



# East African Health Platform

*Fostering Stronger Ties For Better Health in East Africa*

## HEALTH NEWS-CAP EAST AFRICA

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## Kenya: Doctors Fight for Patients with Infertility Issues

25 February, 2019

By The Nation (Nairobi)



*Human sperm cells. Treating infertility is a costly venture*

### In Summary

- According to the doctors, sexually transmitted infections and pesticides consumed in food are the main causes of infertility in Kenya.
- Among women, the chances of those above 35 getting pregnant reduce due to the decrease in the number and quality of their eggs.
- The doctors also want laws supporting assisted reproductive technology like In Vitro Fertilization (IVF) drafted and passed.

About nine million Kenyans have infertility-related complications, with a majority

unable to meet the high cost of treatment, a gynecologists and obstetricians group says.

At the close of the 43rd Kenya Obstetrical and Gynecological Society annual conference in Nairobi, the union said that infertility had reached epidemic proportions, and yet it is yet to be acknowledged as a medical condition.

Society President Benjamin Odongo and Secretary-General Kireki Omanwa said Kenyans' changing lifestyles had exposed 15 to 20 percent of the population to primary or secondary infertility problems.

"A study at Kenyatta National Hospital showed that three quarters of gynecological consultations are due to infertility," Dr. Omanwa said at the summit, which attracted more than 400 obstetricians, gynecologists and allied stakeholders drawn from Kenya and abroad.

### COST

Dr. Odongo said the cost of medication, being between Sh400, 000 and Sh600,000, coupled with lack of medical insurance packages, infrastructure, few experts and no excellence centres, have led to more suffering.

"The society urges health insurance companies and agencies, including the National Hospital Insurance Fund, to incorporate infertility management as an essence package.

"The Constitution guarantees physical, mental and social health for all. Infertility affects the mental and social aspects," Dr. Odongo said.

The conference was told that whereas civil servants have covers for infertility, a majority of the other Kenyans affected are at the bottom of the economic pyramid, surviving on less than Sh100 a day.

According to the doctors, sexually transmitted infections and pesticides consumed in food are the main causes of infertility in Kenya.

#### AGE

They said people's sexual lives have become liberal "since having multiple partners is no longer frowned upon".

For men, infertility comes in form of blocked tubes, undescended testicles, varicocele, swollen veins around the scrotum, complications arising from surgeries and other factors.

This is even with those who generally lead healthy lifestyles and neither drink nor smoke.

"Unlike the 1970s when an average man would have a sperm count of around 300 million, it is rare these days to find one with 200 million," Dr. Omanwa said.

He added that patients do not provide tangible information about the possible reasons for infertility.

Among women, age is the biggest contributor of childlessness.

#### FIBROIDS

The chances of those above 35 getting pregnant reduce due to the decrease in the number and quality of their eggs.

"Some women's tubes are blocked. This is due to STIs like chlamydia. The chance of a black woman having fibroids within her reproductive cycle is 40 to 50 percent. The other cause of infertility is endometriosis," Dr. Omanwa added.

The doctors also want laws supporting assisted reproductive technology like In Vitro Fertilization (IVF) drafted and passed.

They say it will regulate operations in reproductive health "which have been taken over by foreigners who operate unchecked and take advantage of Kenyans".

"IVF is more expensive in Kenya than in the US because our country does not have enough specialists. The medication and consumables are costly because of the import charges," Dr. Omanwa said.

"Pharmaceutical firms push import taxes to the consumer. If the government does away with the taxes, IVF will be affordable."

#### FAMILY PLANNING

He added that there is need to set up centers of excellence for treatment.

The union wants family planning services improved.

According to the doctors, family planning plays a big role in the health and survival of women and their children, cancer treatment and the fight against female genital mutilation.

## Rwanda: Traditional Medicines to Be Regulated Under New Foods and Drugs Authority

25 February, 2019

By The New Times (Kigali)



Very soon, the body will unveil its laboratory that fits international standards which will help in carrying out the tests.

Traditional medicines will be regulated by Rwanda Food and Drugs Authority (FDA), just like any other drugs to mitigate the negative impact these may have on people's lives.

Over the weekend the Ministry of Health received boards of directors and other staff to help the Rwanda Foods and Drugs Authority to implement its mandate.

Dr. Charles Karangwa the Acting Director General of the body said that even traditional drugs will be tested and regulated before being consumed on Rwandan market.

All licensed foods and drugs will be tested before being put on Rwandan market, he said.

"Recently, we made an announcement to our various partners asking them to register their products in order to be able to be regulated before they are put on the market," he said.

Traditional medicine, he said, has three categories; the first is made of traditional drugs that have been used in Rwanda for generations, and the healers who administer them will be helped to ensure hygiene and safety.

