



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

7th – 13th December 2019

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Kenya: Counties Urged to Hasten Signing of Framework on Health Ahead of Full UHC Rollout

12th December, 2019

By Capital FM (Nairobi)



President Uhuru Kenyatta speaks during a State banquet in hour of visiting Barbados Prime Minister Mia Amor Mottley at State House on Wednesday, December 11/PSCU

Nairobi — President Uhuru Kenyatta has directed the Ministry of Health and the County Government to finalize signing of agreement documents in readiness of the nationwide roll-out of the Universal Health Care by June next year.

Speaking during this year's Jamhuri Day celebrations at the Nyayo Stadium on Thursday, the Head of State said the government has seen a successful uptake of the pilot phase of the programme in

the counties of Nyeri, Kisumu, Isiolo and Machakos.

He said the pilot phase was a success noting there was a recorded average increase of 39 percent in access to essential health services in the pilot counties of Nyeri, Kisumu, Isiolo and Machakos.

The Head of State said the UHC pillar of the Big 4 Agenda was crafted in recognition of the importance of a healthy population in the achievement of the country's development targets.

Rwanda: Arv Access for Children 'Key to Eliminating HIV'

7th December, 2019

By The New Times (Kigali)



Panelists hold some booklets that highlight the global vision to end AIDS under the theme 'Towards a future free from AIDS for everyone, everywhere'.

The United Nations Programme for HIV/AIDS (UNAIDS) target of ending the AIDS epidemic by 2030 will remain a mirage if children and young people are not given access to Anti-retro viral treatment, medics have said.

According to UNICEF, of the 1.7 million children aged 0-14 living with HIV globally, only 54 per cent were receiving life-saving antiretroviral therapy (ART) by 2018.

Globally, children under 15 account for about five per cent of all people living with HIV, 9 per cent of new HIV infections and 13 per cent of all AIDS-related deaths.

Speaking during the International Conference on HIV/AIDS and STIs in Africa (ICASA), in a session that tackled issues and consequences in HIV prevention and treatment, medics raised concerns about the insufficient ART coverage to children and the unpleasant numbers of infections among the children, especially through mother to child transmission.

UNICEF estimates that in 2018, 160,000 children were newly infected with HIV, mainly through transmission of the virus from their mothers during pregnancy, delivery or while breastfeeding.

In the same year, an estimated 120,000 children died of AIDS-related causes globally; and the vast majority of these deaths were preventable, either through antibiotic treatment of opportunistic infections and/or through antiretroviral treatment.

Chip Lyons President and CEO of Elizabeth Glaser Pediatric AIDS Foundation told the participants about the threat posed by the lack of ARVs access to the infected children as the world looks at ending the epidemic in 2030,

"I do think the notion of ending the epidemic as a public health crisis in 2030 is in serious doubt if we can't get on the children and young people on drugs over the next short period of time," he said.

Elizabeth Glaser Foundation seeks to end pediatric HIV/AIDS through international research, advocacy, and prevention and treatment programs in over 5,000 sites in 19 countries.

Commenting on Lyons' speech, Linda-Gail Bekker a Professor of Medicine and Deputy Director of the Desmond Tutu HIV Foundation in South Africa rooted for more efforts Prevention of mother-to-child transmission (PMTCT) to avoid transmission of the virus to children and efforts to give drugs to the infected,

"If we are not walking forward, we are sliding back - there is no standing stone in this epidemic. The epidemic waits for no one," she said.

According to UNICEF, children under 1 year of age are among those most vulnerable to HIV.

Nadia Sam-Agudu, an Associate Professor at the University of Maryland, Baltimore USA highlighted the relationship between the prevention of HIV transmission to children, and the ARV treatment among infected women,

"The optimisation of coverage of ART among pregnant women with HIV is tied to the reduction of new infections among children especially younger children," she said.

She called for efforts to prioritise children and adolescents in the global AIDS response, among which she said there is need to address the treatment quality gap for children, and differentiated service delivery for adolescents.

According to UNICEF, early diagnosis and treatment are particularly critical in the case of infants.

The 'Children with HIV Early Antiretroviral Therapy' study from South Africa demonstrated a 76 per cent reduction in mortality when treatment is initiated in the first 12 weeks of life among infants who test positive for HIV.

South Sudan: WHO Takes Health Care Services Directly to Flood-Affected Communities in Mayom County

11th December, 2019

By World Health Organization (Geneva)



"The recent flooding has made access to healthcare difficult from our village to Mankien town as we have been cut off because of the devastating floods", said Mrs Angelina Nyapiny Ter, a 68-year-old woman from Pibor village.

"Thanks to the World Health Organization, the mobile medical service in Mayom County has given us a breath as the service has been brought to our village hence we do not have to walk 3-5 kilometers to access health services".

"She was experiencing severe pain when she came in", says Dr Amos Bobble, a doctor with the WHO mobile medical team. She was treated at the WHO mobile clinic established in Mayom County, in the Greater Unity Region.

When she was leaving the clinic Ms Nyapiny Ter said: "now I am going to get better because of what the doctor has given me".

Devastating floods leave nearly a million people in humanitarian crisis

"Relentless rain and flooding in many parts of South Sudan has left nearly one million people facing a humanitarian crisis", said Dr Otim Patrick C. Ramadan, the WHO Incident Manager for the flood response.

In September 2019, Mayom County experienced heavy rainfall which was exacerbated by rivers bursting their banks causing significant flooding in the county. This caused destruction resulting in the death of livestock, submerging huts and displacement of people and animals.

Although the actual number of people displaced by the flood is not known an estimated 8 233 households and 50 621 individuals were displaced due to floods.

Water born disease such as malaria, diarrhoea, respiratory tract infections and dermatological conditions increased significantly. Women, girls, boys and men had to walk in the water for 3-5 kilometers to access health care services.

Following the Interagency Rapid Needs Assessment conducted in October 2019, WHO and health cluster partners dispatched medical supplies to support the communities affected by the flood.

