



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

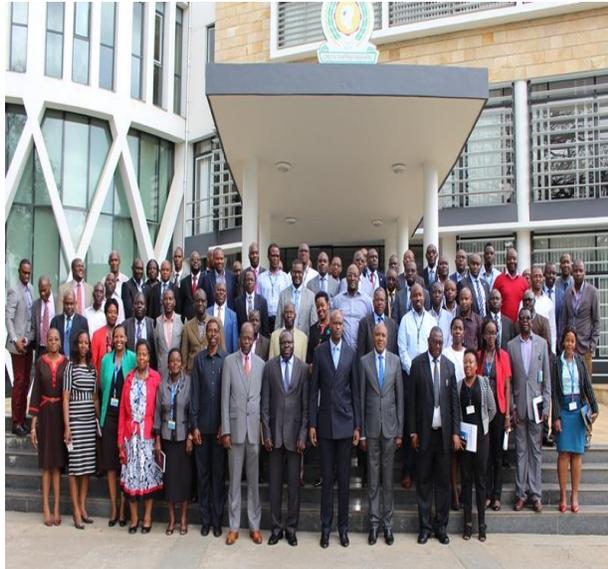
12th – 18th January 2019

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EAC still on the right track, Secretary General

Posted in Press Release by EAC
15th Jan 2019



...Over USD 100 million mobilized from various Development Partners in 2018

East African Community Headquarters, Arusha, Tanzania, 15th January, 2019: The EAC Secretary General Amb Liberat Mfumukeko has said the region is without doubt, on the right track with significant achievements registered in 2018 despite few challenges.

He said “The achievements of the EAC have earned us international recognition as the top performing REC on regional integration overall by internationally renowned institutions like the African Development Bank and the World Bank”.

Delivering the Secretary General’s New Year Address 2019 to the staff of the EAC Organs and Institutions, Amb. Mfumukeko informed the staff that in 2018, the EAC set a record in

resource mobilization. He disclosed to the staff that Over USD 100 million was mobilized from various Development Partners to support various projects and programmes in the Community.

In addition, the EAC and USAID signed a USD 20.5 million agreement for energy projects. This is in addition to the more than USD 200 million mobilized from USAID in the past two and a half years, added Amb Mfumukeko.

Furthermore, the Secretary General disclosed to the staff that the African Development Bank (AfDB) and African Development Fund (ADF) approved USD 2.5 Billion for the implementation of new and ongoing priority infrastructure projects in the EAC region.

The Secretary General outlined other sectorial achievements made in the EAC integration process in 2018 as follows:

In the Infrastructure Sector

The Secretary General said that Partner States continued implementing road and railway projects in the Central and Northern Corridors including the Arusha-Tengeru Dual Carriageway and Bypass Road. He said both roads are part of the Multinational Arusha - Holili/Taveta - Voi Road, which is a successor of the Arusha - Namanga - Athi River Road, both of which have been completed.

The upgrading of the 37 km Ntungamo to Mirama Hills Road to bitumen standard has significantly improved access and speed for freight and passenger services between Uganda and Rwanda, and lower transport costs on the Kampala-Kigali route.

Feasibility Studies and Detailed designs for two multinational road projects have been completed. (i) The first multinational road project will link Tanzania and Burundi through Nyakanazi –Kasulu /Rumonge – Bujumbura. EAC has recently mobilized over USD 340 million from the African Development Bank for construction of this road to be undertaken soon; and (ii) The second road links Tanzania and Rwanda through Lusahunga –Rusumo / Kayonza – Kigali.

In addition, the EAC has provided support to the successful implementation of the Lake Tanganyika Transport Programme which will yield numerous benefits for the riparian states and the communities around the lake.

He added that the EAC through its Institutions such as Lake Victoria Basin Commission (LVBC) and Lake Victoria Fisheries Organization (LVFO) is implementing numerous projects on Lake Victoria to improve port infrastructure, navigation safety, and fisheries and to fight pollution of the Lake.

Customs

The Secretary General informed the staff that the region’s main priority was to attain the full roll-out of intra-trade and imports regime under the Single Customs Territory. A pilot roll-out of exports under the SCT was successfully implemented and 736 multi-level users trained in SCT processes. On One Stop Border Posts (OSBPs), Amb Mfumukeko stated that 13 One-Stop-Border Posts were operational in the region. The operationalization and training of personnel at the OSBPs has significantly reduced the time taken by travelers and trucks at the

borders from several days to about 15 to 30 minutes on average.

In addition to further enhance trade in the region, the EAC Common External Tariff structure and rates were reviewed and aligned to the global changes of trade and current economic environment in the EAC. Up to 41 Non-Tariff Barriers were eliminated.

Health Sector

Amb Mfumukeko disclosed that in an effort to further improve the lives of the citizenry, the EAC has established Centers of Excellence for Higher Medical Education, Health Services and Research. These Centers of Excellence including;

- i. The East Africa Kidney Institute in Kenya;
- ii. The East Africa Heart Institute in Tanzania;
- iii. The East Africa Cancer Institute in Uganda;
- iv. The East Africa Nutritional Sciences Institute in Burundi;
- v. The East Africa Biomedical Engineering Institute in Rwanda; and
- vi. The EAC Regional Center of Excellence for Vaccines, Immunization and Health Supply Chain Management in Rwanda.

These Centers of Excellence contribute to the development of relevant and highly skilled workforce in biomedical sciences to meet the Community’s immediate labour market needs and support implementation of EAC’s ‘free’ labour market protocols.

Industries

The Secretary General informed the staff that the Secretariat commenced the process of launching an East Africa Automotive

Industry platform as a way of implementing the EAC action plan for the automotive sector. The Secretariat has similarly developed draft strategies for cotton, textiles, and leather sectors that will serve as policy instruments to reverse dependency on export of raw cotton and hides and skins, and facilitate development of local supply base of clothing and footwear, and the creation of jobs and reduction of poverty in the region.