The second category consists of transformed traditional drugs, which will also be given assistance to maintain the hygiene and safety, and that ensure they are not harmful to patients, he said.

"That is why Government passed the law which sets up the umbrella of traditional healers in order to get all possible support to regulate what they do," he said.

The third category, which is not available yet, consists of highly processed drugs from traditional medicine.

"For now, we don't have any industry manufacturing drugs in Rwanda, but there are some which soon will start operating inside the country. Until now, processed medicines we use come from outside. We have hope that in the coming years, we will have many drugs manufactured from here," he said.

Dr. Diane Gashumba, the Minister of Health said this authority was very crucial to regulate imported drugs.

"Before getting the authority, we used to work together with international bodies to monitor and regulate imported drugs. However, it was not good as a country to be dependent on foreign labs," she said.

Very soon, the body will unveil its laboratory that fits international standards which will help in carrying out the tests.

## Kenya: Missing Amref-Kenya Nurse Found in ICU after Disappearing at Tena Estate

25 February, 2019

By Nairobi News (Nairobi)



An Amref-Kenya nurse who disappeared from her house in Nairobi has been found in Mombasa, where she is admitted in the Intensive Care Unit at Coast Provincial General Hospital (CPGH).

Her family said a Good Samaritan found her near a petrol station in Bamburi and reported the incident to the Kadzandani Police Station.

Before Ms. Margaret Kilelu's disappearance, the family said that she had been hospitalised at Kenyatta National Hospital with a depression-related illness.

She disappeared on Thursday at Tena Estate in Nairobi.

The family says they are still piecing together details to establish how she travelled to the Coast from Nairobi.

"According to information from the hospital ... she was brought on Saturday morning by police officers. This after the Good Samaritan reported the matter to them," said Mr. Chrispin Chombo, the nurse's brother.

In an interview with the Nation outside the Mombasa hospital, Mr. Chombo said the family was alerted on Sunday.

"When we got here we found her unconscious and we took her to Jocham Hospital for scanning where she was found to be okay. [Then we returned] her to CPGH," said Mr. Chombo.

## Kenya: Malpractices Spell Doom for Doctors and Hospital

25 February, 2019

By The Nation (Nairobi)



*Kenya Medical Practitioners and Dentists Board Chief Executive Officer Daniel Yumbya.*

### **In Summary**

- KMPDB chief executive Daniel Yumbya said the board does not handle some cases since they are taken to the courts directly.
- The board proposes a fine of between Sh5 million and 10 million or a jail term of five years for an unlicensed person who falsely uses the name 'doctor'

Early this year, a family made headlines after being awarded Sh46.5 million in a medical negligence lawsuit against The Nairobi Hospital.

High Court judge George Odunga directed the hospital to pay Sh43, 469, 000 to Mr. Jacob Oluochi Ondeko - who was a student at St Mary's School in 2005 - and Sh1.1 million to each of his parents for a brain surgery gone wrong.

Mr. Ondeko had gone for a surgery to rectify a nasal fracture he sustained while playing basketball.

Also, Mater Hospital was this month found culpable of negligence and ordered to pay Sh2.4 million to a woman who suffered a perforated uterus and intestine while undergoing treatment at the facility.

The cost of clinical negligence is soaring, with hospitals struggling under the increasing burden of compensation claims.

### **LIABILITY**

Besides, hundreds of doctors found culpable have been sanctioned, with some losing their licences or being directed to undergo supervised training.

Perhaps because of the rising cases of complaints against hospitals and practitioners, the Health Laws (Amendment) Bill -- once MPs act on the offending clauses that were detailed in President Uhuru Kenyatta's memo to Parliament -- will require every practitioner to take a professional indemnity cover each year.

The same will apply to health institutions to cover "against professional liability of its staff".

Between May 2018 and February 22, 2019, at least four leading hospitals have been directed to pay victims of doctors' negligence a total of Sh106.6 million.

In May last year Nairobi Women's Hospital was ordered to pay Sh54.7 million to a woman whose child ended up suffering from cerebral palsy due to negligence during birth.

There have been efforts to have the figure reviewed.

## **SANCTIONS**

In June 2018, Aga Khan Hospital Kisumu was ordered to pay Sh3 million in damages to Ms. Antonina Akinyi after a surgical equipment was left inside her body.

The figure Kenyatta National Hospital settled with Mr. Simon Kimani Wachira, a victim of mistaken brain surgery, remains unknown.

However, the Professional Conduct Committee of the Kenya Medical Practitioners and Dentists Board (KMPDB) had in March 2018 directed the hospital to enter into an agreement with Mr. Wachira within 60 days.

In the case of doctors, the penalties range from admonishment to deregistration.

