



# East African Health Platform

*Fostering Stronger Ties For Better Health in East Africa*

## HEALTH NEWS-CAP EAST AFRICA

16<sup>th</sup> – 22<sup>nd</sup> March 2019

### Highlights:

New WHO recommendations to accelerate progress on TB .....	2
WHO expert panel paves way for strong international governance on human genome editing .....	3
Kenya: How Board Members Tried to Fix Tenders at Nairobi Hospital .....	3
Kenya: Probe over Death of Kenyan Doctor in Cuba Ongoing, Patience Urged .....	6
Kenya- Efforts to curb teen pregnancies in Kilifi bear no fruit .....	7
Kenya: Alarm over Number of Murang'a Youth with Mental Illnesses .....	9
Kenya: Nairobi Hosts Health Teams from 22 African Nations .....	10
Uganda: Doctors Opposed to Lubowa Hospital Project .....	12
Ugandan Doctors Oppose Lubowa Hospital Project .....	14
Rwanda: Govt Lays Out Plan to Reduce Procurement of Medical Supplies .....	15
Uganda: TB Infections Hit 90,000 a Year, Overtake HIV Rates .....	17
Kenya: Unilever and Kenya Dentists Association Join Forces to Boost Oral Hygiene .....	19
Rwanda Proposes DNA Database for All Citizens .....	20
Kenya: Face of Hope and Courage - Teenage Boy Fights to Survive Cancer .....	22
Kenya: Sicily Kariuki Decries Quality of Healthcare .....	24
Tanzania: Gum Infections Cited As Critical .....	25
Africa: Thailand to Assist Kenya Achieve Universal Health Coverage .....	26

## World Health Organisation SPECIAL NEWS RELEASE:

### New WHO recommendations to accelerate progress on TB

20<sup>th</sup> March, 2019

News Release - Geneva

WHO has issued new guidance to improve treatment of multidrug resistant TB (MDR-TB). WHO is recommending shifting to fully oral regimens to treat people with MDR-TB. This new treatment course is more effective and is less likely to provoke adverse side effects. WHO recommends backing up treatment with active monitoring of drug safety and providing counselling support to help patients complete their course of treatment.

The recommendations are part of a larger package of actions designed to help countries increase the pace of progress to end tuberculosis (TB) and released in advance of World TB Day.

“The theme of this year’s World TB Day is: It’s time to end TB,” said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. “We’re highlighting the urgent need to translate commitments made at the 2018 UN High Level Meeting on TB into actions that ensure everyone who needs TB care can get it.”

Since 2000, 54 million lives have been saved, and TB deaths fell by one-third. But 10 million people still fall ill with TB each year, with too many missing out on vital care.

The WHO package is designed to help countries close gaps in care ensuring no one is left behind. Key elements include:

- An accountability framework to coordinate actions across sectors and to monitor and review progress
- A dashboard to help countries know more about their own epidemics through real-time monitoring – by moving to electronic TB surveillance systems.
- A guide for effective prioritization of planning and implementation of impactful TB interventions based on analyses of patient pathways in accessing care.
- New WHO guidelines on infection control and preventive treatment for latent TB infection
- A civil society task force to ensure effective and meaningful civil society engagement

“This is a set of pragmatic actions that countries can use to accelerate progress and act on the high-level commitments made in the first-ever UN High Level Meeting on TB last September,” said Dr. Tereza Kasaeva, Director WHO’s Global TB Programme.

On 22 March, key partners will come together at a World TB Day symposium at WHO in Geneva to develop a collaborative multi-stakeholder and multisectoral platform to accelerate actions to end TB. WHO will present the new package at the meeting.

TB is the world’s top infectious disease killer, claiming 4 500 lives each day. The heaviest burden is carried by communities facing socio-economic challenges, those working

and living in high-risk settings, the poorest and marginalized.

## WHO expert panel paves way for strong international governance on human genome editing

19<sup>th</sup> March, 2019

News Release

The World Health Organization's new advisory committee on developing global standards for governance and oversight of human genome editing has agreed to work towards a strong international governance framework in this area.

"Gene editing holds incredible promise for health, but it also poses some risks, both ethically and medically. This committee is a perfect example of WHO's leadership, by bringing together some of the world's leading experts to provide guidance on this complex issue. I am grateful to each member of the Expert Advisory Committee for their time and expertise." says Dr. Tedros Adhanom Ghebreyesus, WHO Director-General.

Over the past two days, the committee of experts reviewed the current state of science and technology. They also agreed core principles of transparency, inclusivity and responsibility that underpin the Committee's current recommendations. The committee agreed that it is irresponsible at this time for anyone to proceed with clinical applications of human germline genome editing.

The committee also agreed that a central registry on human genome editing research is needed in order to create an open and transparent database of ongoing work. The

committee asked WHO to immediately begin working to establish such a registry.

The committee has invited all those conducting human genome editing research to open discussions with the committee to better understand the technical environment and current governance arrangements and help ensure their work meets current scientific and ethical best practice.

The committee will operate in an inclusive manner and has made a series of concrete proposals to increase WHO's capacity to act as an information resource in this area.

"The committee will develop essential tools and guidance for all those working on this new technology to ensure maximum benefit and minimal risk to human health," says Dr. Soumya Swaminathan, WHO Chief Scientist.

Over the next two years, through a series of in-person meetings and online consultations, the committee will consult with a wide range of stakeholders and provide recommendations for a comprehensive governance framework that is scalable, sustainable and appropriate for use at the international, regional, national and local levels. The committee will solicit the views of multiple stakeholders including patient groups, civil society, ethicists and social scientists.

## Kenya: How Board Members Tried to Fix Tenders at Nairobi Hospital

16<sup>th</sup> March, 2019

By The East African (Nairobi)

### In Summary

- The Ksh35 million (\$350,000) insurance tender is believed to be at the heart of the falling out between the board and management of one of East Africa's foremost private hospitals.
- An internal evaluation of the insurance tender details how one of the 12 bidders was pushed through the technical evaluation despite not meeting the tender conditions.
- The company secretary also assessed the technical bid against the norm for phased evaluation, the audit shows.

An audit into a controversial tender for insurance at the Nairobi Hospital has unearthed attempts by some board members to award the contract to preferred brokers.

The Ksh35 million (\$350,000) insurance tender is believed to be at the heart of the falling out between the board and management of one of East Africa's foremost private hospitals which led to the facility's CEO Gordon Odundo being sent on compulsory leave in December. The leave was to end last week but was extended to April 13.

An internal evaluation of the insurance tender details how one of the 12 bidders, who was backed by an insurer in which the board member has some interests, was pushed through the technical evaluation despite not meeting the tender conditions.