The WHO mobile medical team supported the County Health Department and health cluster partner to respond to the increasing cases of acute watery diarrhoea, malaria and other diseases.

"Thanks to the South Sudan Humanitarian Fund (SSHf), WHO deployed mobile medical team along with 243 cartons of essential medicines and established

mobile clinic close to the communities", says Dr Olushayo Olu, WHO Representative in South Sudan.

Medical services are now taken close to the communities through mobile clinics and reduced preventable disabilities and death. Women, men, girls, and boys no longer walk 3-5 kilometers in the water to access health care services.

Mayom County is now better prepared to detect and respond to any outbreak. So far the mobile medical team have provided life-saving medical services to over 1 000 individuals.

WHO, in collaboration with health cluster partners is stepping up support to South Sudan's flood-affected communities. This includes strengthening diseases surveillance; deploying emergency medical services; providing drugs and supplies. The team also conducted a cholera risk assessment and developed a contingency plan for possible post-flooding outbreaks.

Rwanda: Govt Launches New Plan to Stave Off Malnutrition

7th December, 2019

By The New Times (Kigali)



Prime Minister Edouard Ngirente chats with Shenggen Fan, Director-General of International Food Policy Research Institute (IFPRI), during the launch of the program, December 06, 2019 in Kigali.

Rwanda has launched a new programme to enhance evidence-based policy and capacity development seeking to end hunger and malnutrition by 2025.

Launched on Friday, the Agricultural Policy Analysis and Capacity Development Programme, follows the global food policy by the International Food Policy Research Institute (IFPRI) in May this year called for increased funding for agriculture in order to address the crisis of food insecurity and poverty in rural areas in the world.

While officiating at the launch of the programme, Prime Minister Edouard Ngirente said that it will support effective implementation of the fourth Strategic Plan for the Transformation of Agriculture (PSTA4) which aims at transforming Rwanda's agriculture from a subsistence sector to a knowledge-based value-

creating sector, contribute to the national economy and ensure food and nutrition security.

Developed by IFPRI in collaboration with Rwanda, the programme seeks to leverage on evidence and policy analysis to accelerate agricultural transformation in Rwanda.

The Premier said that under the Compact2025, an initiative for ending hunger and under-nutrition by 2025, Rwanda worked with IFPRI and other stakeholders to set priorities and identify action gaps.

Compact2025 was launched by IFPRI in November 2015.

“One of the actions identified was to set up a programme that can provide the country with evidence-based policy research and capacity development in the agriculture sector. It is thanks to this productive collaboration that we are launching this programme today,” Ngirente said.

Shenggen Fan, the Director-General of IFPRI, said that Rwanda made progress in reducing hunger and malnutrition, but some challenges have persisted.

The 2018 Comprehensive Food Security and Vulnerability Analysis shows that 81.3 per cent of the population is food secure.

However, the same study showed that 18.7 per cent of the country's households, approximately 467,000 households, were found to be food insecure.

Rwanda's food security state is not far from that of Africa as 260 million people

or about 20 per cent of the continent's population are undernourished, according to the 2019 State of Food Security and Nutrition by the UN's Food and Agriculture Organisation (FAO).

The Prime Minister said successful implementation of the new programme will be very instrumental for the country in achieving the Sustainable Development Goal (SDG) number 2, which seeks to end hunger, achieve food security, improve nutrition and promote sustainable agriculture by 2030.

"This programme will also complement our efforts in accelerating progress in ending hunger and malnutrition. Our aim is to ensure that all Rwandans achieve their full potential as healthy and productive members of our society," he observed.

Gerardine Mukeshimana, Minister of Agriculture and Animal Resources said the programme will help make evidence-based interventions to increase farm productivity and also bolster marketing of agricultural produce.

"With the current system, an area might be facing food shortage and high prices, while another has a surplus and farmers struggle to get enough income," the Minister said giving an example of mangoes which would be sold at a giveaway price in Rusizi District, while the fruit costs high in Kigali. "The outcomes of the programme will help Rwanda and the agriculture sector to advance policy dialogue and provide advisory services for all stakeholders as well as pursue complementarities and synergies for maximised benefits."

Shenggen Fan, Director-General of IFPRI said that there was a need to increase investment in agriculture, but also making the right choice on where such investment should go in order to optimise yields.

"We have to transform our food system today to make sure that it helps us to deliver healthy and nutritious food, generate good jobs," Fan said, underscoring the need to make agriculture become resilient to climate change in order to protect farmers against losses resulting from it.

"Sometimes there is too much rain, sometimes there are many droughts. But how to make sure that our practices can adapt to all [climate] changes is a very important part of our [agriculture] transformation," he indicated.

Tanzania starts use of most effective HIV drug

December 11, 2019

By The Citizen



Deputy Health minister Dr Faustine Ndugulile (second right) congratulates Kilimanjaro Clinical Research Institute researcher Kennedy Ngowi, after winning an award for creating a mobile health service software to provide education on family planning and HIV/Aids during the 20th International Conference on AIDS and Sexually Transmitted Infections in Africa held in Rwanda last week.

Dar es Salaam — Tanzania has started using Dolutegravir 'DGT', the new and most effective drug in suppressing HIV/Aids in the human body.

It is on the World Health Organization's List of Essential Medicines, the most effective and safe medicines needed in a health system. Tanzania is now among 82 countries with low and middle incomes to start treating HIV/Aids using the 'DTG' drug.

Deputy Health minister Dr Faustine Ndugulile told The Citizen that the use of the drug has demonstrated positive changes.

According to the deputy minister, the DTG medicine is used with a mix of drugs namely, Tenofovir 300mg/, lamivudine 300mg/ and dolutegravir 50mg (in short TLD).

"Dolutegravir is a new medicine that has now started to be used in the country instead of the previous one called Efavirenz. Let it be remembered that TLD is a mix of three drugs namely, Tenofovir 300mg/, lamivudine 300mg/ and dolutegravir 50mg. So, D stands for Dolutegravir," said Dr Ndugulile.