A breakdown of the sanctions imposed on medics since 1997 shows that only one doctor has been deregistered.

The data from KPMDB shows that six doctors have had their licences cancelled while nine had theirs suspended for a period of six to 12 months for misconduct over the same period.

Some 16 doctors were "directed to undergo supervised training for a period of six to 12 months".

## **COMPLAINTS**

However, the highest number of cases, 151, were referred for mediation.

For the last 10 years, the board has dealt with 671 cases, with 72 cases being handled last year. Since the beginning of this year, five complaints have been received.

KMPDB chief executive Daniel Yumbya said the board does not handle some cases since they are taken to the courts directly.

So far, 1,055 cases have been lodged at the board, with 960 of them already determined at various levels while 95 cases are still pending.

Of the 960 cases, 927 were determined at the Preliminary Inquiry Committee, 18 at Professional Conduct Committee (done at county level) while 15 were solved at a tribunal.

Mr. Yumbya told the Nation that the penalties imposed on doctors are deterrent enough.

This is despite the number of complaints lodged with the board from 2006 to date remaining constant.

"The penalties for professional doctors are within the acceptable ranges, but we would welcome any other proposal that someone feels we should include as a penalty," Mr. Yumbya said.

## **CURRICULUM**

He added that compared to professional doctors, quacks often get away with a slap on the wrist.

"Penalties for quacks are very lenient yet they do the most damage to people. That is why in the Health Laws (Amendment) Bill we are proposing heavy penalties for such individuals and institutions," Mr. Yumbya said.

The bill proposes a fine of between Sh5 million and 10 million or a jail term of five

years for an unlicensed person, a person who operates an illegal clinic and a person who employs an unregistered person as a medical practitioner or dentist.

To ensure patient safety, the KMPDB has developed a common curriculum for all medical schools in the country.

"When the doctors are going for internship training, there is a checklist for training and targets have been given. For instance, when conducting surgeries, there are certain procedures to be followed so that every student is given sufficient exposure," Mr. Yumbya said.

## TRAINING

They are registered after 12 months of acquiring necessary skills. Thereafter, they are exposed to pre-internship examination.

For practicing doctors, there is a compulsory continuous professional development (CPD) course, done online, which is a requirement for renewal of a licence.

"Every doctor must attain at least 50 points within a year before their licence is renewed," he said.

"We make sure that doctors continuously improve their skills. We have accredited 115 CPD providers that offer programmes aimed at patient's safety."

## Rwanda: Civil Society Urged to Inform Citizens about Laws That Protect Them

26 February, 2019

By The New Times (Kigali)



The Ministry of Justice has urged civil society organisations in the justice sector to help citizens get conversant with laws that protect them.

Johnston Busingye, the Minister for Justice, made the call last week during a round-table on the role of the organisations in enhancing access justice.

"We need a civil society that relate with the needs of citizens and understand their challenges. They are critical in discussing access to justice for ordinary citizens," he said.

According to the 2018 Governance Scorecard, satisfaction with access to justice was at 77 per cent which shows that some people do not know which laws are there to protect them.

The scorecard shows that vibrancy of civil society organisations in policy formulation was at 63.7 per cent.

The report further shows there is a need for more awareness and streamlining legal aid policies with the involvement of civil society.

"We consider civil society as very important stakeholders in designing, reforming and implementing government policy. This is recognised through the National Strategy for Transformation that includes elements of justice and reconciliation, from 2018 to 2024," he said.

He added that the role of civil society was critical in respecting and promoting human rights and social justice as a basis for rule of law.

"In that respect, they are development partners in promoting individual and collective rights in many areas, including decent work, social justice, anti-corruption, gender equality, education, HIV management, tolerance, and others." Busingye noted.

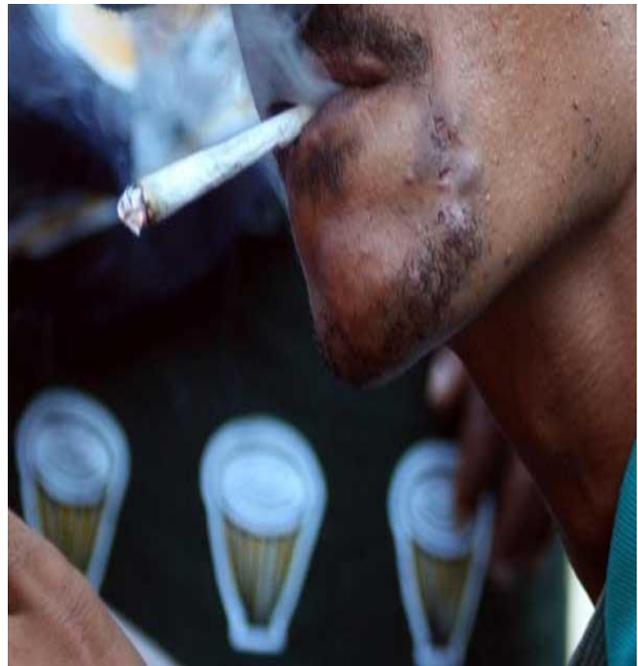
There are over 50 civil society organisations in the injustice and human rights sector.