The company secretary also assessed the technical bid against the norm for phased evaluation, the audit shows.

The firm--Hawk Bay Brokers--was incorporated in July 2017, meaning that it could not have had audited accounts for three years as the tender documents required.

However, it was awarded top marks in this category after one of the technical evaluation committee members bought the company's view that it had in business for longer and had just rebranded.

That lapse allowed it to present audited accounts for 2015 and 2016 of Hawk Bay Ltd, which though having been in insurance, it had no credentials in the brokerage segment as was required.

"Despite this, the company scored the full 15 marks in the section which they did not deserve," the internal audit shows.

Ordinarily, the company's bid should have been rejected at this stage for not meeting the three-year broking criteria, but the tender had been worded ambiguously that a bidder "May be rejected" for the omission.

At the financial evaluation stage, the company was also given a higher score despite having made an error in its bid for fidelity guarantee.

It quoted Ksh96, 055 (\$960) but after the evaluation said this should have been Ksh753, 415 (\$7,534), a revision of nearly eight times.

According to the audit, the company's financial score should have dropped from 25.30 to 23.86 had this been taken into account.

The audit failed to establish whether the deficiencies in evaluation were deliberate but pointed out that they only arose in the case of Hawk Bay.

In the financial score, Hawk Bay came first ahead of Pacific Insurance Brokers and Liaison Group Insurance Brokers.

The impact of the wrong technical evaluation however became clear when the audit adjusted the score to reflect Hawk Bay's inexperience in insurance broking.

Hawk Bay dropped to position four after Liaison Group, Clarkson Insurance and Pacific Insurance. In the end, Hawk Bay did not win the tender. The final awardees were Pacific and Liaison.

"The final awardees were Pacific and Liaison as recommended by procurement manager based on the lowest financial and technically compliant bid," the audit said, validating the award.

Pacific had quoted only Ksh29, 000 (\$290) more than Hawk Bay, suggesting that the two brokers were underwritten by the same insurer.

Clarkson lost out because its bid, at Ksh40.2 million (\$402, 911), was the most expensive.

However, the audit said the procurement manager should have informed the committee in writing why its recommendation was rejected.

### **Anxiety**

The sending on compulsory leave of the CEO has caused anxiety at the hospital in the face

of litigation by employees over what they view as unfair dismissal

In eight of such cases that The East African sampled, the claimants demand upwards of Ksh25 million (\$249,000) from the hospital.

At stake in the fight between the board and the management is control of tenders for projects. Some members of the board accuse Mr. Odundo of frustrating the award of tenders to preferred companies.

The hospital board issued a statement last week saying the suspension of the CEO was procedural as initial investigations by EY had revealed gaps in the hospital's finances that needed further scrutiny.

In an opinion article in the Daily Nation on Friday written by board chairman John Simba, Nairobi Hospital--East Africa's most advanced healthcare facility which has treated key figures from the region such as the Ugandan opposition leader Kizza Besigye, former Kenyan president Daniel Moi, Tanzanian opposition leader Tundu Lissu--handles at least 150,000 admissions annually.

Trouble started in December 2018 when Mr. Odundo was sent on a three-month compulsory leave to pave the way for an audit over the alleged irregularities in the tendering processes for the award of insurance and construction tenders.

The fight is also for the control of the hospital's huge annual cash flows that have seen it invest into a 12-storey building, Anderson Centre which has a 400-seat auditorium.

## Kenya: Probe over Death of Kenyan Doctor in Cuba Ongoing, Patience Urged

18<sup>th</sup> March, 2019

By Capital FM (Nairobi)



Ouma Oluga, Secretary-General of the Kenya Medical Practitioners and Dentists Union, addresses a press conference at the Supreme Court Buildings.

Mombasa — Investigations into the cause of death of one of the Kenyan doctors who travelled to Cuba for an exchange programme are ongoing.

Dr. Hamisi Ali Juma, a brother to Likoni MP Mishi Mboko, was among 50 Kenyan doctors who were sent to Cuba late last year to study family medicine.

On Monday, the family received the shocking news that Dr. Juma was dead. He died on Sunday.

Previous reports indicated that the doctors had complained of hard living conditions in Cuba's capital Havana, and despite

numerous complaints, the matter was not addressed.

Already, there is speculation over Dr. Juma's death.

However, Health Cabinet Secretary Sicily Kariuki and Mombasa Governor Hassan Joho have issued a joint press statement asking Kenyans not to speculate.

"The circumstances resulting in the death are not clear yet as investigation by the Cuban authorities are ongoing. As we wait for police report, we urge and request Kenyans to be sensitive to the grieving family and refrain from discussing the case on social or regular media," read part of the statement.

The statement also said the Kenyan Government is working with Juma's family to bring his body back to Kenya.

"We express our deepest condolences to the family of the deceased and provide assurance that plans are underway to transport the body back to Kenya within then shortest time possible. Our Kenyan Embassy in Havana is working closely with the Cuban authorities in handling the case," the two said.

Kenya Medical Practitioners and Dentists Union (KMPDU), Coast Branch Secretary General, Dr. Abidan Mwachi said the Kenyan doctors who travelled to Cuba are complaining of poor living conditions.

"They have been complaining through the union about the living conditions in Cuba. They are sharing houses, take two or three hours to travel to work, but the government

has failed to address the issue raised," said Mwachi.

Mwachi described the exchange programme as "dubious."

## Kenya- Efforts to curb teen pregnancies in Kilifi bear no fruit

March 18, 2019

By Daily Nation

### In Summary

- Education and children officials say the region has recorded almost 3,000 cases of teen pregnancies between January and March.
- Most of the girls are aged 15 to 19. The major hotspots of teen pregnancies are Ganze, Bamba, Magarini, Mtwapa, Kilifi town and Malindi.

We meet in a rundown hotel in Kilifi town and Kadii, 18, ask for the menu. She scans it hastily before ordering for tea and *mahamri* (buns).

Kadii fiddles with her fingers, appearing unsettled even as I assure her that the interview will be short and will not be intrusive.

"I need to go back home before my husband arrives for lunch. Let us finish this fast. He might not be happy to know I talked to you," she says.

### PEER PRESSURE

Kadii is a mother of a two-year-old girl. She gave birth while still in primary school.

"I was only 16 when I conceived. I succumbed to peer pressure for I was naive. Honestly, I didn't know him very well," she says.

Kadii adds that while at school, her friends kept showing her photos of their boyfriends and the gifts the men were buying them, including panties, food and clothes.

"I felt that I was missing out and gave in. A friend introduced him to me. He was my age mate but in a neighbouring school," Kadii says.