Energy

Amb Mfumukeko said that the implementation of projects under the East African Power Master Plan has shown a positive improvement on power supply. “All the Partner States’ electricity generation capacities exceeding their peak demands will raise to significant levels when committed generation projects in the Partner States are commissioned from about 555MW in 2017 to 1,083MW in 2018 and to about 7,480MW by 2022. In this sector, there has been an unprecedented level of resources mobilized”, noted the EAC Official.

Tourism

Amb Mfumukeko informed the Staff that the EAC Secretariat undertook joint tourism promotion at the major international tourism trade fairs in Berlin and London to increase the visibility of EAC as a single tourism destination, and to promote intra-regional tourism and enhance co-operation among tourism players within the region.

Furthermore, the review of Classification Criteria for Tourism Accommodation Establishments and Restaurants commenced in August 2018. The review

aimed at taking into account the international tourism trends and best practices in order to ensure that the region enhances its competitiveness and position itself adequately in the global tourism market.

Agriculture

The Secretary General disclosed that the sector accounts for 25% - 40% of the EAC Partner States’ GDP and is a leading employer for over 80% of the population in the region. The EAC remains strongly committed to support implementation of the Malabo Declaration on Agriculture Growth and Transformation in Africa. In 2018, the Sectoral Council on Agriculture and Food Security adopted the EAC Regional Agriculture Investment Plan (RAIP), which is a key instrument in rallying financial and technical support to spur agricultural transformation in the region.

Furthermore, in 2018, EAC made headways in supporting entrepreneurship in the Agricultural sector. With support of FAO, a program was implemented to build capacity and provide financial support to young entrepreneurs in the agriculture sector. Also, in collaboration with the German Federation of Industries, GIZ and the East African Business Council, a program was initiated to mentor and help growth of small and medium enterprises especially in the field of Agro-processing.

Meanwhile, Amb Mfumukeko informed the staff that Auditors General from the EAC Partner States, reviewed and signed the Audited Financial Statements of the Organs and Institutions for the Financial Year 2017/2018.

The Audit Commission issued 18 signed certificates with **UNQUALIFIED - CLEAN OPINION** for 3 Organs, 8 Institutions and 7 Projects (a total of 18 EAC structures).

He thanked all staff, the Heads of Organs and Institutions, and Directors for the commitment, dedication and professionalism in achieving an Unqualified Audit for the entire Community.

The 2019 New Year's Address to staff was also attended by the EAC Deputy Secretaries General in charge Planning and Infrastructure, Eng. Steven Mlote; Productive and Social Sector, Hon Christophe Bazivamo; and Political Federation, Mr. Charles Njoroge.

East Africa: EAC Gets Clean Audit Report

15 JANUARY 2019

By Tanzania Daily News (Dar es Salaam)



Arusha — At last the East African Community (EAC) organs and institutions have been cleared of rumors that were circulating in relation to misuse of funds as

auditors general from member states have issued it with unqualified opinion.

EAC Secretary General Ambassador Liberat Mfumukeko said at the EAC Headquarters here yesterday upon resumption of work by EAC staff after festive season recess that the auditors general met in Mombasa last December to review the financial statements of the community.

"There are several milestones that we achieved last year... indeed many achievements have been registered in the East African Legislative Assembly, the East African Court of Justice, our institutions and projects. However, I wish to underscore a significant landmark that we achieved in 2018.

"On 12th December 2018, in Mombasa, Kenya all auditors general from the EAC partner states reviewed and signed the Audited Financial Statements of the Organs and Institutions for the Financial Year 2017/2018. The Audit Commission issued 18 signed certificates with unqualified -clean opinion for three organs, eight institutions and seven projects," said Ambassador Mfumukeko.

The SG who was speaking in the afternoon after a meeting with the EAC staff to mark commencement of work in the New Year said that should bring to an end the unjustified and persistent falsehoods and rumors regarding the alleged EAC mismanagement that he said was damaging to its image.

"These (falsehoods and rumors) have been very detrimental and placed the image of the EAC in very negative light. It remains

immoral to see people disseminating unfounded information that undermines the community which is basically our future as one people and destiny," he said, adding that some unfounded allegations were published and even brought to the attention of the EAC highest authorities.

Some allegations that were facing the secretariat that have now been cleared, include issues regarding to ghost workers; corruption in recruitment while the fact is that recruitment is done by partner states through the Ad hoc Service Commission and no any EAC staff is involved.

Last year, it was reported that EAC lost 500,000 US dollars of a World Bank project, but Ambassador Mfumukeko said yesterday that all the money that was advanced by the EAC to pay salaries of the project staff was entirely refunded to the EAC by the World Bank.

"Indeed on November 16, 2018, the World Bank wrote to the EAC dismissing the allegations of money losses and ineligible expenditures ... with the 2017/2018 Audit Report, it is clear that allegations of EAC loss of three million dollars to ghost workers or EAC misappropriating funds from AU/IBAR project worth \$360,000 and many others had no foundation," said the ambassador.

The SG said EAC was not a wasteful institution, highlighting that verified records indicate that from 2015 to 2018 the appropriated travel budget was reduced from \$28m to \$24m equivalent to a reduction of 16 per cent. He said actual travel expenditures had been reduced from \$19m to \$12m equivalent to a reduction of 37 per cent.

He unveiled that 52 per cent of the travel expenditures in air tickets and daily subsistence allowance in 2017/2018 were made for delegates from partner states attending EAC meetings.

East Africa: EAC Gets 5.7tr/ - Donor Support

17 JANUARY 2019

By Tanzania Daily News (Dar es Salaam)



The East African Community (EAC) has secured a lion's share of funding from development partners that will be used in the improvement of energy and infrastructure in the region.

In his press briefing held here on Monday, EAC Secretary General Ambassador Libérat Mfumukeko revealed that the African Development Fund (AfDB) and the African Development Bank (ADB) had approved 5.7trillion for the implementation of new and ongoing priority infrastructure projects in the region.