Felicite Rwemarika, the chairperson of Rwanda NGOs Forum on health and human rights, said civil society may operate below standards if there was no collaboration with the Government and development partners.

## Kenya: Mental Illness as a Result of Abusing Marijuana on the Increase

26 February, 2019

By The Nation (Nairobi)



*Man smoking bhang. In some parts of Western Kenya, smoking bhang is a way of life*

### In Summary

- Police reports in Vihiga County show that bhang consumption is common in local towns, especially Luanda, and that efforts by the local administration to fight the vice have failed.
- Most users of bhang take it at funerals, and the administration knows where to get them and stop further use.
- Mental health officials say they are receiving many mental cases resulting from addiction on drugs, mainly bhang.

In some parts of Western Kenya, smoking bhang is a way of life.

For instance, in Luanda and Emuhaya constituencies of Vihiga County, the drug is talked about casually and is often smoked openly by both the young and old.

During a recent visit to Esihuli Village in Emuhaya Sub-county, the *Nation* found two reformed addicts, Mr Raphael Ingati and Mr. Albert Matende, who now campaign against drugs.

They started using drugs at the age of 14.

## **ARRESTED**

Health officials and recovering addicts blame the local administration, including the county government, and the National Authority for the Campaign against Alcohol and Drug Abuse (Nacada) for abetting the use of bhang.

Mental illness as a result of abusing bhang on the increase

“They are not firm in the fight against the drug. Most users of bhang take it at funerals, and the administration knows where to get them and stop further use,” Mr. Matende says.

He accuses police of taking bribes to look the other way.

Police reports in Vihiga County show that bhang consumption is common in local towns, especially Luanda, and that efforts by the local administration to fight the vice have failed.

In a past interview, Vihiga OCPD Justin Nyagah said: “Consumption of bhang is a major concern in all towns in this county. We mostly arrest consumers and sellers, but we have never found a plantation of bhang.

Some of the sellers we arrested told us they get the drug from Busia. Luanda has many

consumers, going by the arrests we have made.”

Many consumers believe that bhang boosts their energy. “After taking the drug, I could till large sections of land without getting tired,” says Mr. Ingati, who stopped using bhang in 1977.

But increased bhang use is worrying experts in the region.

## **REHABILITATION**

“Consumption is on the increase,” says Vihiga County mental officer Andrew Ngida. “Even with the high number of mental patients coming in due to the use of bhang, we are yet to see a spirited fight against drug use, like in the past. Figures show that use in Emuhaya and Luanda is on the higher side.”

This is putting pressure on the department that has only three psychiatrists and only one treatment point in Mbale, Dr. Ngida says.

“It is disturbing that women sell this drug while boda boda operators are used to ferry it. We can’t continue sitting back and watching as families are destroyed at such a high rate,” says Vihiga County Commissioner Susan Waweru.

Mental health officials say they are receiving many mental cases resulting from addiction on drugs, mainly bhang.

“In a month, we attend to an average of 200 drug addicts, 30 per cent of whom use bhang. This is alarming, There is no rehabilitation centre in the county to offer the much-needed care and recovery. Bars are being licensed without inspection,

making them openly sell such drugs as the law enforcers, watch,” Dr. Ngida says.

“We are aware that that sachets are smuggled into the county, mostly through the Busia border point in Uganda,” says Trade Executive Geoffrey Vukaya.

### **ACT CRAZY**

It is not clear why they are yet to take action on the smugglers or withdrawn the licences of the sellers, when, as they say, they are aware of smuggling.

“Those selling the liquor packaged in sachets should desist from today or else they will pay hefty fines and have their businesses closed,” he warned for the umpteenth time.

County Police Commander Hassan Barua also says the substances are smuggled into the country from Uganda but blames the area residents.

Mr. Ingati and Mr. Matende say most youths start taking drugs due to peer pressure. They say bhang smoking saw them quit school, adding that they would do anything just to get enough for the day.

“I was arrogant. I did not fear anyone. After taking the drug, I would act crazy and laugh at the shoe I was wearing. I would also get into fights and steal.

“Police would arrest us, but we bribed our way to freedom and continued smoking. I used bhang for 15 years,” the reformed addict adds.

The father of seven says four of his children also started taking bhang, but after talking to them, three gave up the habit.