When she became pregnant, the boy dropped out of school and offered to marry her. Intriguingly, their parents were not opposed to the idea.

The two are now living as man and wife, her husband doing menial jobs in neighbouring Mombasa County.

"After two years of playing mother and wife roles, I really do regret becoming pregnant. Many of my age mates who remained in school are way ahead of me in life but I will correct that. I plan to join a technical institution," she says.

Kache, on the other hand, was not that lucky. The man whom she made pregnant took off and she had to turn to her parent for help.

### DROP OUT

"After promising many things, he disappeared when I informed him that I was expectant. I had to drop out of school,"

Kache says, adding that her mother looked after her.

The elderly woman is now looking after her child and grandchild. The girl plans to go back to school and pursue her teaching dream.

Kadii and Kache are just a mirror of the big problem facing Kilifi County, where girls drop out of school on becoming pregnant.

Education and children officials say the region has recorded almost 3,000 cases of teen pregnancies between January and March. Most of the girls are aged 15 to 19.

The major hotspots of teen pregnancies are Ganze, Bamba, Magarini, Mtwapa, Kilifi town and Malindi.

Kilifi Women Network (Kiwnet) chairwoman Esther Kondo told the Nation that the situation is terrible.

"The numbers could be far much higher, given that some cases go unreported," she said.

"It is true that teen pregnancies have been on the rise in Kilifi. I have just received news of nine pregnant girls in Rabai."

#### UNDERAGE SEX

In its 2018 report, Kiwnet said the county recorded 17,866 early pregnancies, with Rabai Sub-County leading with 28 per cent of the cases.

However, County Children Affairs coordinator George Migosi put the figure at 13,624.

Records at Rabai Health Centre show that more than 20 girls aged 15 to 18 gave birth in December alone.

About 30 per cent of the births in the sub-county in the last three months involved girls in that age bracket.

Mr. Elvina Nyevu, a village elder in Liwandani told the *Nation* that authorities and school administrators are looking for a 40-year-old man who eloped with a 14-year-old weeks ago.

"The man is on the run. He abandoned his family when his affair with the girl began. We have reported the case to the police. There are reports that the girl is pregnant and we are doing all we can to have him arrested and prosecuted," Mr. Nyevu said.

Sauti ya Wanawake Ganze chapter chairperson Judith Uchi said underage pregnancy cases are also rampant in her area.

Last week, about seven cases were reported in Ganze, she said.

"It is clear that our men and even school boys have a problem," Ms Uche said.

#### SEX TOURISM

Kilifi Mums chairperson Kibibi Ali blamed the problem on residents not finding time to talk to their children.

"In our sensitisation programmes in schools and villages, we found out that locals do not talk to their children on the dangers of early sex," Ms. Ali said.

Some blame the epidemic of teen sex on the high levels of poverty in Kilifi, joblessness and the highway and urban phenomena.

They say the latter two contribute to the erosion of cultural values and promote sex tourism in places like Mtwapa, Kilifi and Malindi.

Another contributing factor is the boda boda business.

In November, Governor Amason Kingi formed a committee to investigate the problem. Its recommendations are yet to be made public.

Mr. Kingi gave the team that comprised health, education and gender officers a month to do its work.

The governor told the Nation that the committee is yet to present its findings to his desk.

Kilifi Woman Representative Getrude Mbeyu has been vocal on the problem.

“Building boarding schools, particularly for girls, in our county will reduce this problem,” she says.

## Kenya: Alarm over Number of Murang'a Youth with Mental Illnesses

18<sup>th</sup> March, 2019

By The Nation (Nairobi)



*Ms. Angela Muthoni, a psychiatrist at the Murang'a County Referral Hospital. She says that the number of young people being admitted there with mental illnesses has been on the rise, something she attributes to drug and substance abuse.*

### In Summary

- Ms. Muthoni noted that the hospital's 20-bed ward for such patients is now full.
- Most of the patients are men aged between 15 and 39 years and who are victims of substance abuse.
- Psychiatric and medical assessments have shown that excessive use of bhang among teenagers is one main cause of mental ailments.

The number of young people being admitted to the Murang'a County Referral Hospital has been steadily on the rise, a psychiatric expert who works there has revealed.

According Angela Muthoni, the hospital has been receiving over 300 youth in one month, a numbers she says is alarming, adding that

most of them are students in secondary schools and colleges.

Ms. Muthoni noted that the hospital's 20-bed ward for such patients is now full.

She added that those admitted there are in critical stages and that they refer some to other hospitals since they cannot accommodate all of them.

#### PSYCHIATRIC UNIT

According to Ms. Muthoni, the hospital's psychiatric unit, which is the second one in Mount Kenya region, receives patients from Embu, Kirinyaga and Kiambu counties. The other unit is at the Nyeri Provincial General Hospital.

She told the Nation that most of the patients are men aged between 15 and 39 years and who are victims of substance abuse.

"The numbers are overwhelming, our youth have abused drugs to the extent of damaging their brains resulting to mental illnesses. It is unfortunate that most of them are in secondary schools and higher learning institutions," she said.

#### BHANG

Psychiatric and medical assessments have shown that excessive use of bhang among teenagers is one main cause of mental ailments.

Ms. Muthoni linked increased incidents of murder and suicides in the region to substance abuse, saying the drugs cause illusions and hallucinations that lead to suicidal thoughts.

"After abusing the drugs for some time, the victims can easily kill or commit suicide and this explains why there are increased incidents of murder and suicides in the region," he said.

#### WAR ON DRUGS

She proposed that war on drugs abuse be taken to learning institutions, saying drug peddlers have come up with means to sneak in drugs to students.

"Extensive campaigns against use of drugs in secondary schools and higher learning institutions is needed to manage the vice. There seems to be cartels sneaking drugs into schools," she said.

Last week, the National Agency for Campaign against Drug Abuse (Nacada) raised the alarm over the increased use of Kuber in the country and proposed that the Ministry of Health to introduces regulations for drug or ban it altogether.

The agency said although the drug falls under the Tobacco Control Act and is legal, it has been adulterated with other hard drugs including cocaine and bhang, making it to have high addictive effects and hard to stop taking.

### Kenya: Nairobi Hosts Health Teams from 22 African Nations

18<sup>th</sup> March, 2019

By The Nation (Nairobi)



*Kenya Medical Practitioners and Dentists Board Chief Executive Officer Daniel Yumbya gestures during an interview, last year*

### **In Summary**

- President Uhuru Kenyatta's pet project of Universal Health Coverage will also feature in the discussions.
- Last year, AMCOA met in Accra Ghana in which several proposals were adopted, including the possibility of countries allowing medical students to undertake internships in other jurisdictions.