The funds will go towards enhancing regional transport connectivity, regional energy infrastructure, ICT connectivity and management of trans-boundary water resources, according to the EAC boss.

"The bank will also support projects aimed at accelerating implementation of the EAC single market, trade development including tackling of non-tariff barriers, and putting in place policy frameworks for industrialization and the regional promotion as single investment destination," explained Ambassador Mfumukeko.

The EAC Secretary General pointed out that it was no mean feat for the Secretariat to land the deal.

He revealed that all the Regional Economic Communities (RECs), such as the Southern African Development Community (SADC) and the Common Market for Eastern and Southern Africa (COMESA) were all competing for the funding from the continental bank.

"I wish to bring to your attention to the fact that the EAC and other RECs were all competing for the AfDB funding from an envelope of about 9.2trillion, out of this envelop, the EAC banked 5.7trillion from it, more than 50 per cent of what all RECs were competing for," he disclosed.

According to Ambassador Mfumukeko, it was worth and gratifying to note that in 2018, the EAC Secretariat had reached a new record of resources mobilized within one year.

"Given this scenario, it is now evident that our development partners have restored

their faith in us, we are looking forward to mobilizing more resources for development projects in our region, come 2019."

Some of the major projects earmarked for this year include the construction of the Malindi-Mombasa- Tanga- Bagamoyo highway to the tune of 741bn/-, also through an AfDB funding.

The construction of the key stretch which connects Tanzania's and Kenya's coastal cities is set begin in the first quarter of 2019.

The transnational highway, which measures 450 kilometer-long is expected to pass by Malindi-Mombasa and Lunga Lunga and cross the Kenyan border and pass through Tanzania's (Tanga)- Pangani and Saadani to Bagamoyo.

The move is touted to be a major milestone in terms trade and above all raise the standards of the transport and energy sectors in both countries.

Port safe from Chinese, govt officials tell EA Community

JANUARY 14, 2019

By Daily Nation



East African Community minister Adan Mohamed and EALA MP Simon Mbugua address journalists at English Point Marina in Mombasa, January 14, 2019.

In Summary

- Partner states - Burundi, Rwanda, South Sudan, Tanzania and Uganda - should ignore reports that the port could be taken over by China, the officials said.
- The port hit the headlines in December after a leaked report by the Auditor-General's office showed that the Kenyan government in 2013 waived its sovereign immunity to secure the loan.
- The port is crucial for business in the region as it is the gateway to East and Central Africa, and is one of the busiest along the East African coastline.

Two Kenyan government officials have assured the East African community that the port is safe, following revelations of the terms under which the Chinese government gave a loan for the standard gauge railway.

Partner states - Burundi, Rwanda, South Sudan, Tanzania and Uganda - should ignore reports that the port could be taken over by China, the officials said.

"JUST POLITICS"

Adan Mohamed (East African Community and Regional Development Cabinet Secretary) and EALA MP Simon Mbugua issued these remarks on Monday, during their induction at the English Point Marina in Mombasa.

They dismissed reports of the possible take over as political rhetoric, Mr. Mohamed saying, "The port is not going anywhere. Who is taking it? That is not true."

Mr. Mbugua insisted that the matter is "just politics".

"Whenever you take a loan, you must give security so it is just a normal security ... it is just people politicising the loan. President Uhuru Kenyatta expressed that issue very clearly; there is no need to worry or cause alarm," he said.

During a roundtable interview at State House in Mombasa in December, President Uhuru Kenyatta denied the claim that the port was used as collateral for railway funding.

The head of State also defended his government's penchant for borrowing that has seen Kenya's debt rise. President Kenyatta insisted his borrowing policy is meant to fund development projects and improve infrastructure.

He also said he was willing to provide journalists with a copy of the contract with China for them to ascertain that the port was not used as security.

VITALITY

The port hit the headlines in December after a leaked report by the Auditor-General's office showed that the Kenyan government in 2013 waived its sovereign immunity to secure the loan.

The government used the port to secure the multibillion-shilling loan from Exim to build the SGR, leaving the cash-flush Kenya Ports Authority (KPA) exposed to seizure by the Chinese in the event of default.

Kenya could lose the port to the Chinese government if the Kenya Railways Corporation (KRC) defaults in the payment of Sh227 billion owed to Exim Bank of China.

The port is crucial for business in the region as it is the gateway to East and Central Africa, and is one of the busiest along the East African coastline.

It is a direct connection to over 80 ports worldwide and is linked to a vast hinterland comprising Uganda, Rwanda, Burundi, Eastern Democratic Republic of Congo, Northern Tanzania, Southern Sudan, Somalia and Ethiopia, by road.

KPA workers are worried by the reports - through their union, they said they were surprised that Kenya risks ceding the giant parastatal's assets to China. The organisation is the largest employer with over 5,000 staff.

Minister cautions against extorting money from cholera patients

By The Independent
January 12, 2019



State Minister for Health for Primary Health Care, Hon. Dr. Joyce Moriku Kaducu visits Cholera patients at the China-Uganda Friendship Hospital, Naguru

Health workers at Naguru Hospital have been warned against extorting money from Cholera patients.

On Tuesday, two Cholera patients fled the hospital after they were allegedly told to pay 20,000 shillings before they are treated.

The State Minister for Primary Health Care Dr. Joyce Moriku while visiting the hospital on Friday said that the ministry is investigating the matter.

The Executive Director Naguru Hospital Dr. Emmanuel Batibwe urged the patients who

were asked to pay for treatment to report the matter to the hospital management.

Last year, a nursing assistant and a laboratory technician at Naguru Hospital were arrested by police after they solicited a bribe of 150,000 shillings from Sarah Opendi, the State minister of health, who had disguised herself as a patient.