Mr. Matende's says that, fortunately, three children has experimented with bhang.

## **Uganda: Kawolo Hospital Power Bill Shoots to Shs70 Million**

26 February 2019

By The Monitor (Kampala)



*Buikwe — Kawolo General Hospital, which is currently undergoing major renovation and expansion risks having its power cut off due to accumulated unpaid electricity bills.*

Dr. Joshua Kiberu, the hospital medical superintendent, said before the renovation works started in 2017, they had an outstanding electricity bill amounting to Shs15 million which has since jumped to Shs70m.

"The hospital has been expanded, two theatres with modern equipment have been added, new modern toilets and all these consume more power, including the security lighting system. But we already have an outstanding debt of Shs70m we have failed

to pay, we ask government to come to our rescue," Dr. Kiberu said at the weekend.

Many public hospitals across the country were recently switched to prepaid electricity billing system to avoid overshooting their electricity budgets but Kawolo still uses post-paid electricity metres.

A 2016 report by the Auditor General states that although government annually allocates funds to its departments and agencies for electricity bills, they are sometimes insufficient and as a result, they are paid in subsequent financial years.

Dr. Kiberu also cited understaffing, especially in the new laboratories.

"Currently, we have only 10 staff in the laboratory, four from government and six from implementing partners, but we will need more staff in new laboratories and accident and emergency department," he said.

#### Security concerns

He said management is also worried about security since the hospital complex lacks a permanent perimeter fence.

"Intruders sometimes pretend to be caregivers and they end up sneaking into the hospital," Dr. Kiberu said.

While touring the hospital last week, the Ministry of Health Permanent Secretary, Dr. Diana Atwine, said she was impressed with the construction works and commended the contractor for the excellent work.

"The working environment has greatly improved and staff no longer have excuses

of not executing their duties as expected," she said.

The renovation works are being undertaken by Excel Construction Company Ltd at a tune of Shs39b.

The project, which will officially be handed over to government in April, is funded by the Spanish government.

#### Kawolo Hospital at a glance

Kawolo hospital is among the public health facilities across the country, which have for long been in a sorry state. It had not received major renovation since 1968. Today, the hospital has been boosted with harvest tanks to ensure availability of water at every ward.

The number of patients has increased. For example, at least 450 patients are recorded at the outpatient department up from 350 patients daily. Deliveries have also increased from 350 mothers to 450. The hospital serves more than 1.3 million people around Buikwe, Buvuma and Mukono districts annually. The facility receives more than five accident victims daily, but it has one functional ambulance.

Among the new facilities constructed at the hospital include a trauma centre, a modern mortuary, new out-patient block, four staff houses and two operating theatres.

Using a Shs153b World Bank loan, government has rehabilitated Anaka hospital in Nwoya District, Nakaseke, Kiryandongo, Mityana, Iganga, Entebbe and Moroto hospitals.

# Kenya: Pharmacists Allege Threats by MPs Over Health Ministry Budget

26 February, 2019

By The Nation (Nairobi)



*Health committee chair Sabina Chege speaks to reporters during a fact-finding mission at Moi Teaching and Referral Hospital in Eldoret, Uasin Gishu County, February 11, 2019*

## In Summary

- PSK President Dr. Louis Machogu warned the threats will adversely boomerang against President Uhuru Kenyatta's universal health coverage goal, one of the four pillars of his Big Four Agenda.
- Last week, the committee members expressed concern over the decision by the ministry to "misadvise" the President into rejecting the Health Laws (Amendment) bill through a memorandum to the MPs.
- Sabina Chege, the committee's chairperson, denied the claims by the PSK.

The Pharmaceutical Association of Kenya (PSK) has formally complained to the National Assembly over alleged intimidation and threats by members of the health committee, whom it says want to stifle the proposed budgetary allocation to the Health ministry for the 2019/20 financial year.

In a letter to House Clerk Michael Sialai, PSK President Dr. Louis Machogu warned the threats will adversely boomerang against President Uhuru Kenyatta's universal health coverage goal, one of the four pillars of his Big Four Agenda.

The legacy of the President, who is serving his second and last term, is centred on health, affordable housing, manufacturing and food security.

"We note with great concern that members are seen to be watering down health standards and best practices for medicine handling," states the February 26 letter copied to House Speaker Justin Muturi, committee chairperson Sabina Chege and Head of Civil Service Joseph Kinyua.

"They have further gone ahead and threatened the ministry to cripple its delivery of the Big Four agenda. This is shameful and saddening and we wonder, whose interests are the committee's?" the letter of 2019, reads in part.

## NURSING TOOLS

Last week, the committee members expressed concern over the decision by the ministry to "misadvise" the President into rejecting the Health Laws (Amendment) bill

in December 2018 through a memorandum to the MPs.