Kenya will on Wednesday host health experts for a three-day conference. During the meeting, medics will take stock of progress in tackling regulatory challenges to the sector.

The Kenya Medical Practitioners and Dentists Board (KMPDB) will host the Association of Medical Councils of Africa (AMCOA) at a Nairobi hotel. The event will be graced by Health Cabinet Secretary Sicily Kariuki.

AMCOA President Kgosi Letlape and CS nominee for Education George Magoha, who is also the chairman of the medical board will address the meeting. Prof Magoha is the outgoing AMCOA president.

The role of the Judiciary in dynamic medical regulation, building of an effective registration platform and corporate governance in health regulation are among topics lined up for discussion.

President Uhuru Kenyatta's pet project of Universal Health Coverage will also feature in the discussions, with medics likely to make a case for governments in the region to fully equip medical boards and councils to better regulate the sector.

### **COLLABORATION**

Kenya Medical Practitioners and Dentists Board CEO Daniel Yumbya said top on the agenda is building of an effective framework for information exchange and training collaboration between countries.

"We look forward to fruitful deliberations. We are unanimous that setbacks in the health sector are complex and cross-cutting and require a combined effort to address. We thank AMCOA and the ministry for making this meeting possible," Mr. Yumbya said.

AMCOA is a grouping of medical regulatory authorities in African countries whose roles includes protection of public interest by promoting high standards of medical education, registration and regulation.

"We will be urging every health professional to take their rightful role in ensuring we

achieve quality in health care provision. For countries to realize comprehensive health reforms, the importance of effective regulation cannot be gainsaid," Mr. Yumbya said.

## PROGRESS

Themed 'Core operations of a regulator,' the Nairobi meeting will further take stock of progress in the implementation of various protocols on healthcare provision and regulation advanced by AMCOA and adopted by member countries.

Yumbya said: "We are confident of valuable outcomes from this regional meeting of medical boards and councils."

Last year, AMCOA met in Accra, Ghana, in which several proposals were adopted, including the possibility of countries allowing medical students to undertake internships in other jurisdictions.

## Uganda: Doctors Opposed to Lubowa Hospital Project

19<sup>th</sup> March, 2019

By The Observer (Kampala)



*Artistic impression of the specialised hospital*

Ugandan doctors have expressed dismay at government's move to offer support to a private investor to construct a specialised hospital at the expense of neglecting local hospitals.

Dr. Ekwaro Obuku the president of Uganda Medical Association (UMA) said the doctors are "disturbed" that government has signed a contract with a consortium comprising of Finasi and ROKO Construction Company to construct a new specialized hospital in Lubowa by guaranteeing a loan worth \$380 million (about Shs 1.4 trillion).

According to Obuku, it's even more disturbing because government, at the moment, has halted renovations of Mulago national referral hospital due to lack of funds.

"We note with deep concern that this is being done when the Mulago hospital rehabilitation has been suspended due to lack of funds equivalent to Shs 24bn," Obuku said.

Dr. Obuku explained that the immediate impact of stalling of rehabilitation works at Mulago hospital is that, the Uganda Heart Institute capacity to treat patients has been severely constrained and the public and the staff left frustrated. Mulago sought for temporary shelter at the Uganda Heart Institute to allow for completion of rehabilitation works.

Dr. Gideon Rukundo Rugari a senior surgeon at Mulago hospital observed that the Lubowa project is astronomically expensive at \$1 million (Shs 3.7bn) per bed compared with similar hospitals, which average at \$300,000 (Shs 1bn) per bed.

"The current stalling in the rehabilitation of Mulago national referral hospital is a matter for concern. We urge the government to prioritise mobilising the necessary funding to finalise the rehabilitation of Mulago ahead of the Lubowa project." Rukundo said.

The doctors also rejected government's justification for construction of the specialised hospital that Uganda spent \$73m (Shs 270bn) on treatment of its officials abroad in 2014, saying that the figure is most likely erroneous, but also a lot of parameters have since changed and the figures dropped to \$2.8 million (Shs 7bn) in 2016.

Dr Obuku said that the Ugandan doctors have no doubt that if Mulago and other government facilities are supported and are used by all Ugandans, the need for patients to go abroad will be remarkably reduced and patients from neighbouring countries will come to Uganda for treatment.

"We recommend that government reduces the cost of the Lubowa project and allocates

funds saved, to these institutions including the private sector (credit)," he said.

Dr. Obuku also advised the government to stay on course with Mulago hospital master plan because the hospital is a regional centre of excellence. He said Mulago trains very many doctors from many different countries and has for that reason earned a reputation as one of the leading medical facilities in Africa.

UMA is set to petition the government against the construction of the hospital in Lubowa with the view that effort should be put on pending projects before the government undertakes new ones. Dr. Olive Kobusingye said the trained specialists at Mulago have the capability and capacity to handle some of these procedures for conditions, which take Ugandans abroad.

#### DOCTORS SALARIES

Obuku commended government for increasing the salary of doctors but said a lot more is needed to be done in terms of remuneration for specialists.

"We can't earn Shs 4.5 million when our counterparts in academia are earning Shs 9 million monthly. We need to be treated fairly and paid per qualifications." Obuku added.

According to Dr. Obuku, Lira hospital, which is one of the main referral hospitals in Uganda, has suffered the exodus of specialists into academia because it offers better opportunities in terms of pay. Rukundo said some specialists have already left the country in disgust and the future for this excellent institution is at stake.

"The same applies to the ambitious plans to start kidney transplant services for which staff have been trained but cannot start to put their training in practice due to the delays in completing the rehabilitation of Mulago national referral hospital," he said.

He also explained that this equally applies to other specialties such as laparoscopic surgery, hepato-biliary surgery for which specialists have been trained and are eagerly waiting to apply their hard earned skills.

## Ugandan Doctors Oppose Lubowa Hospital Project

19<sup>th</sup> March, 2019

By The Monitor (Kampala)

Kampala — The Uganda Medical Association (UMA) has asked the government to disengage from supporting a plan by a foreign investor to build an ultra-modern hospital in Lubowa, Wakiso District, raising a litany of concerns.

UMA is an umbrella organisation for Ugandan doctors. Its leaders yesterday alleged that the cost of the facility had been exaggerated and such resources should be invested in ongoing upgrade of Mulago National Referral Hospital, not erecting a new facility from the ground.

The new specialised hospital is to be constructed as a joint venture between FINASI/ROKO Construction Ltd, and Parliament last week passed a resolution committing the government to guarantee a \$379.7m (Shs1.3 trillion) loan the investors pick for the project.

At a press conference in Kampala yesterday, the UMA president Dr. Ekwaro Obuku, asked President Museveni to reconsider his position so that the public funds are directed to finish the renovation of Mulago hospital.