Meanwhile, three patients are still admitted at the hospital's isolation ward. Among the patients is a four-year-old boy from Namboole, who was admitted on Friday after he presented Cholera-like symptoms.

Dr. Bitabwe says that the other patients are stable and recovering well.

"The three patients we now have are stable and we hope to be able to discharge all of them by Monday.

Recuperating Passaris narrates successful surgery to remove goiter

January 13, 2019
By Nairobi News



Nairobi Woman Representative Esther Passaris

Nairobi Woman Representative Esther Passaris is recuperating after undergoing a successful surgery at Nairobi Hospital to remove her thyroids.

Passaris has shared her experience on social media following a thyroidectomy surgery to remove goiter, which she says she has had it for the last 10 years.

A thyroidectomy is an operation that involves the surgical removal of all or part of the thyroid gland.

The woman rep was admitted at Nairobi Hospital on January 9 where she had her two thyroid glands successfully removed the following day.

In a series of videos posted on Twitter, before and after the surgery, Passaris narrated how her condition had manifested itself on her health.

SURGERY

“I’ve had this goiter and it has been growing over the last 10 years. Now it has become more recognizable, I choke at night sometimes, and I find it hard to maintain my steady breath,” she narrates in a video recorded before the surgery.

She further explained why she chose to have the surgery done in Kenya.

#PreSurgery Five days ago, I was admitted at The Nairobi Hospital to have a Thyroidectomy, and recorded this message explaining why I went against the grain by having the surgery done locally.
#IodineDeficiency #SaltMatters
#PublicHealth #OptimumNutrition
#IfikieKEBS

“Everybody in my family, all my friend were telling me ‘Oh Esther, you need to go to the UK or India to have this done’. But I thought to myself let me consult. So I met a surgeon who told me he operates 50 or so cases every year,” she narrated.

The operation to remove her right and left thyroid was successfully done on January 10 and, she will now be thyroxine medication for the rest of her life to do the work that the thyroid does.

#PostSurgery I kept details of my Thyroidectomy low key until I knew I was out of danger. I thank God for faith that reassured me that my work is not yet complete. I remain eager to learn and serve Him with humility.#GodisLove
#IodineDeficiency #SaltMatters
#OptimumNutrition

TEST SALT

Passaris said she kept details of her thyroidectomy under wraps until she knew she was out of danger.

“I thank God for faith that reassured me that my work is not yet complete. I remain eager to learn and serve Him with humility,” she said. At the same time Passaris has challenged the Kenya Bureau of Standards (Kebs) to test salt in the market and ensure it has enough iodine.

“If our salt had enough iodine we would reduce the number of goiter cases. Kebs has to test all the salt and confirm that levels of iodine are the required ones. There is a need to balance it out,” she said.

Lancet, Cerba HealthCare deal to reduce cost of laboratory services

By The NewTimes
January 15, 2019



Dr. Ahmed Kalebi, Group Managing Director and CEO the Lancet Group of Laboratories

Lancet Laboratories and French Cerba HealthCare have formed a joint venture in a move that has raised expectations that the cost of laboratory services in Rwanda will significantly drop.

Lancet Laboratories, operates in Rwanda and 14 other African countries.

In Rwanda, it is considered to be one of the leading providers of ultra-modern laboratory services.

Dr. Ahmed Kalebi, Group Managing Director and CEO the Lancet Group of Laboratories in East Africa, said that through the newly-formed Cerba Lancet Africa, the partnership will serve millions of health professionals and patients across Africa.

“The entry of Cerba Healthcare from Europe with their extensive experience of operating as an international corporate business brings on board new expected efficiencies, which together with their significant financial muscle, will enhance our operations, strengthen our reach and diversify our service offerings across the region,” Kalebi said in a press release.

Cerba Lancet Africa will now manage a network of more than 100 laboratories previously owned by Lancet across in 11 African countries including Rwanda.

The labs boost of over 1,400 employees serving more than 1.3 million patients a year and generating over €40 million (Rwf42 billion) in turnover in 2018.

This development makes Cerba Lancet Africa one of the leading providers of specialised

medical laboratory services in sub-Saharan Africa,

The deal is expected to help Lancet Group of Laboratories to tap into the continent’s French-speaking sub-Saharan African countries where it didn’t have significant presence.

The joint venture covers operations in Rwanda, Uganda, Kenya, Tanzania, Botswana, Ghana, Mozambique, Nigeria, Swaziland, Zambia and Zimbabwe.

Lancet’s brand will be retained in all countries where Lancet Group of Laboratories are already operating, including in Rwanda where it is incorporated as Lancet Laboratories Rwanda.

WHO orders for mandatory Ebola screening at Entebbe airport

January 14, 2019

By the Observer



The World Health Organization (WHO) has ordered for the mandatory Ebola screening

of all passengers entering the country through Entebbe international airport.

Initially, airport authorities were screening only passengers returning on flights from Democratic Republic of Congo (DRC). However, according to Simon Ebachu, the head of Ebola screening, WHO has instructed that all passengers entering the country to be screened.

The mandatory screening comes at a time when DRC is struggling to contain an Ebola outbreak that broke out in August 2018 in the North Kivu Province, along the border with Uganda. According to statistics from the ministry of Health in DRC, at least 700 people have been infected with the Ebola virus since it broke out. Of those infected, 370 have died.

As part of the mandatory screening, more than 40 health workers have been stationed at the airport to screen all passengers.

Ebachu says that the passengers will be screened using an automatic thermal stand that screens people's temperatures as soon as they arrive at the airport. He also indicated that as soon as one is detected, he or she is taken to an isolation centre at Entebbe referral hospital.

Bonny Natukunda, the district health educator, Wakiso district, says that the government is training different Village Health Teams (VHTs) to handle Ebola cases in case they occur in the community.

In May, the ministry of Health reinstated Ebola screening at all border posts.