He said the DTG medicine is the most effective in suppressing HIV/Aids infections. However, he warned that HIV/Aids patients are advised not to stop using antiretroviral drugs and protective gear against HIV/Aids. "For us in Tanzania the use of this new medicine started in March, this year. However, we advise patients not to stop using antiretroviral drugs and protective gear even if they have suppressed HIV/Aids," said the deputy minister.

Dr Ndugulile gave the warning following reports that if an HIV/Aids patient starts using the new drug, the viruses of the disease will completely not be found in the body and that the patient will not infect his/her partner even having sex without a protective gear.

Different medical experts have told The Citizen that the newly introduced drug has the capability of suppressing HIV/Aids quickly, but have warned that does not mean a person who does not use a protective gear during sex will not be infected.

A medical expert from the Muhimbili University of Health and Allied Sciences (MUHAS), Nelson Masotta, said previously the drug that was being used was called TLE.

"This is a mix of three drugs namely, Tenofovir, Lamivudine and Efavirenz, in short TLE. However, 'Efavirenz' has been found to have some side effects for quite some time now," said Masotta.

He said due to deficiencies in Efavirenz that bothered some patients in their

treatment, another medicine was recommended.

"In the search for the most effective medicine, it was seen that 'Dolutegravir' can also be mixed with two aforementioned drugs and bring about positive results in treatment." Masotta said Dolutegravir was being used in the countries, especially developed ones, but, he added, it was new in the country. "So, for now a mix is of 'Tenofovir+Lamivudine+Dolutegravir' TLD."

Kenya: Safaricom Launches Disease Outbreak Alert Service

8th December, 2019

By The Nation (Nairobi)

In Summary

- Subscribers will be automatically alerted by SMS through the firm's roaming service once they cross the borders of a country with an ongoing infectious disease outbreak.
- Mr Chege said around 1.4 million Kenyans regularly travel in and out of the country, with the majority visiting destinations around the East African region.

Safaricom has partnered with the Ministry of Health and Korea Telecom to launch a new service that will alert subscribers on disease outbreaks whenever they travel abroad.

Dubbed Safiri Smart, the service which is free for all Safaricom users can be accessed

by pressing *265# and then opting for the information to be provided in English or Swahili.

The service, which is already up and running, will be accessible to most mobile phone users as it is based on USSD technology, that sends alerts to one's phone through text messages or SMS.

ROAMING SERVICE

Subscribers will be automatically alerted by SMS through the firm's roaming service once they cross the borders of a country with an ongoing infectious disease outbreak.

Announcing the launch in Nairobi on Friday, Safaricom Chief Corporate Affairs Officer Steve Chege said it was important for businesses to create products that work for the wellbeing of the societies in which they operate.

"We are in an era where we should go beyond our business licenses and use technology to improve the society. Businesses must take care of the communities where they work by innovating for the greater good," said Mr Chege.

Mr Chege said around 1.4 million Kenyans regularly travel in and out of the country, with the majority visiting destinations around the East African region.

He said the service enables users who travel to foreign countries to know which outbreaks have been reported, what to do in case they experience symptoms and directs them on which health facilities and medics to contact for treatment.

In a speech read at the Friday on her behalf by CAS Dr Rashid Aman, Cabinet Secretary Sicily Kariuki said the country was at risk of experiencing infectious disease outbreaks due to its central location that made it a major transit point for people from all over the globe.

Ms Kariuki said the incorporation of mobile technology in providing information on infectious disease outbreaks would be a great tool in combating their spread.

"Kenya is a major transport hub and the risk of contracting a notifiable infectious disease while crossing the borders is high. Mobile phones can be a great tool in promoting public health. We are therefore pleased with this partnership that will increase the scale of disease surveillance in Kenya," said Ms Kariuki.

Korean Ambassador Choi Yeonghan said the project was the service is part of Korea Telecom's Global Epidemic Prevention Project aimed at helping the health ministry prevent the entry and transmission of infectious diseases such as Ebola in the country.

Mr Yeonghan hailed the projects as another sign of cordial relations between the two nations dating back to 1964, adding that it would be a welcome boost to Kenya's effort to achieve universal health coverage.

"If the government can properly utilise all the information gathered for the project, it will be a good source for Kenyans to understand what is happening in the field of epidemic diseases," said Mr Yeonghan.

Currently, the DRC is experiencing an Ebola outbreak, which has affected over 3000 people, of which about two thirds have died. In the neighbouring Uganda, four cases have so far been reported.

"New disease threats can originate in far-off places, increase quickly and have global impact in matter of days. Examples are the Zika virus in Brazil and the plague outbreak in Madagascar," he said.

Dr Aman said the project, which is in the pilot phase is currently sponsored by the Korean Government and Safaricom, but added that the ministry would eventually take over after its two and a half year period elapsed.

Head of Disease Surveillance at the ministry Dr Daniel Langat said the service is currently available to Safaricom subscribers but said the department was in talks with other arms of government including the ICT ministry to ensure that all Kenyans can eventually, use it.

"We are working on issue around the Data Protection Act to ensure that all Kenyans can one day access it because disease surveillance is not selective," said Dr Langat.

He said the system was designed to operate across the networks, and said the other telco operators including Airtel would be roped in to provide the service to their clients.

Dr Langat added that plans were underway to expand the service to provide local travellers with alerts when heading into outbreak zones within the country.

Rwanda: Women and Community Ownership Have Made a Difference, Says Health Minister

7th December, 2019

By The New Times (Kigali)



Health minister Dr Diane Gashumba during the interview with Shobha Shukla on the sidelines of ICASA 2019 at Kigali Convention Centre on Thursday.

Rwanda is one of the few countries, globally, that are on track to achieve the 90-90-90 UNAIDS targets. Visiting Indian media personality Shobha Shukla spoke with Health minister Dr Diane Gashumba on the margins of ICASA 2019 - the 20th International Conference on AIDS and sexually transmitted infections in Africa, which will come to an end on Saturday in Kigali.