The renovation works began in 2015 to expand existing facilities at the hospital and create new ones to turn the national referral hospital into a specialised one to handle complex procedures such as transplant of internal organs.

The refurbishment has stalled because, according to Health ministry officials, the project required an additional Shs24 billion not considered in the original bill of quantity.

"The current stalling in the rehabilitation of Mulago is a matter of concern. We urge the government to prioritise mobilising the necessary funding to finalise the rehabilitation of Mulago Hospital ahead of Lubowa project," Dr. Obuku said.

The Lubowa hospital is to be a one-stop medical hub for treating Non-Communicable Diseases (NCDs) for which many Ugandans with means, including government officials, seek treatment abroad.

UMA argued that it was pointless for government to guarantee a loan for a private investor, a decision for which Mr. Museveni thanked MPs, yet it was delaying or failing to bankroll its own national referral hospital.

The association also argued that the services outlined to be provided at the private hospital will be a duplication of those to be offered at Mulago once the behind-the-schedule rehabilitation is completed.

Dr. Gideon Rukundo, the head of Minimum Access Surgery Department, said many doctors that the government sent for specialised training abroad in preparation to work at upgraded Mulago National Referral Hospital remain under-utilised just like their peers deployed at the Mulago Specialised Women and Neonatal Hospital currently operating at below capacity due to overpriced services.

Dr. Frank Asiimwe, an urologist, said the cost for the planned Lubowa facility should be reviewed because the construction bill is five times higher for similar upgrade at the Mulago women's hospital.

We could not independently verify the claim and were unable to reach FINISA/ROKO Construction company officials for their version on the controversy.

Dr. Obuku said lack of consultation of Ugandan medical professionals and private health sector entrepreneurs, undermines local talent.

It duplicates and outcompetes the demand for resources by crucial yet unfinished low-hanging fruit such as Mulago hospital complex," he added.

Dr. Olive Kobusingye, member of the Association of Surgeons of Uganda, said government should instead upgrade decayed and ill-equipped regional referral hospitals.

Other specialists expressed similar misgivings.

Mr. Sulaiman Lubega, a senior consultant cardiologist at the Uganda Heart Institute

(UHI), said they are competent to handle heart conditions that drive Ugandans to seek treatment abroad, but delay in completion of Intensive Care Unit (ICU) had stalled life-saving procedures.

"The theater is operational but without the ICU, we can't do much. We need ventilators, invasive monitors, dialysis, infusion pumps, syringe pumps and 12 beds which will cost Shs2 billion and the proposal is with government," he said.

UHI already has an approved plan to build a \$70 million, 200-bed hospital, which government has sat on for 7 years.

Dr. Henry Ddungu, a consultant hematologist at UHI, they could undertake bone marrow and stem cell transplant if the government bankrolled unfunded priorities.

The Health ministry senior spokesperson, Mr. Emmanuel Ainebyoona, however, said the Lubowa project is expected to meet the Joint Commission International (JCI) standards and will attract patients from abroad.

JCI accreditation is the gold standard for global healthcare, according to information on its website. "The medical association does not have full information. Parliament only guaranteed a loan. We have not given the investor any money," Mr. Ainebyoona said.

## Rwanda: Govt Lays Out Plan to Reduce Procurement of Medical Supplies

20<sup>th</sup> March, 2019

By The New Times (Kigali)



Rwanda Medical Supply (RMS), a newly proposed body to replace Medical Production, Procurement and Distribution Division (MPPD), is expected to help reduce medical costs.

That was revealed Monday by James Kamanzi, Deputy Director of Rwanda Biomedical Centre (RBC), while appearing before members of the Parliamentary Standing Committee on Social Affairs.

The session was discussing the draft law governing RBC.

The deputy director said that a private company will have to choose which supplier to work with, and be able to negotiate prices. Consequently, they will have medicine at a low price and immediately from the factory, without using middlemen.

"At the moment, because of procurement conditions, we work with intermediate people between us and drug producers. We cannot negotiate with them directly because

the law doesn't allow us to, thereby increasing the costs. But, for a private company, it is possible to deal with many producers and make them reduce their prices and even choose what you want," he said.

"We can't in any way tell Rwanda Public Procurement Authority (RPPA) that such medicine is very expensive and deal with another supplier. According to RPPA conditions, we must have many suppliers to vie for a tender other than choosing a single source," he added

District pharmacies will be distribution centres, like branches of RMC to give hospitals easy access to medicine and will no longer be commercial entities.

"District pharmacies used to work with MPPD as business partners. They were adding extra costs before selling to patients. When you calculate the added value is 60 per cent of the basic value," Kamanzi said.

"That reform will reduce 25 per cent of the added value, which will positively affect the price for the final consumers (patients). Some costs will be removed as pharmacies will no longer be commercial entities, but distribution centres only," he stated.

Dr. Patrick Ndimubanzi, the State Minister in charge of Public Health and Primary Health Care, assured MPs that flexibility will not affect the quality of medicine.

"When we say flexibility, it is not about the quality; that will remain the same and will be controlled by the Government to protect Rwandans. Flexibility will help speed up tender processes, to negotiate with

suppliers to lower their prices, and to make a choice," he reiterated.

## Uganda: TB Infections Hit 90,000 a Year, Overtake HIV Rates

19<sup>th</sup> March, 2019

By The Monitor (Kampala)



*Patients wait in the queue to get treatment at a Gulu hospital TB ward last year.*

### In Summary

- “This for TB is a very high number in one location given that it is a highly infectious disease. These findings highlight how close TB is to each one of us and the call for personal and community vigilance,” he said.
- Dr. Kenneth Mutesasira, the senior technical advisor for the USAID Defeat TB Project, said community sensitization must be done and more people be advised to seek medical attention early.

Kampala — A new national survey shows that 89,000 Ugandans get infected with

tuberculosis (TB) every year, surpassing the 50,000 who contract HIV annually.

Health experts say the situation could get worse unless action is taken to check the prevalence.

The 2014-2016 population-based tuberculosis prevalence survey indicates that at least 46 per cent of the infections are missed cases (not enrolled on treatment) who infect up to between 10 and 15 new people per year.

The report by University Research Council-USAID Defeat TB Project reveals that most TB prevalence is in urban areas due to their high population densities.

Wakiso, Kampala and Mukono districts (the metropolitan area) are among the urban centres with the highest TB infection rates.

In 2018, out of 11,212 people screened, 352 were diagnosed with TB representing 3 per cent. Wakiso had 5,108 people screened with 301 testing positive to TB, representing 6 per cent while Mukono had 958 people tested with 62 (6 per cent) confirmed TB positive. All the above were done through TB contact investigations screening.