Doctors' fees set for a 20pc drop – Afya House

By Nairobi News
January 15, 2019



CS Sicily Kariuki receives the preliminary report from the Kenya Medical Practitioners & Dentist Board led by Chairman Prof. George Magoha regarding the review of the medical practitioners & dentists professional fees rules, 2016/CFM NEWS

The review was recommended by the Kenya Medical Practitioners and Dentist Board (KMPDB) chaired by Prof George Magoha when it submitted a report to the ministry last Friday following public consultations earlier in the week.

Health Cabinet Secretary Sicily Kariuki said in a press statement on Tuesday the 20 per cent decrease in the minimum and maximum practitioners' fees gazetted by her predecessor Cleopa Mailu in 2016 was in compliance with a directive by the National Assembly Departmental Committee on Health.

She said the recommended fee guidelines will be forwarded to the parliamentary committee for approval.

Kariuki acknowledged the goodwill from doctors saying the fees would otherwise have risen 21 per cent from the 2006 rates based on a three-year cumulative inflation rate.

“In essence, based on the inflation for the past three years, the 2016 fees would ideally have increased by a minimum of 21 per cent. To this end, the goodwill of doctors in the process of supporting universal health coverage by improving access by assuring affordability cannot go unappreciated. They have essentially given Wanjiku (the common man) a 41 per cent reduction,” she stated.

KMPDB further recommended the reduction of cost of health through a multi-sectoral approach that would comprehensively review all components contributing to the high cost of healthcare.

Health insurance providers had in a forum convened by KMPDB on Tuesday last week had termed the 2016 fees as an impediment to affordable healthcare insurance saying they contributed a sizable portion of medical insurance premiums.

“If the doctors’ fees go high it means the premiums would also go high. If the premiums go high then the uptake becomes very low. As we speak, the penetration rate is about 2.7 per cent,” William Kiama from the Association of Kenya Insurers said.

“The fear from insurance companies is that if these fees continue to go up, the number of Kenyans able to subscribe to healthcare

insurance would further plummet,” he added.

A number of stakeholders in the health sector had termed the 2016 rates as exploitative, calling for the return of tariffs set out in the 2006 fee guideline.

Rights Activist Benji Ndolo who spoke at the KMPDB forum described the 2016 rates as exploitative saying they were fuelling poverty as families with ailing relatives are forced to pay through the nose to access healthcare.

“The culture of exploitation continues to derail this country. Most Kenyans cannot afford these medical costs,” he said.

In a report released on November 15 last year, the National Assembly Health Committee had instructed the Health Cabinet Secretary to replace the prevailing fees with 2006 rates citing exorbitant prices.

The Sabina Chege-led committee had given KMPDB six months to come up with reasonable charges that would then replace the 2006 rates it had recommended be adopted in the interim.

The 2016 rates set the minimum consultation fee charged by general practitioners at Sh1,800 with that charged by specialists set at a minimum of Sh3,600, up from Sh1,000 and Sh2,000 respectively.

According to the guidelines, the minimum fees general surgeries range from Sh66,000 to Sh132,000. The maximum charge for most of the surgeries ranges from Sh60,000 to Sh180,000.

Under the guidelines, urological surgeries cost as much as Sh360,000.

The chairperson of Constitutional Implementation Oversight Committee in the National Assembly Jeremiah Kioni had last week said the departmental committee will seek to abolish minimum fees in a bid to make healthcare more accessible in realization of the right to health as provided for under Article 43 of the Constitution

Lack of equipment delays Mandera hospitals' operations

JANUARY 15, 2019

By Daily Nation



Doctors perform an operation during a free medical camp at the Elwak Level 4 Hospital in Mandera County, January 29, 2018.

In Summary

- Health minister Mohamed Adan Mohamed said the accident and emergency centers in Mandera town and Elwak each cost Sh150 million but do not have equipment.
- The minister said Mandera is yet to fully benefit from the national government's

equipment leasing plan that was launched in 2013.

- The county will spend Sh75 million on endoscopy machines for both facilities and purchase other equipment later.

Delayed procurement of medical equipment has delayed the start of operations at the new, major health facilities in Mandera County.

Health minister Mohamed Adan Mohamed gave this explanation on Tuesday, noting the accident and emergency centers in Mandera town and Elwak each cost Sh150 million but do not have equipment.

PURCHASES

The county will spend Sh75 million on endoscopy machines for both facilities.

"We are in the process of procuring medical equipment before we can officially launch them," he said.

"We are procuring equipment in phases. The first batch will be delivered next month and then we will request for the second batch."

The county will also need to purchase CT scanners and rental units.

LEASE PLAN

The minister said Mandera is yet to fully benefit from the national government's equipment leasing plan that was launched in 2013.

“We have equipment in the maternity and main theatres at Mandera County Referral Hospital and the Elwak and Takaba facilities but they are not enough [given] the number of patients we are handling,” he said.

Mr. Mohamed said the national government was yet to provide equipment for the intensive care unit.

Regarding special-skill staff, he said the county was training its own.

“We have been sponsoring our own to study several critical courses for areas in which we have unable to attract staff from other places,” he said.

GOALS

Mandera has been struggling to higher radiographers, ICU nurses and equipment operators.

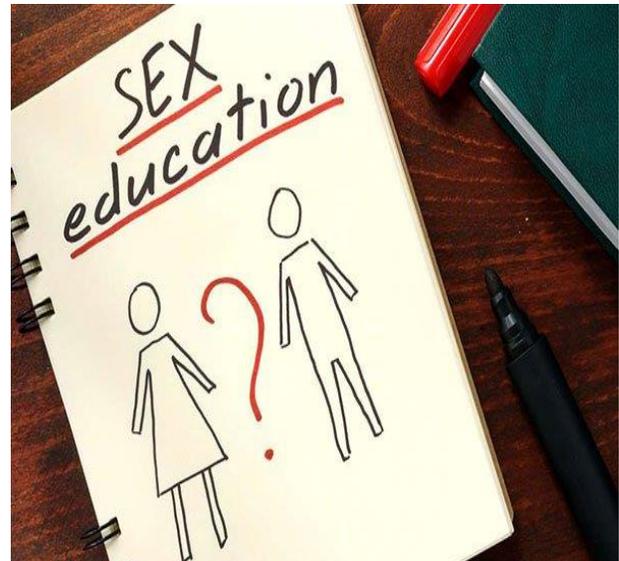
Trained staff are hired a job group higher for the sake of retention in semi-arid areas prone to attacks by terror group Al-Shabaab.