At a previous meeting, they and the ministry agreed that nursing commodities such as syringes, bandages and gloves, which are non-pharmaceutical in nature, be regulated by the Nursing Council of Kenya (NCK).

This decision was taken pending the formation of the Food and Drugs Authority (FDA) as contemplated in the Health Act, an authority which is yet to be operationalised.

However, the committee was taken aback last week after it realised that the ministry had advised the President to have the commodities under the Pharmacy and Poisons Board (PPB).

Though the committee did not threaten to frustrate the ministry's budget, it was furious with the move and not even the explanation by the ministry's Chief Administrative Secretary (CAS), Mr. Rashid Amin, made a difference.

#### MPs RESPONSE

Ms. Chege, the committee chairperson, denied the claims by the PSK stating that having the nursing commodities under the PPB would escalate nurses' issues.

She also noted that the health workers, who are currently on strike, are likely to cast negative aspersions against the MPs "for working with cartels in the health sector to undermine them".

"You already have enough problems with the nurses. Why do you want to start another fight that you will not be able to

manage? It is not in our interest to create more," Ms. Chege told Mr. Amin.

"The committee will not want to be caught in the interests of businessmen," she said, with Sabatia MP Alfred Agoi adding; "If the President's memorandum sails through, it will cast parliament in bad light because then, the public see us as having gone to do business with cartels and nurses will never forgive us."

#### RISKS

Interestingly, Nursing Council of Kenya Registrar Edna Talam, who attended the meeting last week, said there was no problem with the PPB's regulation of the commodities.

On Tuesday, Dr. Machogu said that as far as the nursing commodities are concerned, the committee was grossly misinformed on global best practices and what is ideal for the country.

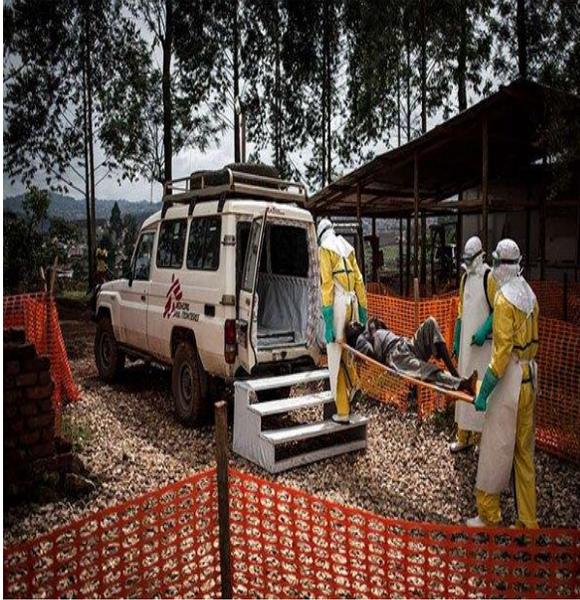
"A patient may get a life threatening infection from non-conforming cotton or wake up during surgery due to non-conforming syringes if these standards are not safeguarded by a single regulator of medicines and health products."

The PSK further noted that the non-pharmaceutical commodities also have technical specifications, just like medicines that need to be controlled for patient safety.

### South Sudan: UN Gives South Sudan \$2m for Ebola Prevention

26 February, 2019

By The East African (Nairobi)



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

### **In Summary**

- The money would help to strengthen surveillance, build case management capabilities and increase infection prevention and control in Western, Central and Eastern Equatoria.
- South Sudan populations residing along the borders with DR Congo have been living with fear of Ebola spread.

The United Nations has given \$2 million to South Sudan to support critical Ebola Virus Disease (EVD) preparedness activities in the country.

The EVD activities are preventive measures to protect an estimated 440,000 people in high-risk areas, mostly in Equatoria, which borders the Ebola-hit DR Congo.

In its weekly briefs, the UN Office for Coordination of Humanitarian Affairs (Ocha) disclosed that the money would help to

strengthen surveillance, build case management capabilities and enhance laboratory services and increase infection prevention and control in Western, Central and Eastern Equatoria.

“The implementation of the preparedness plan continues across border areas considered to be at high risk of EVD. These include entry screening of travellers at selected points, health facility and community-based EVD surveillance, and community engagement,” the agency said

“Capacity for infection prevention and control, case management, and for safe and dignified burials is also being enhanced. Nineteen screening points are operational across the country.”

### **Mobilisers**

Ocha said further that several NGOs in Yei had already trained and deployed 40 community-based mobilisers in five communities for house to house sensitisation.

Further, said the agency, the construction of a temporary holding unit had been completed in Nimule in Eastern Equatoria.