Under the targeted community screening, 14,605 people were tested in Kampala with 277 were found infected with TB.

The research team screened 11,330 people in Wakiso with 566 testing positive to TB while in Mukono 16,568 were screened and 117 tested positive. The total population tested during the survey was 59,781 and 1,675 tested positive to tuberculosis.

The areas that presented the biggest TB infection rates are male congregated areas with 8.9 percent testing positive, followed by barracks at 5.6 per cent.

The survey cited hotspots for TB infections as taxi parks, slums, worship places, nightspots, workplaces and a number of other facilities that host large populations.

Dr. Kaniel Okello, the Kampala Capital City Authority Director for Public Health, said the situation in the Kampala metropolitan area, poses a huge health risk of TB. He said a random test at New Taxi Park registered 22 people who tested positive.

"Imagine a scenario where each of those 22 actually got into a different taxi and each of them coughed. You are potentially going to have another twenty two cases who are going home [infected]. Because again four out of 10 don't know that they have TB, they will again cough in their homes and you have that multiplier effect," Dr. Okello said.

Dr. Abel Nkolo, chief of party for USAID Defeat TB in Uganda Project, said while the disease is curable, many people are reluctant to seek treatment and where they do, many don't complete the dosage.

He said Uganda is one of the few countries in the world with high TB disease burden and more must be done to combat the prevalence.

"In the last few years, the WHO reported that tuberculosis infection rates rival HIV-AIDS infections as a leading cause of deaths.

Several people with TB do not know that they have the disease. Uganda is one of the

30 high TB-HIV burden countries in the world with TB prevalence which is 1.5 times higher than the previously estimated by WHO," Dr. Nkolo said.

He said TB is posing a huge problem because patients do not adhere to the treatment schedule.

"About 10 percent of patients with drug sensitive TB die every year and about 15 percent abandon treatment and remain in the community. About 80,000 people in Uganda develop tuberculosis every year but about 4 percent remain undetected.

They stay in the community and continue to spread the disease. Every untreated TB patient can spread disease to about 15 others every year. The good news is that TB is curable and treatment is freely available at all TB treatment facilities in the country. To identify and minimize TB infection among all people, there is an urgent need for individual and collective responsibility and the time is now," Dr. Nkolo warned.

He said in September 2018 when they did TB screening outreach in the New Tax Park in Kampala they found 22 patients with TB out of the 366 people who were screened.

"This for TB is a very high number in one location given that it is a highly infectious disease. These findings highlight how close TB is to each one of us and the call for personal and community vigilance," he said.

Dr. Kenneth Mutesasira, the senior technical advisor for the USAID Defeat TB Project, said community sensitization must be done and more people be advised to seek medical attention early.

## Kenya: Unilever and Kenya Dentists Association Join Forces to Boost Oral Hygiene

20<sup>th</sup> March, 2019

By Capital FM (Nairobi)



Adelaide Muhiganwa, the Representative of Dental surgeons association campaigning for dental diseases prevention.

Kajiado — Unilever East Africa in partnership with the Kenya Dentists Association (KDA) joined the world in marking this year's World Oral Health Day today in Kajiado with calls on Kenyans to prioritise prevention over the treatment of oral diseases.

The speakers led by KDA Chairman Dr. Wetende Andrew urged Kenyans to brush their teeth at least twice a day-in the morning and before going to bed as a first line-defence against oral diseases, saying treating the diseases can be a big burden to families.

During the function, Unilever announced that it had embarked on a programme to teach behavior change to school going

children in order to instill and drive good oral hygiene habits early on in life.

Under its sustainability agenda aimed at improving health, hygiene and enhancing livelihoods, the company made a big stride towards making oral care affordable and accessible to most Kenyans by launching Pepsodent toothpaste and toothbrush in retail outlets all over Kenya at an affordable price.

"We have also issued 25 million worth of samples to schools in various towns all over Kenya in a bid to break barriers of awareness and access," said Beauty and Personal Care Director at Unilever East Africa, Mr. Pawan Marella.

The WOHD is a global awareness campaign aimed at raising awareness on the importance of oral hygiene. Most Kenyans have never been assessed for oral diseases. This is because the country has a dentist population of about 1,000 for a population of 42 million people, giving a dentist-to-population ratio of 1:42,000. The World Health Organisation (WHO) recommends 1:7,000.

The colourful ceremony, which was marked at Kajiado Township Primary School, also saw Unilever staff visit various other schools across Nairobi to conduct mass brushing sessions. Thousands were also screened for oral diseases.

According to a global study commissioned by Unilever Oral Care through its toothpaste brand, Pepsodent, poor oral health not only damages children's teeth, it can also lower their self-esteem and harm their performance at school.

## Rwanda Proposes DNA Database for All Citizens

20<sup>th</sup> March, 2019

By The New Times (Kigali)



A senior laboratory specialist prepares DNA testing at the Rwanda Forensic Laboratory on March 19, 2019.

The Government is considering creating a database for deoxyribonucleic acid (DNA) and biometric data for all Rwandans, judicial officials have said.

Authorities say the database will facilitate pinning criminals, especially in rape, defilement and murder cases.

The Minister for Justice and Attorney General, Johnston Busingye, disclosed this while opening of the 'Justice Week' in Kigali on Monday.

A technician places test tubes in a machine at Rwanda Forensic Laboratory on March 19, 2019. Emmanuel Kwizera.

Jeanot Kananga, the Secretary General of Rwanda Investigation Bureau (RIB), said criminal investigation is sometimes delayed by testing the DNA of several suspects before coming to the real culprit.

Both officials said that they need a test of every Rwandan such that in such crimes, they only test the DNA of suspects, which would then be compared to the available DNA data to figure out who the culprit could be.

Workers of Rwanda Forensic Laboratory in job on March 19, 2019. Emmanuel Kwizera

"We think we have the technical basis now to launch into the development of a DNA database. That said, it is, first of all, a legal process. We will examine global best practice on the issue, propose appropriate law and implement accordingly," Busingye noted.

Rwanda, he said, is investing in forensic science to ultimately curb crime by forensic evidence that proves beyond doubt who is who in a crime.

"We have come a long way in science and I want to assure you that the ultimate goal is to have all the necessary equipment and technical knowhow to provide accurate information about who is responsible for the crime," he said.

While the minister did not specify the timelines for setting up the database, he said securing the financial resources and seeking legalisation through parliament were some of the steps to be undertaken.

The New Times understands that government is in the processing of identifying a partner (s) to help with the project ahead of tabling the proposal in parliament.

Is it ethical and legal?

Dr. Jean Nyirinkwaya told The New Times that whether this is ethical or not depends on how the society perceives the idea, but argued that it is something that requires debate before implementation.