Excerpts

What has been Rwanda's response to HIV/AIDS?

The Government of Rwanda has opted for politics that is fully decentralised and fully focused on the people at the community level. This happened right after the Genocide, during which we lost everything.

Not only over a million of people were killed, but all the basic infrastructure, including hospitals and schools, were destroyed. Even the hope and desire to continue to live was lost.

But the new leadership made a radical change. The political vision to serve the people has translated into action at ground level. Every citizen of Rwanda contributes to make a difference and this has led to a very high level of community ownership.

The political leaders neither impose upon nor decide on behalf of the people. All our citizens take part in the discussions and in the assessment of issues within the communities where they live and it is they who propose solutions to the problems. The leaders are there to ensure that these are implemented.

Apart from this decentralisation, we have a very strong health system that starts from the community level. The Government has invested in having a very strong workforce of community health workers (CHWs).

These CHWs do not have a medical background, but they are trained to help in prevention of infectious diseases like malaria, diarrhoea, pneumonia, etc, and also for family planning. The CHWs are a very important component of Rwanda's

health system. They are the ones working at the grassroots level.

They have the trust of the community as they are elected from the community. Their active participation and commendable work has contributed in no small measure to the success story of Rwanda's healthcare system.

They helped Rwanda to be one of the few countries that achieved the Millennium Development Goal 5 on time (MDG 5 had two targets; to reduce maternal mortality ratio by 75% and to achieve universal access to reproductive health)

Another important aspect is the easy accessibility to medical care for all. Under the country's community based health insurance system every Rwandan contributes US\$3-4 annually and the Government subsidises and covers all the medical costs for vulnerable people, which constitute 16% of the population.

This financial capability to pay for medical services has also contributed to the reduction of maternal mortality and stabilisation of HIV epidemic.

One more strategy that we've put in place is integration of HIV care and control services - like counselling, testing, treatment - within the existing healthcare system that was strengthened.

From where does the money come to finance such a robust health system?

The Government of Rwanda allocates 16.5% of its budget to the health sector. The political leadership of Rwanda understands that investing in health is

critical for economic growth of the country that we are now witnessing in Rwanda.

When we invest in people's health we have a healthy population that contributes to the development of the country.

Where does Rwanda stand in terms of the UNAIDS 90-90-90 targets (By 2020- 90% of all people living with HIV will know their HIV status; 90% of those diagnosed with HIV will get antiretroviral therapy;- 90% of those receiving ART will have viral suppression)?

We have already over-achieved the two last 90s. 98% of our people diagnosed with HIV are on treatment; and 91% of those on ART have their viral loads suppressed. Regarding the first 90, we are currently at 83.8% and are working very hard around to achieve it through community awareness campaigns to ensure that every Rwandan goes for HIV testing to know their HIV status and get treatment.

We have also recently initiated self-testing for HIV and hope that this will help achieve the first 90 very soon.

What is the status of Prevention of Mother to Child Transmission (PMTCT) of HIV in Rwanda?

This is yet another area where Rwanda is doing great, with collaboration of civil society, especially the relentless efforts of our First Lady. She launched a huge PMTCT campaign more than 15 years ago which has led Rwanda to achieve 98.5% elimination of mother-to-child

transmission (EMCT) of HIV and we will soon achieve 100% elimination.

How serious is the problem of TB co-infection in people living with HIV in Rwanda?

TB co-infection in people living with HIV (PLWH) is a global problem. As per our national guidelines in Rwanda we test and screen every PLWH for TB and vice versa.

We are also following WHO guidelines for treating latent TB infection in PLWH. Although we do not have too many cases of drug resistant TB, but we have to keep the momentum and not let go of the gains we have achieved.

What has been the impact of non-communicable diseases, like diabetes, on Rwanda?

The demographic trend of diseases is changing in many countries, including Rwanda. Life expectancy in Rwanda has increased from 28 years in 1994 to 67 years today, through efforts to control infectious diseases as well as to reduce neonatal and maternal mortality.

But at the same time, we see more cases of non-communicable diseases (NCDs). So now our focus is also for prevention and control of NCDs like diabetes, cancer, and cardio vascular diseases.

One of the innovative strategies we have put in place in Rwanda is the 'Car free Day', which is held in all districts of Rwanda two times a month when we park our cars.

Instead, we exercise and walk around in designated open areas / grounds. We, in the health sector, also take these days as an opportunity to provide messages and raise community awareness around NCDs, and encourage them to go for a complete health check-up at least once a year.

We also screen them with support of private sector and public sector clinics/hospitals. While our main focus is on prevention of NCDs, we are also putting much effort on treatment.

How is Rwanda dealing with tobacco use/smoking?

We have very strict regulations against tobacco use in Rwanda and there is strict follow-up. While smoking is not a big problem, Rwandans do smoke and we need to keep educating the people about health hazards of tobacco use.

Rwanda was one of the first countries to have banned the smoking of 'sheesha' one year ago. Use of e-cigarettes too is banned in Rwanda. I believe that all products containing nicotine are addictive and bad for health.

What is your message to ICASA 2019 delegates, especially women?

Rwanda is one of the few countries that are promoting and empowering women in a big way. Our President is very gender sensitive and believes in the capability of women to do things properly. This has translated into a lot of women being in the workforce.

Women constitute 52% of Cabinet. They also comprise 61% in the Lower House of

Parliament. Similarly, most of our CHWs are women, accounting for 66%. But we do not look at the numbers only. We look at the high quality of work that they are doing.

Women have been an integral part of all the achievements we have made. My message to the women participants at ICASA 2019 is that women are capable and when we invest in women we invest in the whole family, we invest in the progress of the nation.

Let us acknowledge that women are great!

Kenya: Sex Workers Ask for Violence, HIV-Free Work Environment

8th December, 2019

By The Nation (Nairobi)

In Summary

- A 2015 study by GNP+ found that Kenyan sex workers face heightened risk of violence with little or no protection from law enforcement officers.
- Nascop estimates that 1.6 million people are living with HIV in Kenya, which represents a prevalence rate of 5.6 per cent.