The minister said, however, “In the next two years we shall be telling a different story on our health sector since we shall have enough equipment and more than enough staff,” he said

Schools on the spot over illegal sex education

JANUARY 16, 2019

By Daily Nation



Sex education: Schools teaching comprehensive sex education risk disciplinary action

In Summary

- Curriculum developer says the lessons do not meet accepted moral and education standards
- Comprehensive sex education teaches children on masturbation, homosexuality, abortions, and access to contraceptives, sex as a right, transgender.

Schools teaching comprehensive sex education risk disciplinary action from the government after the curriculum developer on Tuesday termed the content in the lessons immoral and unapproved.

Dr. Julius Jwan, the Kenya Institute of Curriculum Development (KICD) director, said the materials being used in those schools do not meet the accepted education and moral standards.

“We have never approved such material to be used in our schools. As we speak, quality assurance officers across the country are on the ground investigating the issue,” said Dr. Jwan.

Dr. Jwan said the government rolled out the competency-based curriculum this year after piloting it for two years.

ADOLESCENCE

He said, the new curriculum has all the sex education that learners need to know.

“The new curriculum tackles all the stages of growth from tender age to adolescence, and any teaching materials that are not approved by KICD are illegal and schools must reject them,” said Dr. Jwan.

Pius Mutisya, the KICD director of quality assurance and standards, said they have already received instructions from the Ministry of Education to ensure that those materials are not taught in schools.

“The ministry ordered a crackdown on these schools and all our quality assurance team is investigating the extent to which the materials have been sneaked in schools, and action will be taken against such schools,” said Dr. Mutisya.

On Tuesday, human rights activists under the umbrella group CitizenGo called on the Ministry of Education to ensure the comprehensive sex education programme is stopped in schools.

CitizenGo Africa coordinator Ann Kioko says over 50 primary and secondary schools in several counties, among them Nairobi,

Kakamega, Bungoma, Siaya, Homa Bay, Kisumu and Kajiado, have incorporated the comprehensive education in their lessons.

MASTURBATION

“The content of this curriculum is chilling, it teaches children on masturbation, homosexuality, abortions, and access to contraceptives, sex as a right, transgender, erosion of parental roles and promiscuity at a tender age,” said Ms. Kioko.

Sex education has been a controversial topic in the country, with parents and education stakeholders condemning it.

Psychologist Christabell Hoka termed the education as immoral, saying it introduces children to bad habits at a tender age. “We cannot have children learn on how to be gay, masturbate or use contraceptives at a tender age, we should instead teach children on abstinence,” she said.

Itojo hospital’s sorry state sparks outrage

JANUARY 16, 2019

By Daily Monitor



Helpless, An elderly man lies on a bench at the outpatients department of Itojo hospital in Ntungamo District in 2017

In Summary

Cause. The accumulated water and electricity bills, shortage of staff, lack of pit-latrines and alleged poor management of the facility are some of the reasons for the outrage.

Lack of power, water, breakdown of ambulances and alleged mismanagement have paralysed operations at Itojo hospital.

According to the hospital management committee report addressed to the chief administrative officer, the electricity bills have accumulated to Shs212 million, water was cut off due to non-payment while the hospital vehicles including two ambulances have been grounded since November last year.

The management committee's report dated November 20, 2018 seen by Daily Monitor indicates that the crisis is partly as a result of

mismanagement by the acting Medical Superintendent, Dr. Oliver Asiimwe.

She is accused of impunity and insubordination.

"The existing hospital structures and systems have been neglected. The medical superintendent has refused or neglected to work with other junior officers and staff. This is purely maladministration and incompetence," the report reads in part.

Claims

Mr. Denis Muhumuza, a member of the committee and councillor for Itojo Sub-county, claims Dr. Asiimwe has also ignored several recommendations of the committee, directives from the permanent secretary and has continuously absented herself from the hospital avoiding attending to issues of staff.

They say she has refused to pay four medical doctors consolidated allowances of Shs500,000 per month passed by the district council resolution to motivate them. "I don't know whether it is because she has no experience or its impunity because she knows some big people that she is acting in such a way but our hospital has been grossly mismanaged since she came in and all our efforts as the hospital management committee have failed to bear fruits," Mr. Muhumuza says, adding: We have caused various meetings at the hospital including one with the district health officer but not a single resolution has been implemented by her. She wants to manage the management committee as well."

However, Dr. Asiimwe says she inherited some of the challenges such as huge electricity and water bills but that others are exaggerated by politicians who are against

her management for reasons she cannot understand.

“There are several challenges here but there are also so many rumours and us who are not politicians, we fail to understand why people are against us,” Dr. Asiimwe says.

Dismissing claims

She adds: “When I came here in August, I found serious challenges, debts and huge bills. We had challenges with electricity. We do not have pit-latrines and our toilet system is not working properly. I think the problems here are not for us or for Itojo only; they are for the whole of this community.”

She denies having stopped the top-up allowances for the senior medical officers. The chief administrative officer, Mr. Kweyamba Ruhemba, could not be reached for a comment on the matter because he is on leave.

The district health officer, Dr. Richard Bakamuturaki, says there is friction within the management and that the facility has had challenges of power and water bills for a long time. “These people (Itojo hospital management) are behaving like children; they can’t sit and resolve their personal issues. They want everything to end in a meeting where I and the CAO preside over. They need to manage the hospital themselves. There have been outstanding challenges such as bills which the hospital budget cannot accommodate and as the district we are trying to see how they can be solved,” Dr. Bakamuturaki says.