"That is a sensitive and critical idea that requires thorough debate. Government should give ample time for people to think about what that would mean for them. Generally, ethics is something relative, so it's up to people to decide, which depends on how advanced the society is. But definitely people need liberty," he said.

Nyirinywaya added that this is also a costly investment that the country might want to look into before taking a decision.

Globally, there is no country that has managed to get DNA tests of its entire population and there is still a lot of debate regarding privacy of people, especially on collecting and processing DNA data as well as how data is used, shared and retained.

Athanase Rutabingwa, an advocate based in Kigali, said the proposal to collect DNA tests is a great idea.

"The idea itself is a good one in terms of security and in terms of combating crimes here and there, both in the country and even beyond. The issue is the right to the

examination of one's physical body, this always has to be voluntary," he noted.

Rutabingwa said the law currently says that nobody would be subjected to forced examination of his body unless it is a legal requirement, for instance, in case of rape case where there is need for approval that someone is a suspect in that case.

However, Rutabingwa added, under normal circumstances there is no way you can take someone's DNA test.

"That is against the law."

Even in the possible scenario of legalising it - the way the Government proposes to do it through parliament - he highlighted that there are international conventions that Rwanda has signed and is party to, which prevail over domestic laws.

He mentioned, among others, the International Covenant on Civil and Political Rights of 1966, and the Universal Declaration of Human Rights by United Nations (UN).

Last year, Rwanda established Rwanda Forensic Laboratory, which has the capacity to conduct DNA tests in the country.

Since its establishment, more than 400 DNA tests have been carried out for crime investigations or families seeking to verify the real parents of their children.

A DNA test for two parents and a child currently stands at Rwf257, 032 at Rwanda Forensic Laboratory.

This means that conducting DNA tests for all Rwandans - based on the current population

of 12 million - would cost over Rwf1 trillion, nearly half of the country's annual budget for the 2018/19 fiscal year.

This is besides other expenses.

Before the establishment of Rwanda Forensic Laboratory, forensic evidence could be sought from outside the country where about 100 samples could be taken to foreign forensic laboratories.

## Kenya: Face of Hope and Courage - Teenage Boy Fights to Survive Cancer

21<sup>st</sup> March, 2019

By Nairobi News (Nairobi)

Sometime in January last year, 12-year-old Jacquézdean Gatehi was helping his mother carry jerrycans of water when he felt weak on his left hand.

He told his mother about it but they both dismissed it as nothing to really worry about.

"I was carrying two jerrycan one of each hand then all of a sudden my left hand became weak. I thought it was due to the many games I had played that day," Gatehi, now 13 years, recalls

Then one morning while going to school, Elizabeth Mbutia noticed that her son was leaning towards his left side and his left hand was also swollen.

She immediately took him to Kiambu Hospital, where after some x rays had been done they were referred to Kijabe Hospital.

At Kijabe, they were shocked when the biopsy revealed that Gatehi had cancer.

Gatehi had been diagnosed with Osteosarcoma, a type of cancer which produces immature bone. Most people diagnosed with Osteosarcoma are under the age of 25.

For many parents, having a child diagnosed with cancer is a devastating blow. It often triggers a feeling of guilt on their part, much as there is nothing they could have done to prevent the illness.

Elizabeth went through a similar experience. She says she was in denial for the longest time.

"I think it all had something to do with the way the news was delivered to us. The doctor just told me in the presence of my son 'Mtoto wako ako na cancer na anaweza katwa mkono'", she recalls.

### DEVASTATING NEWS

Those words broke her heart. Fortunately, she has a strong son who maintained a positive outlook and willingness to fight the illness.

The chemo session started at Kijabe but Elizabeth was later advised to move her son to Kenyatta National Hospital as a way of cutting the costs.

The mother of two was at the time a casual employee at the Nairobi Water and Sewerage Company, but she later lost her job.

With her first son in high school and Gatehi's ever growing medical demands, she has been forced to juggle between casual jobs to make ends meet for her family.

"Friends have been of great help to me. I also thank God for strangers who have helped me and my son. I have made lifetime friends because of my son's illness," she says.

Gatehi was in class six when he diagnosed with the illness, but since then he has been unable to attend school. He earnestly wishes to go back to school but his condition is still too delicate.

"My teachers want me back in school but they are afraid of my condition because I can fall down anytime, plus the doctors said I should not go back to school yet," says Gatehi, who is otherwise a very jovial and talkative boy.

Back during his healthier days, Gatehi loved playing football. But chemo session have gradually made him dull and weak. Headache, nausea, diarrhea, constipation, aching bones and tiredness is what he endlessly has to deal with.

At the cancer ward in Kenyatta Hospital, where Gatehi goes for treatment, the pain and the side effects of chemo are so real on the faces of the young patients. Most of the children here are very weak and the only thing they can do is trying to sleep away their pain.

Worse, some of these children go days without a visit from family members while others have been abandoned here.

ABANDONED

Some of these families stay away from their ailing children because they live very far from the city and commuting every day keeps draining their finances.

Other parents who have left their children at the facility are said to have gotten tired of seeing their children suffering and felt helpless in easing their children's pain.

Thankfully, the pediatric center has psychologists, social workers, nutritionists, therapists, educators and other specialists who offer support to the ailing children and their families.

Gatehi is due to go home from the hospital after a few chemo session. What he doesn't know though is that a few friends have organized a football tournament in his honour.

During his stay in hospital Gatehi has made many new friends, including Evelyne Grace, the co-founder of Vintage Talents Anchor.

Evelyne started the initiative to help out the young people in her community through football training, peer and health education, garbage collection among other activities.

She says she learnt about Gatehi through a Facebook post.

"The mum posted an appeal for help in our Kasarani Facebook page which caught my attention. I in-boxed her and later met her. She narrated her story to our friends and neighbors," Evelyne says.

It was at this point that she and her friends created a WhatsApp group to help Gatehi

and his mum with financial and psychosocial support.

"I got more interested when I learned that Gatehi was a footballer before the illness. He is a striker," Evelyne says.

#### FOOTBALL TOURNAMENT

It is through the many charity groups she is part of that Evelyne has managed to organize a football tournament for the young striker.

'Kickin it for Kids with Cancer Soccer Tournament' will be held on April 28, 2019 at Kasarani Primary School playgrounds.

Gatehi's newfound friends will compete in a 5-aside tournament with all the proceeds going to a kitty to help him fight the illness.

"The registration is Sh1, 000 for individuals and Sh10,000 for corporate. The money we raise will help in paying for Gatehi's future hospital bills and cater for his daily needs," Evelyne said.