Twenty healthcare workers were trained on infection prevention and control, case management and water, sanitation and hygiene activities in Juba, and another 40 health workers were trained in Maridi.

About 56 health facility workers were also trained and given cell phones to help with reporting on surveillance, Ocha disclosed.

Despite the preparedness response, the agency added that consistent access to areas

outside Yei County remained a challenge due to insecurity.

On January 29, aid partners reported that they had failed to secure humanitarian access to Lasu in Otego County to verify reports of the arrival of over 7,000 returnees from the DRC, who would require EVD screening.

“Efforts to secure access are continuing, to be able to reach areas as needed in February and March to undertake critical preparedness activities,” Ocha noted.

South Sudan populations residing along the borders with DR Congo have been living with fear of Ebola spread.

## Uganda: National ID Records to Be Linked to HIV Management System

26 February, 2019

By The Observer (Kampala)



*There are no magic bullets to prevent HIV, says UNAIDS.*

Medics have identified the absence of a proper tracking mechanism for people who have tested positive to HIV/Aids and those on Anti-Retroviral Therapy (ART) as major bottlenecks in the effective management of HIV in Uganda.

They are equally concerned that the various HIV/Aids service providers are operating in isolation, which sometimes results into duplication of services on clients. Often, HIV/Aids patients visit more than one health center for the same service, a move which cannot be stopped in the absence of a tracking mechanism.

Now Dr. Nelson Musoba, the director general of Uganda Aids Commission says they are developing a tracking mechanism that will help address the lapse, by having people's National ID details interlinked to the HIV central referral system for proper follow-ups.

"One of the challenges we have now is because we lack what we would call a unique identifier. If I go to Masaka and test and then go to Mulago and test the second time the system [should be able to] say; last week you picked drugs for three months. And because our people are mobile, they pick drugs from one place and another. We do not have a system in place yet that can help with that." said Dr. Musoba.

Dr. Musoba explains that the considered mechanism will also create a unique identifier where patients are given special cards and unique codes upon which they can effectively be traced by all healthcare service providers.

"We're going to work with the ministry of Internal Affairs and the National

Identification Registration Authority to make sure that once the identification mechanism is rolled out to the entire population because a national ID is a unique ID, we need to link that to the national health system so that every time you pick your ARVs, every time you go to test, we can track you and even when you have not gone to pick your replenishment, the health workers can call us and find out whether you have moved to another place and maybe that is why you're not picking." said Dr. Musoba.

According to him, the process will also help build the most reliable data bank of HIV patients and ensure that the available ARV drugs are not misused, to eliminate shortages.

Mubende municipality mayor engineer Innocent Ssekiziyivu, the general secretary of Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa-(AMICAAL) Uganda chapter, proposes that the mechanism be supported with compulsory testing for all adults, for purposes of getting clear statistics on the prevalence rates and required interventions.

Ssekiziyivu has also asked the government to consider a formula of profiling couples and be able to track those with extramarital relationships. In 2017, President Museveni launched a new campaign codenamed; the Presidential Fast Track Initiative on ending HIV and AIDS in Uganda by 2030.

The campaign is domiciled on five key areas that include engaging men in HIV prevention and close the gap on new infections particularly among adolescent girls and young women, accelerate implementation of test and treat and attainment of 90-90-90

targets particularly among young men and young people.

## Uganda: Uncertified Health, Energy Drinks On the Market Scare Residents

27 February, 2019

By The Monitor (Kampala)



Mbarara — There is growing public concern over the increasing number of uncertified energy and health drinks on the market in Mbarara District.

A survey conducted by Daily Monitor last week revealed that many of the new drinks have not been certified by Uganda National Bureau of Standards (UNBS).

Some of the residents doubt their usefulness and want government to give assurance of their effectiveness.

"We have seen many energy drinks on the market; the number of brands is growing. Some producers make their products from homes and use empty bottles picked from

dustbins but people are busy consuming them. Where is the safety of consumers?" Mr. Tinka Bamugyeya, a resident of Ruti Ward in Nyamitanga Division, asked.

Mr. Amos Mwesigwa, a businessman, said: "These so-called energy and health drinks are too many on the market. One goes to the bush and begins to make concoctions and claims they boost energy. I recently tried to find out whether they are certified but they are not. What are regulatory bodies doing?"

The secretary for social services in Mbarara Municipal Council, Ms. Jolly Kagira, said many people are joining the trade but the drinks could end up compromising the health of the people because of failure to supervise and regulate the producers.

"Many people are joining this business, may be because the laws regulating the trade are weak, but also there is a lot of money. We shall engage regulatory bodies to safeguard our people from risks that could be associated with these drinks," said Ms. Kagira.