With a mix of bitterness and bits of detachment, Chani* recalls one of the most demeaning moments she has ever faced as a sex worker.

It involved a white man, who she thought presented a chance to make good money.

"I was introduced to him by one of my colleagues at our favourite hotspots," narrates Chani, a sex worker in Ganze, Kilifi County.

The 34-year-old single mother of two was in for a nightmare. "As soon as we entered the room, he forced me to do some indecent sexual acts, threatening to hurt me if I did not obey," she adds.

So for hours, she had to stand this, and what's worse is that she ended up getting less money than what they had agreed on.

Coming from an extremely poor and broken family, Chani's situation is a case of survival by any means.

She couldn't go past Standard Eight, considering that she had a child to take care of.

NO PROTECTION

Her story mirrors that of Neema*. Even before she turned 18, she was already on the streets selling her body.

Now aged 28 and a single mother of two, she ran out of options when she was unable to proceed with her education, after sitting the Kenya Certificate of Primary Education (KCPE) examination.

So when she became pregnant with her first child, she was only 17 and with little education, no career and no income. These factors, she says, forced her to venture into prostitution.

Of course, like most sex workers, her safety -- physical or health-related -- is never guaranteed. She recounts a case

that could have changed her life for the worst.

"As usual, I got a client who went ahead and booked a lodging. As I got on to work, things seemed usual, but after we were done, I realised that all this time, he was not wearing protection. I was distraught and the only thought that ran through my mind was that he might have infected me with HIV," she explains.

RISK OF VIOLENCE

For Jayne*, who is based in Mtwapa, she and her friends have had to get used to frequent physical and sexual attacks, not just from violent clients but also from rival sex workers.

Jayne, who is in her mid-forties, remembers how at one time her friend was beaten up for getting a client from a rival group's hotspot.

A 2015 study by GNP+ found that Kenyan sex workers face heightened risk of violence with little or no protection from law enforcement officers.

A 2016 report, "Aren't We Also Women?", presented to the United Nation's Committee on the Elimination of Discrimination Against Women in Geneva in October 2018 by the Kenya Sex Workers Alliance (Keswa) and Bar Hostess Empowerment and Support Programme said that 25 female sex workers were killed in Kenya.

Another study conducted by Keswa revealed that in 2017, about 100 sex workers died due to violence they faced while on the streets.

HIV INFECTIONS

On the other hand, the National AIDS and STIs Control Programme (Nascop) says sex workers are the population at the highest risk of HIV infection as they account for more than 30 per cent of new annual HIV infections in Kenya.

Nascop estimates that 1.6 million people are living with HIV in Kenya, which represents a prevalence rate of 5.6 per cent.

But on the other hand, 29.3 per cent of sex workers are living with HIV, quite an astounding figure considering that a 2016 Nascop report indicated that Kenya had 136,675 sex workers.

These statistics suggested that one in every three sex workers is infected with HIV, making it the highest reported prevalence in any group in Kenya.

It is for this reason that Grace Kamau, the African Sex Workers Alliance coordinator, says there is a need to highlight the plight of female sex workers in an effort to reduce HIV infections.

"We can no longer continue to bury our heads in the sand while studies have shown that by decriminalising sexual work, we are able to reduce HIV infections by 46 per cent," she said.

PREVENTION

Dr Patricia Owira, the project manager at the International Centre for Reproductive Health, says the rights of female sex workers should be safeguarded.

"If we ensure the safety of this group of people, then somehow there's a positive ripple effect to other players, like for instance, their clients," she says, adding that it is time the plight of sex workers is highlighted.

*Names changed to protect the identity of the speakers.

Rwanda: How Achievable Are the 2020 Global Goals On HIV?

7th December, 2019

By The New Times (Kigali)

We are just a few days away to the year 2020, where the world will have to have achieved the 90-90-90 target that stipulates; 90 per cent of all people living with HIV will know their HIV status, 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy will have viral suppression.

The UN data indicates that there were 37.9 million people living with HIV in 2018, where 79 per cent among them knew their HIV status. It means about 8.1 million people did not know that they were living with HIV.

Among people who knew their status, 78 per cent were accessing treatment, and among them, 86 per cent were virally suppressed.

In a presentation called 'Developing better prevention options' in the ongoing ICASA conference, Linda Gail Bekker,

Deputy Director at Desmond Tutu HIV Centre and immediate Past President of the International AIDS Society said the World may not meet the 90-90-90 goals.

"We are falling short on prevention. Now the infection is increasing in east Europe, in the northern parts of Africa, we aren't succeeding as the graph continues to go up", Bekker said.

Bekker pointed out that although some things have been achieved, like reducing vertical transmission- transmission from an HIV-positive mother to her child during pregnancy, labour, delivery or breastfeeding, and Viral Load Suppression, among others, there is a gap in prevention of HIV new infections.

There were an estimated 1.7 million new infections in 2018, which equal to approximately 4,600 new infections per day, where almost three-quarters of them are Adolescents and approximately 770,000 people died from HIV related illness in 2018.

Bekker pointed out that the main drive to the goals are political reasons. She said that where there is national commitment, countries would never fail to attain the 90-90-90.

Rwanda has edged closer to the 90-90-90 goal. Data show that 83.8% of adults living with HIV were aware of their status, and of these, 97.5% were on Antiretroviral Treatment, and 90.1% had Viral Load Suppression.

Kenya to Lose Sh20 Billion Investments in Health Tender Cancellation

8th December, 2019

By The Nation (Nairobi)



Meru Teaching and Referral Hospital on April, 6 2017 receives an electric delivery bed as part of a consignment under the Medical Equipment Services.

In Summary

- The Sh4.9 billion project was on October 2, 2017, awarded to SevenSeas Technology Limited.
- Generally, the project entails use of ICT to connect 98 county, sub-county and referral health facilities.

The government could lose about Sh20 billion in Foreign Direct Investments (FDI) following the controversial cancellation of the Health Care Information Technology (HCIT) solutions project by the Ministry of Health.