A correct diagnosis is essential to treat children with cancer because each cancer requires a specific treatment, sometimes including surgery, radiotherapy, and chemotherapy.

Access to effective diagnosis, essential medicines, pathology, blood products, radiation therapy, technology, and psychosocial and supportive care are variable to the healing process of the children.

A cure is possible for more than 80% of children with cancer, in most cases with inexpensive generic medications.

Children who complete treatment require ongoing care to monitor for cancer recurrence and to manage any possible treatment-related toxicity.

Palliative care relieves symptoms caused by cancer and improves the quality of life of patients and their families.

Palliative care programmes can be delivered through community and home-based care to provide pain relief and psychosocial support to patients and their families.

## Kenya: Sicily Kariuki Decries Quality of Healthcare

21<sup>st</sup> March, 2019

By The Nation (Nairobi)

Health Cabinet Secretary Sicily Kariuki has sounded an alarm over the quality of healthcare services in the country.

Speaking in Nairobi on Thursday during a capacity building workshop organised by the Association of Medical Councils of Africa (Amcoa), Ms. Kariuki said health workers should not take their profession for granted.

What provoked her disappointment are the recent malpractice lawsuits filed by patients. "Over the years, we have had serious ethical issues with some medical professionals. The calling of a doctor is like the calling of a priest, the only difference is that doctors must save lives for this world, while priests do so for the world to come. This requires total dedication to duty and absolute

commitment to the needs of the human race," she said.

## ETHICS

Ms. Kariuki told medics that patients' welfare should be prioritised, urging them to adhere to the Hippocratic Oath, which calls for upholding of ethical standards.

"Patients, whether poor or rich, require your services. There is need for doctors to reciprocate with allegiance to their oath of office by giving their best to patients at all times," she said.

And she praised Amcoa for supporting medical regulatory authorities in Africa to ensure integrity of the profession is safeguarded.

Ms. Kariuki also said public awareness must be hinged on preventive care rather than curative.

## Tanzania: Gum Infections Cited As Critical

22<sup>nd</sup> March, 2019

By Tanzania Daily News (Dar es Salaam)



*GUM infections have been reported to affect more than 80 per cent of Tanzanians aged above 45, it was revealed in Arusha during the climax of the annual Oral Health Day 2019.*

"Despite being serious, gum diseases, including sores, blisters and swells are never really being addressed or given the medical attention they deserve," the President of Oral Health Experts Association of Tanzania, Dr. Ambege Mwakatobe, pointed out.

The expert added that the diseases are correlated with other health concerns such as diabetes, hypertension, stroke and other heart diseases and according to Dr. Mwakatobe, majority of Tanzanians hardly attend medical check-ups, thus amplifying the problem.

Meanwhile also, mouth related maladies are also reported to be dogging most Tanzanians though such problems remain the elephant in the health room, but to offset that, the government has set aside 1.4 billion/- in this fiscal year's budget to combat such diseases.

The peak of the World Oral Health Day climaxed in Arusha with free testing and treatment of mouth related problems for hundreds of city residents here.

The event was held here for three days, at the Meru Primary School grounds. It was observed there that researches conducted in 31 countries worldwide, have shown that gum diseases rank in the sixth position out of the 291 listed maladies, thus deserving to be treated among the leading health problems affecting nations today.

Dr. Omar Chande, the Acting Arusha Regional Medical Officer revealed that Arusha has 57 oral health experts, while there are 33 medical stations both public and private, dedicated to provide related mouth disease treatment and care.

"We recently received medical equipment worth 60 million/- from the central government all devoted to handle oral care, hygiene and treatment of mouth related diseases," stated Dr. Chande, adding that the region also boasts a special oral care medical laboratory built at the cost of 70 million/-.

The Arusha Urban District Commissioner, Gabriel Daqarro, who officiated the free oral medical check-up exercise in Arusha, which has so far reached out to around 50,000 residents, said the government has set aside over 1.4 billion/- to cater for the provision of oral health and treatment among Tanzanians.

## Africa: Thailand to Assist Kenya Achieve Universal Health Coverage

22 March 2019

Capital FM (Nairobi)



*Thailand is now one of Kenya's advisory and technical partners in UHC implementation*

Nairobi — The Government of Thailand has committed to continue working with Kenya's Health Ministry to leverage on achieving the Universal Health Coverage which is one of the key pillars in the country's Big Four Agenda.

Thailand has successfully implemented the UHC programme for its citizens and their package includes in-patient, out-patient and emergency care to all nationals.

Due to this major milestone, Health Cabinet Secretary Sicily Kariuki and her Thailand counterpart Emeritus Piyasakol met last year in May in the sidelines of World Health Assembly in Geneva, Switzerland and entered into a deal with Thailand so as to assist in formulating the best service delivery package for the country's Universal Health Coverage (UHC) plan.

Thailand is now one of Kenya's advisory and technical partners in UHC implementation.

Speaking during his visit in the country on Thursday, Piyasakol said they will work hand in hand with the Ministry of Health in Kenya to achieve the full implementation of UHC.

"I wish to reaffirm my commitment in developing our health deliberations," he said.

As part of the collaboration, already over 50 participants from Kenya have been successfully trained on Health Technology Assessment by the Health Intervention and Technology Assessment Program (HITAP) in Thailand.

Also accompanying the minister in the delegation was the Deputy Permanent Secretary of the Thai Ministry of Health Supakit Sirilak who said that UHC doesn't only mean 'financial protection' but more on universal access to comprehensive health services.

He said that they started their journey to achieving UHC by developing a health system that ensures universal access to essential health services.

Further, he explained how they focused on funding rural facilities to improve health from the community to district level which reduced crowding in city health facilities.

Motivation of health workers and equipping all levels of hospitals with essential medical equipment is also said to be a plan they applied.

The South East Asian country is just about the same land mass and population as Kenya and they have achieved this important milestone in health, despite having a low gross national income per capita at the time they started their journey back in 2002.

CS Kariuki reported that the country is on the right track towards achieving UHC, adding that they have so far recorded success in UHC piloting which is currently taking place in four Counties.

Apart from Thailand Kariuki has also met with Cuban health minister, Zimbabwe, South Africa, Burundi, Guinea Bissau and United Kingdom.

Already 100 medical specialists from Cuba have been imported in the country and posted to various counties.

**Compiled by:**



**EAST AFRICAN HEALTH PLATFORM**

**P.O Box 357, ARUSHA - TANZANIA**

**Plot # 137/1, Kijenge GG - Off Nelson Mandela Road**

**+255 739 357 000 - [eahp@eahponline.net](mailto:eahp@eahponline.net) - [www.eahponline.net](http://www.eahponline.net)**