the four schools and my officers and those of county public health department are following up the matter,” said Ms. Wambua.

FOOD POISONING
She said they suspected that either the students had cases of food poisoning or they had drunk contaminated water.

County Health Executive Dr. Gichuiya Nthuraku said the number of affected students had been growing since Tuesday evening.

“We are investigating reports of snacks being sold to students in some of the affected schools,” said Dr. Nthuraku.

He added that public health officers had been dispatched to the affected areas in effort to trace the cause of the disease.

Doctors at KNH successfully re-attach chopped off boy’s manhood
January 30, 2019
By Capital News

Speaking during a press conference at the institution on Wednesday, the team leader Stanley Khainga stated that the boy was referred to the hospital after he was violently mutilated.

NAIROBI, Kenya, Jan 30 – Doctors at the Kenyatta National Hospital (KNH) have successfully managed to re-attach a 16-year-old boy’s manhood which had been chopped off with a kitchen knife.

He explained that the surgery was successful despite the fact that the boy was attended to eight hours after the incident.

“He was a referral from one of the county hospitals with a history of assault by unknown persons on December 18 at about 1am in the night. The penis was amputated at its base using a kitchen knife. The patient arrived at KNH at about 9am and his case was reviewed immediately by the plastic surgery and urology teams,” he stated.

He revealed that the surgery made it possible for the boy to regain full use of the organ.

“The patient should be able to urinate... the patient should be able to reproduce and have a self-improved image.”

He called on Kenyans to act fast should such incidences occur to ensure that those affected receive the needed treatment.

Kenya improves in fight against Aids, malaria, TB
February 1, 2019
By AllAfrica

In Summary

Aids-related deaths declined by 38 percent between 2013 and 2015 with a 52 percent increase in the number of people enrolled in antiretroviral treatment.
Kenya has made significant gains in the fight against malaria, tuberculosis and HIV/AIDS but it still needs to do more to ensure delivery of quality health services, reveals an audit report by the Global Fund.

According to a report released in November last year, the country — one of the Global Fund’s ‘high impact’ countries with active signed grants of $384 million (Ksh38 billion) for the period January 2018 to June 2021 — deployed about 14.9 million mosquito nets in its anti-malarial efforts, enrolled more people in antiretroviral treatment, recorded a decline in Aids-related deaths and registered more success in TB treatment.

The audit — conducted between January 2016 and December 2017 — sought to establish whether Global Fund grants are adequate and effective.

The report notes that approximately 14.9 million mosquito nets were distributed between 2017 and 2018, supporting the country’s fight against malaria in endemic areas.

The country achieved a 47 percent reduction in malaria incidence between 2015 and 2017.

ARVs

Aids-related deaths declined by 38 percent between 2013 and 2015 with a 52 percent increase in the number of people enrolled in antiretroviral treatment.

The TB treatment success rate was 87 percent for new and relapse cases registered in 2015.

The auditors praised the government for increasing financial commitment to the three diseases and for meeting its counterpart funding in line with Global Fund requirements.

The government provided up to US$84 million to the national programmes between 2015 and 2017 and donated US$5 million to the Global Fund.

As for procurement and distribution of medicines under the grant, Kenya Medical Supplies Authority (Kemsa) was found to be effective in procuring quality medicines through international tender at cheaper rates than international reference prices.

**KEMSA**

Kemsa has been able to distribute medicines directly and efficiently to health facilities.

The auditors visited 21 health facilities, 10 bed net distribution points, five Kemsa warehouses and five key population groups in 10 counties.

According to the findings, while the country has improved, certain components require improvements to sustain the gains made and provide better quality services to beneficiaries.

**EQUIPMENT**

For instance, the Global Fund has supported the procurement and rollout of GeneXpert...
machines to increase diagnosis of regular TB and multi-drug resistant variety.

However, there is low utilization of the machines (average of 49 percent in 2016 and 2017).

This, according to report, was due to their limited functionality and inconsistent availability of cartridges.

Forty-seven percent of the modules on installed machines were not functional at the time of the audit because maintenance had not been adequately planned for in previous grants.