The Sh4.9 billion project was on October 2, 2017, awarded to SevenSeas Technology Limited, which was required to roll it out in five years under the Managed Equipment Services (MES), a critical component of the Universal Health Coverage (UHC), one of components of President Uhuru Kenyatta's Big 4 Agenda.

DATA CENTRE

Generally, the project entails use of ICT to connect 98 county, sub-county and referral health facilities -- including 47 level four, five and six hospitals, and the four national referral facilities -- to a central data hub. SevenSeas had already implemented phase one of the project, which entailed construction of the data and network operation centre, radiology hub and training room, and reporting room.

However, a terse letter from Health Permanent Secretary Susan Mochache dated November 18, 2019, to Seven Seas Technologies Limited chief executive Michael Macharia, put paid to the project.

Ms Mochache did not disclose whether the ministry would advertise for the multibillion shilling project afresh.

The move has already seen the Senate ad hoc committee on MES summon Health Cabinet Secretary Sicily Kariuki to shed light on the circumstances surrounding the project's termination.

EQUITY INVESTMENTS

Documents submitted in Parliament show that the FDI was to be injected through

equity investments as several foreign firms had shown interest in partnering with SevenSeas on the project.

Among, the documents is a letter from the Competition Authority of Kenya (CAK) dated June 26, 2019, approving Africa Healthcare Master Fund PTE Limited, a Japanese firm to invest Sh250 million in SevenSeas for the project.

Another Sh2.5 billion was to come from a Japanese fund, which is over and above the investment by Toyota of Sh310 million, Abraaj, a Dutch company and other Kenyan individual investors.

There was also a commitment from another Japanese company for Sh240 million, with discussions for other investments underway.

However, the final condition to unlock these investments was that the Government of Kenya, through the National Treasury, issues a Support Letter to SevenSeas.

TENDER DOCUMENTS

The purpose of the letter was to ring-fence the government's budgetary allocation for the project, in essence acting as a government guarantee over its commitment to the realisation of the project.

The support letter is among the requirements the government was required to comply with, according to the tender document it signed through the Ministry of Health and SevenSeas.

But Ms Mochache, in the termination letter, states that the requirement does

not feature anywhere in the tender documents.

"The requirement for an original copy of the GoK Support Letter to be given to your firm does not feature anywhere in the tender documents. It is overtly clear to the ministry that your firm lacks the requisite financial capacity to execute the HCIT contract and has been unable to mobilise any funding without a GoK Support Letter," Ms Mochache stated.

It is important to note that the government promptly issued the original copy of the Support Letter to multinational firms General Electric (GE) East Africa Services Limited and Philips Medical Systems that were contracted for other segments of the MES project.

"The Ministry of Health has on several occasions undertaken to ensure the Support Letter is issued to us as provided for in the tender documents. How then does the PS turn around and say that it is not a requirement in the tender document?" Mr Macharia posed.

SENATE COMMITTEE

He said his company will challenge the cancellation in court, a move that could see the country lose billions in compensation should the government fail to reverse its decision within 14 days from November 25, when the company responded to Ms Mochache's letter.

"How does this government intend to achieve UHC when it is frustrating us? It was our undertaking to implement the project so that it serves the people of Kenya," Mr Macharia says.

The CS, who declined to respond to our inquiries, is required by the Senate committee to "provide the reasons for the hurried termination of the contract, a day after SevenSeas provided its evidence, and the cost to the taxpayer," a brief from the committee chaired by Isiolo Senator Fatuma Dullo, reads.

It is believed that wheeler-dealers in government want a foreign firm, preferably Chinese, to get the tender.

Tanzania: 1,000 Children Get Health Cards Pledge

9th December, 2019

By Tanzania Daily News (Dar es Salaam)



A CHARITY organisation known as Time To Help has promised to provide insurance cards from National Health Insurance (NHIF) to more than 1,000 children living in a difficult environment in 2020.

The promise was given yesterday by the organisation's Public Relations Officer Mbwana Kitendo, during the handover ceremony of various items to Baba Oreste Centre of children with mental and physical disabilities in Bunju A in Dar es Salaam.

The organisation organised a two-kilometre charity walk over the weekend aimed at sensitizing community members to help children with different disabilities in the country and give them all the rights they deserve.

Mbwana said his organisation came up with the idea to provide insurance cards to children with disabilities to enable them get quality health services when they fall sick as part of community service provision.

"We intend to provide more than 1,000 insurance cards to different centres in 2020, to take care of children who live in difficult environments and those with disabilities, we promise that in execution of our idea, we will give priority to Baba Oreste centre because we believe the children here need community support and care," he said.

Mbwana said recently, his organisation facilitated healthy insurance cards to more than 50 children who are taken care of in different orphanage centres in Zanzibar.

He said Time To Help, a global organisation which was established in 2006 in Tanzania, focuses on helping needy children in areas of education, health, food, shelter and water from

different families and schools from various part of the country.

"We have been building new classrooms where there is a need and renovate the old ones. We also build modern toilets in different schools.

These initiatives are aimed at creating a conducive learning environment for Tanzanian students, to complement government efforts in improving education in the country," he said.

He cited schools that benefited from Time To Help initiatives as including Kawe B Primary School, Boko, Temboni, Kifuru, Kisarawe, Idris Abdul Wakil in Mpiji Majohe and Golan in Kimara, Dar es Salaam, adding that many schools will be reached by his organisation in the near future.

Rwanda, DR Congo to Vaccinate Over 700,000 People Against Ebola

9th December, 2019

By The New Times (Kigali)



Health Minister, Dr. Gashumba greets Jean-Jacques Muyembe, the coordinator of the Ebola response in DR Congo. Both officials were showing local residents how to greet without shaking hands as one of the ways to prevent the spreading of EVD.

Rwanda and the Democratic Republic of the Congo Sunday unveiled a massive vaccination campaign against Ebola Virus Disease (EVD) for their residents who live within the vicinity of a possible Ebola outbreak.