“The issue of electricity is older than any of the people there now; renovations, sewerage and water management and many other challenges. We hope we shall find a

way and resolve them so that staff do not find excuse not to perform,” he adds.

The LC5 chairman, Mr. Denis Singahache, also acknowledges there are challenges at the hospital.

“There are four senior medical officers at the hospital and not anyone of them wants to be medical superintendent. There was Dr. Nabasa who was appointed but he was almost running mad and he resigned, he has refused to go back, all of them have acted in the same position and resigned. I now blame the hospital committee for mistreating Dr. Oliver, these people (doctors) are scarce. They need to be aided to perform not to be barked at. She has challenges but we need to address them considering her experience,” Mr. Singahache says.

The hospital has 113 staff including non-medical staff, admits an average of 400 inpatients every month and other more than 1,000 outpatients.

Cholera: NWSC move to build toilets is timely

JANUARY 16, 2019

By Daily Monitor



NWSC to build 250 public toilets

In Summary

- The issue: Cholera outbreak
- Our view: There is need to ensure that deaths caused by cholera are reduced. Above all, government should rollout a vaccination programme of children aged one year and above against cholera.

In the wake of the current cholera outbreak in the outskirts of Kampala City, National Water and Sewerage Corporation (NWSC), is taking a positive step to address the problem.

Last Friday, Mr. Silver Mugisha, the corporation's managing director, said in an effort to check future cholera outbreak in the city, NWSC is embarking on mapping areas in and around Kampala, Wakiso, and Mukono districts with a view of constructing 1,000 stand pipes and 250 public toilets.

The NWSC move comes against the backdrop of poor hygienic practices in parts of the affected areas. Last week, cholera killed one person in Kabowa, a city suburb in

Rubaga Division, according the Ministry of Health.

Cholera is a preventable and treatable disease caused by infection of the intestine with the bacterium *Vibrio cholera* causing diarrhoea, among other ailments. It is usually transmitted through consumption of water or food contaminated with faecal material.

Cholera remains a major public health threat in communities with inadequate sanitation and safe water, the reason NWSC timely intervention to construct stand pipes and public toilets should be much appreciated.

Therefore, current epidemic outbreak offers opportune to all other stakeholders, including NGOs, health-related institutions, communities, families, and individuals to come forward and make a contribution towards eradicating conditions that may give rise to cholera.

Without everybody at all levels making an effort to eliminate cholera, the disease will continue to strike communities with devastating effects. This is why we heed Mr. Mugisha's caution that "You may have piped water and adequate sanitation, but if you eat faeces, you will definitely contract cholera."

With maximum mobilisation of the population reinforced by statutory enforcement, no one should be expected to die or live in fear of cholera. The challenge, however, seems to be the failure by the relevant authorities to sensitise or mobilise the population about basic sanitation and public health practices.

It is also critical that all health centres should have a stock of cholera treatment medicines in readiness to confront this epidemic. According to the Ugandan National Cholera Task Force, since 1997, there have been a cumulative number of 47,790 cholera cases throughout Uganda, with more than 2,000 deaths.

There is need to ensure that deaths caused by cholera are reduced. Above all, government should rollout a vaccination programme of children aged one year and above against cholera. We should all know that cholera is a preventable disease, so let's all play our part to check it.

Uber offers free rides to hospitals for blood donors

January 16, 2019

By Capital Business



NAIROBI, Kenya, Jan 16 – Uber on Tuesday said it is offering free rides to and from selected hospitals for people who want to donate blood in the wake of a terror attack at 14 Riverside, Westlands.

In a statement, Uber said rides to and from Avenue, Kenyatta, Aga Khan and MP Shah Hospitals will be free under its promotions tab.

“We stand ready to support the Nairobi community as we recover from this devastating act, and will be providing free rides to and from selected hospitals if you’d like to donate blood,” read part of the statement.

Uber directed its users to select ‘Payment’ from the in-app Menu, “add Promo Code/Gift Code under promotions and enter the code NBODONATE and tap ADD.”

The free rides offer will, however, end on midnight Wednesday.

As of Wednesday morning, at least 60 people had been rescued at the 14 Riverside office complex which also houses DusitD2 hotel.

The terrorists, who started the onslaught on Tuesday afternoon are said to be holed up at the complex gym and there are reports of gunshots being heard coming from one of the buildings.

Cholera outbreak spreads to other parts of Kampala City

JANUARY 16, 2019

By Daily Monitor



A group of boys play in a dirty channel in Katoogo Zone, Nakawa Division in Kampala last year. Cholera outbreak has spread to other parts of Kampala city.

In Summary

- Mr. Steven Kyebambe, the head of clinical services at the hospital, said all the six patients showed signs and symptoms of cholera though they are awaiting final results from Central Public Health Laboratories (CPHL) in Butabika.
- The cholera outbreak started in Kabowa Village in Rubaga Division this month. Last week, Ministry of Health confirmed seven cholera cases and one death in Kampala.

Kampala. The Cholera outbreak has spread to other parts of Kampala City as Naguru hospital continues to receive suspected cholera patients. The hospital on Monday recorded six more cases where one from Bukoto, a Kampala suburb, tested positive for the disease. Mr. Steven Kyebambe, the head of clinical services at the hospital, said all the six patients showed signs and symptoms of

cholera though they are awaiting final results from Central Public Health Laboratories (CPHL) in Butabika. “We have six patients in isolation centre now. One child, three women and two males. They all showed signs and symptoms of cholera. Since the outbreak, we have dealt with about 20 patients regarding cholera,” Mr. Kyebambe said.