The campaign which has been dubbed 'Umurinzi', which loosely means 'the protector', was launched at the Grande Barrière one-stop border post in Rubavu District and will target people who frequently cross from one country to another in their day-to-day endeavors mainly adults, adolescents and children aged above two.

Rwanda will vaccinate a total of 200,000 locals from Rubavu and Rusizi districts which border the DR Congo while the

latter will vaccinate over 500,000 residents from various areas primarily those which have been paralyzed with EVD.

Officiating at the event, Rwanda's Minister for health, Dr. Diane Gashumba underscored that the campaign will boost efforts towards the struggle against EVD which in recent days has claimed the lives of thousands of people in DR Congo.

"Today marks an important step in the fight against Ebola Virus Disease in our communities since the virus or any other epidemic disease does not respect the geographical boundaries of countries," she said, revealing that the vaccine will be given out to those who will voluntarily accept to be the beneficiaries of it.

Gashumba pointed out that the campaign will mutually benefit both the countries and their respective populations to effectively fight the spread of Ebola virus.

She asked the public to trust the vaccine that will be distributed because it has been tested by the World Health Organisation (WHO) and has worked in various countries across the world.

"This vaccine had been tried in a number of countries such as the U.S, France, United Kingdom, Sierra Leone, Ghana, Tanzania and Uganda," said Gashumba

Hygiene practices

The Minister, however, challenged the public to put forward sanitation and hygiene practices for them to curb EVD in their respective communities, stressing that the vaccine itself is not enough to eradicate the virus.

"This vaccine does not fully protect you," she warned, "Consistent hygiene, as well as stopping travelling to areas with the epidemic, are only what protect you; if you abide with these, our country will remain healthy,"

Jean-Jacques Muyembe, the coordinator of the Ebola response in DR Congo, said he was confident that the virus will eventually be stopped and prevent because of the political will that the countries are demonstrating through endorsing the usage of the vaccine against EVDA.

"It is thanks to dialogue and collaboration spirit between DR Congo and Rwanda that we now have a vaccine for people from both countries," He noted.

The Ebola vaccine regimens were donated by Johnson & Johnson and other

Partners who include Wellcome Trust and the UK Department for International Development (DFID).

Stacy Meyer from Johnson and Johnson firm, said, "I want to express our admiration of the vision and leadership of the Rwandan government in its Ebola preparedness efforts".

Beneficiaries upbeat

53 Rwandans nationals were provided the Ebola vaccine during the campaign after several educative sessions and awareness activities organised in the community.

They welcomed the development stressing that their lives are now protected.

"I believe I will never face nightmares again given that my life is now safeguarded, I was about to abandon my business to DR Congo as I was afraid of getting infected by the Ebola Virus Disease; I am therefore thankful to our government for this lifesaving support," said Saphia Mutesi, one of cross-border traders

The vaccine beneficiaries were told that they will be reminded through text messages to go for the second injection after 56 days.

Rwanda had previously vaccinated a total of 3,000 persons who include medics, community health workers and security organs among other actors who meet a number of patients in their day-to-day responsibilities.

Kenya: Ugandan MPs Tour Kitui to Study Health Insurance Scheme

10th December, 2019
By The Nation (Nairobi)

In Summary

- The team will visit county-run facilities and hold sessions with health officials and members of the assembly's health committee.
- So far, the legislators - members of Uganda's parliamentary health committee - have visited Kitui County Referral Hospital, to see how patients under the scheme are served.
- The MPs were taken through the entire process of enlisting

beneficiaries, the overall health budget that makes the scheme work, drugs supplies and patients' bills, which are cleared by the county government.

Seven MPs from Uganda on Tuesday began a three-day benchmarking tour of Kitui County to study the health insurance scheme.

The team will visit county-run facilities, including rural health centers and registration centers where households are enlisted for the scheme, and hold sessions with health officials and members of the assembly's health committee.

So far, the legislators - members of Uganda's parliamentary health committee - have visited Kitui County Referral Hospital, which recently acquired level five status, to see how patients under the scheme are served.

WHY KITUI

Led by their chairman Michael Bukenya, the team said Uganda was in the process of establishing a similar health insurance cover hence the need to learn how it works.

"We chose to visit Kitui because its health insurance cover is more unique than Kenya's National Hospital Insurance Fund, in ensuring all residents access quality and affordable health care" Dr Bukenya said.

The doctor, who served as a gynaecologist at Mengo Hospital in Kampala before his election as Bukuya MP, also said Uganda had been following developments in Governor Charity

Ngilu's ambitious Kitui County Health Insurance Cover (K-CHIC).

"They turned around the ailing health sector in the devolution era and Governor Ngilu, who was a health minister, is passionate about health issues" he said.

He added that Uganda's National Health Insurance Scheme (NHIS) Bill, whose discussions began 17 years ago, had finally been approved by Cabinet, an important milestone in the quest for quality healthcare.

Several counties have visited Kitui to study the K-CHIC but this is the first visit by a delegation from another country.

MPs IMPRESSED

The MPs were taken through the entire process of enlisting beneficiaries, the overall health budget that makes the scheme work, drugs supplies and patients' bills, which are cleared by the county government.

"We are impressed to see a clean public hospital run like a private hospital. We've learnt a lot ... services offered to citizens are incomparable ... we intend to replicate this in our country" said Mr Wilton Owori, an officer from the Uganda National Social Security Fund, who accompanied the delegation.

They were told that much of the health infrastructure, salaries for medical staff and drugs are catered for by the county's health budget and that the Sh1,000 annual subscription fee per household caters for incidentals and improving management of hospitals.

Dr Grace Rabut, a senior medic who took the legislators through the processes, said that with the K-CHIC, residents no longer have to choose between food and medical care.

The medic said the K-CHIC, taken up by at least 120,000 households, relieved residents of colossal hospital debts that often led to detention of patients in public and private hospitals.

"It is designed to revolutionise the health sector and ensure all people have access to high quality health services in a first major step of liberating them from disease burden" Dr Rabut said.

SERVICES OFFERED

The scheme covers referrals within the county, mortuary services for up to seven days, ambulance services and inpatient bills for up to 24 hours after the discharge date.

It also covers curative, preventive, rehabilitative and specialised services at all public health facilities.

"All bills incurred by the patients chargeable at hospitals are paid to hospitals by the county. The patients are allowed to [go] without paying for the services offered."

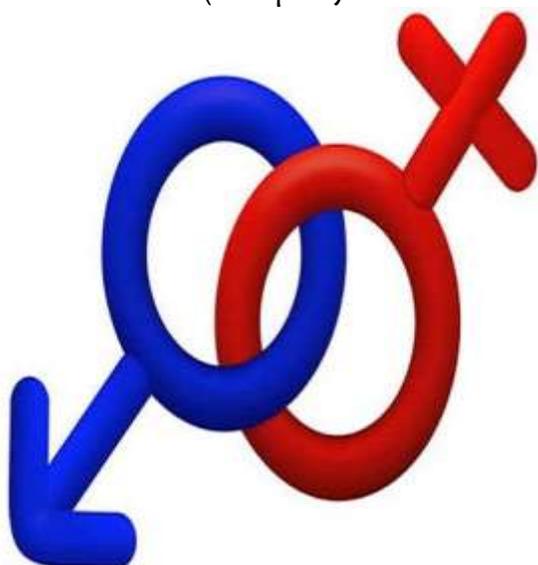
Residents also have access to laboratory, radiology, ambulance referral, counselling, rehabilitative, family planning, nutrition and theatre services, consult for in- and outpatient services, undergo cancer screening and get medicine.

The MPs will travel to Mombasa on Wednesday to meet top county executives and members of county assembly on the sidelines of a retreat between the assembly and the executive.

Uganda: Availability of Reproductive Health Commodities Still Low in Health Facilities - Study

11th December, 2019

By The Monitor (Kampala)



The availability of sexual and reproductive health (SRHR) commodities in both public and private health facilities, has further reduced by one percent from last year to 36 percent, according to the 2019 study report.

The study was conducted by the Coalition for Health Promotion and Social Development (HEPS) Uganda in partnership with Health Action International (HAI) and the Ministry of Health.

The SRHR commodities cover male and female contraceptives, medicines for the prevention and management of postpartum hemorrhage, management of pre-eclampsia and eclampsia, treatment for maternal syphilis, treatment for pregnancy-induced hypertension, antibiotics for maternal and neonatal sepsis and pneumonia, anti-anaemia among others.

"Private sector facilities had the lowest availability of SRH commodities (31 percent) while availability in public and mission sector facilities was 38 and 40 percent, respectively," the report reads in part.

"There was no marked difference in availability of commodities for urban and rural facilities," the report reads further.

Methodology

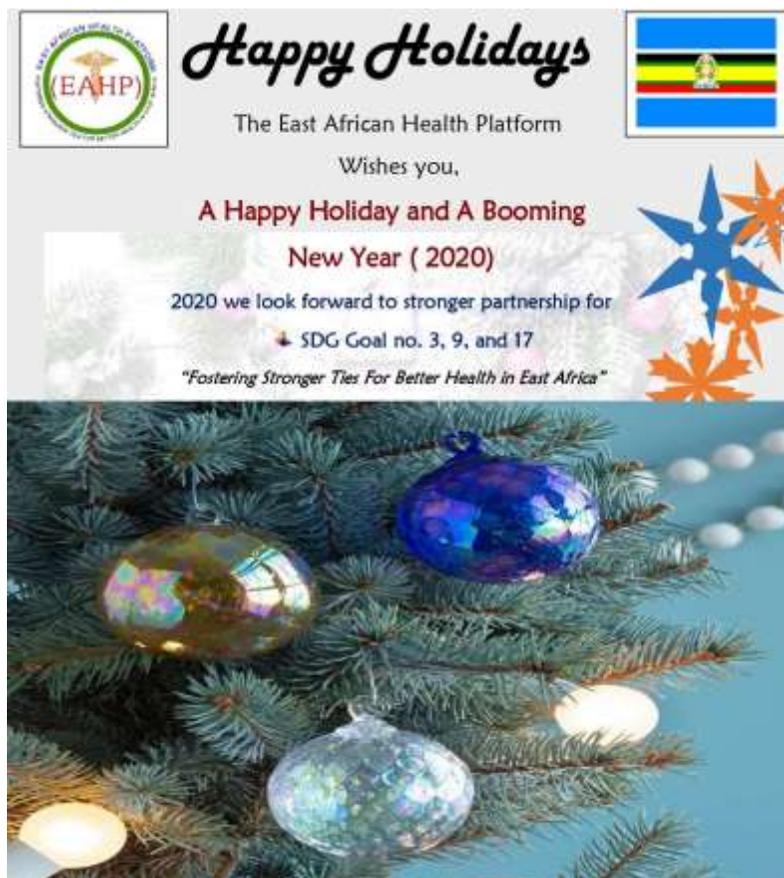
The study uses a cross sectional design with quantitative methods and semi-final structured questionnaire adapted from the standardised HAI-WHO methodology for measuring medicine prices, availability, affordability and price components. Data were collected on the availability and out-of-pocket patient prices of SRH in the public, private and mission sectors.

Ms Neville Okuwa Oteba, the commissioner Pharmacy department at ministry of Health while commenting on the study report said that despite the low availability of medicines and commodities, there is an alarming wastage of the same which expire in health facilities stores.

"To solve that problem we are improving on the electronic system which traces availability and accountability. National Medical stores is in the process of installing the system and that system will be linked to the health system and it will help us to trace what medical stores has given to that facility and how it has been used, "Ms Oteba said last week during the release of the study report.

The study report aimed at generating reliable information on the price, availability and affordability of selected essential commodities in the SRH supply chain, with the ultimate goal of improving access to affordable medicines for all.

END OF YEAR SEASONAL GREETINGS:



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