Affected areas

Other patients are from Kireka, Mutungo and Ndeeba, among other city outskirts. Ministry of Health said they are scheduled to sensitise people in the entire Kampala about the cholera disease. “If there is a case that tested positive, then the person will have to be handled by the hospital. We are going to sensitise the entire Kampala about the disease,” Mr. Emmanuel Ainebyoona, the public relations officer in Ministry of Health, said yesterday. The cholera outbreak started in Kabowa Village in Rubaga Division this month. Last week, Ministry of Health confirmed seven cholera cases and one death in Kampala.

Discharged

Mr. Kyebambe said all the seven patients, who had been confirmed with cholera, were treated and discharged. Cholera is an infection caused by bacteria and affects the intestines. The main symptoms are diarrhoea, dehydration, vomiting and loss of skin elasticity. This may result in dehydration. It is usually contracted through drinking water or eating food that has been contaminated with faecal matter.

Government on course with Hepatitis B vaccinations

By The Independent
January 17, 2019



Minister Opendi briefs parliament

Government is carrying out vaccinations of adults infected with Chronic Hepatitis B (CHB) majorly in the North and North Eastern regions, as efforts are made to extend the treatment to other regions of the country.

In a response to queries raised by Nakaseke South MP, Hon. Semakula Luttaguzi on the prevalence of Hepatitis B in his constituency, the Minister of State for Health (General Duties), Hon. Sarah Opendi said that vaccines would be administered to affected persons in Nakaseke by July 2019.

Presenting the response during the plenary sitting on Tuesday, 15 January 2019, Opendi said that the programme had been successful in implementing the first dose of

medicine in areas with high Hepatitis B prevalence in 2015.

“The Ministry began efforts to mitigate the spread of Hepatitis B. Interventions have been based on prevalence rates and we started with West Nile and Karamoja regions,” said Opendi. She told MPs that the vaccination process was being carried out in four phases to span a period of four years with the first two phases already complete, 67 out of the 127 districts in the country already covered, accounting for 54 per cent of progress.

“Phase three and four will cover the remaining 58 districts of Uganda. Nakaseke district will be catered for in phase three of this programme which will commence in July this year,” Opendi added.

The minister, however, expressed discontent with the non-committal of Ugandans to the treatment, which she said had prolonged the mitigation process of the Hepatitis B condition thus delaying extension of the treatment to other districts in the country.

She said that it had taken long to carry out the activities in the five sub-regions of the country, adding that by September 2019, the two-year mark would have been reached. She however, said that there was a poor response to subsequent medication by affected persons.

“There is always a high turn up of persons who want to receive the first dose of vaccination for Hepatitis B, but the numbers are always low on the second and third doses which are equally important,” Opendi said.

Luttamaguzi, however, asked why residents of Nakaseke and other Ugandans would have to wait for six months before they get treatment for Hepatitis B, yet their lives were at risk. "Why should we wait till July yet many people are dying of Hepatitis B? This matter is urgent and does not require laxity by the Ministry of Health," said Luttamaguzi.

Tanzania: Govt Hailed for Bill on Water Supply, Sanitation

17 JANUARY 2019

By Daily News (Dar es Salaam)



STAKEHOLDERS have commended the government for coming up with a decision to draft a Water Supply and Sanitation Bill, 2018 as it will ensure access to clean and safe water to members of the public.

The stakeholders commended the government decision yesterday during public hearing of the Bill as representatives from a number of organisations, including Tanzania Water and Sanitation Network

(Tawasanet) and Tanganyika Law Society (TLS) turned up to give their views.

However, tabling views before the Parliamentary Standing Committee on Agriculture, Livestock and Water Committee led by Mufindi North MP Mahmoud Mgwimwa, Mr. Darius Mhawi from Tawasanet, said there was a pressing need for the Bill to clearly state the source of funds to run the Rural Water Agency (Ruwa) and its board that were going to be established by the law.

"The Bill proposes the establishment of Ruwa and its board, but it does not say from, which source the two bodies will get operational funds," Mr. Mhawi said, adding that it was crucial for the agency and the board to independently run their activities.

However, Mr. Mhawi said since the same Bill proposed the establishment of National Water Fund, the proposed Bill should clearly state the amount of money in terms of percentage that Ruwa would receive.

According to Mr. Mhawi, Ruwa funding sources are not made clear in the Bill. He also pointed out that though the Bill established the Water Supply and Sanitation Authorities, including listing down the responsibilities of Energy and Water Utilities Regulatory Authority (Ewura), the proposed legislation did not recognise the Drilling and Dam Construction Agency (DDCA), whose activities would also be carried out by Ruwa.

Government moves to regulate advertising of medical services

By The NewTimes

January 18, 2019



A traditional doctor exhibits some of his medicines during a past trade fair. Government has banned advertisement of medical services. File. .

The Ministry of Health yesterday banned advertisement of health services and talk shows by those not sanctioned by recognised medical bodies.

According to an announcement signed by Dr. Diane Gashumba, the Minister of Health, media advertising of such services shows have become excessive in the mainstream and social media.

The regulations have to be followed by all people in the health sector, those who sell drugs, and the media.

“It is prohibited for anyone to advertise drugs and medical services, whether audio

shows or in writings, using microphones and on social media,” reads a statement.

Besides, all forms of media are prohibited from advertising drugs and medical services without written authorization from the Ministry of Health.

Malick Kayumba, the ministry spokesperson, said the regulations mainly target uncertified people who conduct medical activities yet have no requisite skills in the medical field.

“Just take a moment and listen to various radios, especially during night hours, you will understand how fake physicians or the so-called medical practitioners mislead the public. The negative impacts are dire as many believe them and stop going to certified hospitals for treatment,” he said.

Most of them say they have special drugs for serious diseases such as cancer or have drugs that cure many diseases, he said.

As a result, people spend their money and time on fake medical practitioners and most of them go to the hospitals very late when nothing can be done to save them, he added.

“Medical professionals know that they are not allowed to advertise. It is included in their oath when they are about to start their carrier, it is even part of international medical ethics,” he said.

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