The Mbarara District Health officer, Dr. Peter Ssebutinde, said: "I cannot tell you they are safe because there are many questions; who makes them? How is their effectiveness reached at? What are their contents? All these need some level of knowledge and expertise but not just going to the bush and make concoctions."

Mr. Godwin Muhwezi, the UNBS communications officer, on Monday said they have come up with a new regulation whose enforcement began last month and that all those drinks that are not certified will be withdrawn from the market.

Mr. Muhwezi said the old regulation did not make it mandatory for the drinks to be certified before hitting the market. "Initially, it was voluntary but we came up with a new regulation in 2018, the use of UNBS distinctive mark-2018, which demands these drinks to be certified before being allowed on the market. We started enforcement of this regulation in January and all those drinks which are on the market and are not certified are being withdrawn," he said.

Mr. Muhwezi said to produce the health and energy drinks, one now needs to submit samples to UNBS for certification.

Mr. Moses Byekwaso of Biharwe Town, who makes Atamba Energy Drink, said he uses indigenous knowledge, and that he is not aware of the new regulation.

"I can't tell you the process of making these drinks because of competition; you might copy what I am doing and get me out of business. However, I use indigenous knowledge and our traditional fruits and crops. I am not aware of any regulation because I joined business the way others joined but if they want to certify my product I will take the samples," Mr. Byekwaso said.

## Tanzania: Samia Campaigns against Maternal Mortality

27 February, 2019

By Tanzania Daily News (Dar es Salaam)



*VICE-PRESIDENT Samia Suluhu Hassan has said that last year's launched campaign to fight maternal and child mortality in the country aimed at ensuring that women and newborns remained safe.*

The "Jiongeze Tuwavushe Salama" campaign mobilised forces of various stakeholders to support national efforts in reducing maternal and child mortality.

It sensitises the government and religious leaders, non-governmental organisations, development partners, health service providers, families and society in general to take part in the fight against maternal and child mortality.

The VP made the remark on Monday when she commenced her six-day tour of Shinyanga region by visiting Samuye Health Centre constructed at a cost of 500m/- with the capacity of serving over 17,000 people from different areas.

She said that the campaign focuses on ensuring that women and newborns

remained safe on health, nutrition, child and mother care at family level and availability of health services.

"I have been informed that this health centre lacks water and the new campaign "Jiongeze Tuwavushe Salama" is to ensure that women and newborns don't die during childbirth because they have been dying due to various challenges among them lack of proper nutrition and caring at family level," she observed.

The VP added that since the John Magufuli's administration assumed office in 2015, it has managed to construct 350 health centres, including Samuye, and 67 hospitals in different districts.

She urged the residents to join health insurance, charging that the number of people in Shinyanga region with health insurance was low.

Shinyanga Regional Commissioner Zainabu Telack said the region has 11 health centres but Samuye doesn't qualify for 20m/- issued for procuring medical drugs.

The aim of establishing this health centre is to reduce maternal and child deaths. Last year, the region recorded 815 newborn deaths, 56 maternal deaths, the RC said, adding that the expectation is to serve more people when the centre becomes operational because the services have been moved closer to the people.

Deputy Minister of State in President's Office, Regional Administration and Local Government, Mwita Waitara said Samuye Centre has been completed by 100 per cent and it will commence operations this fiscal year.

# Uganda: IGG Directs Health Ministry to Discipline Medical Staff

28 February, 2019

By The Monitor (Kampala)



*The Inspector General of Government (IGG)  
Irene Mulyagonja*

## In Summary

- However, since the position of a councillor does not attract a salary, Mr. Sekyewa says he is willing to resign from the position and concentrate on his duties as a principal laboratory technician.
- The IGG report released this week ruled that Mr. Sekyewa will not refund the Shs34 million he received as salary since he continued executing his duties diligently at the hospital.

**Hoima.** The Inspector General of Government (IGG) has directed the Permanent Secretary in the Ministry of Health to submit the Hoima Regional Referral Hospital laboratory technologist to

the health service commission for disciplinary action.

The recommendation follows a complaint the IGG received indicating that Mr. Rashid Khamis Sekyewa, a full time employee of Hoima Regional Referral Hospital, was not attending to his duties diligently because he is serving as a councillor at Nansana Municipal Council.

“In view of the above findings, you are directed to submit Mr. Sekyewa to the health service commission to be subjected to disciplinary action for his failure to resign his position at Hoima Regional Referral hospital at the time of contesting for elections as required by law...,” the deputy IGG, Ms. Mariam Wangadya said.

According to the IGG’s investigations, Mr. Sekyewa was appointed by the health service commission as a laboratory technologist on June 28, 2010 and posted to Hoima Regional Referral Hospital on August 5, 2010. He was promoted to senior laboratory technologist before being elevated to principal laboratory technologist. During investigations, the hospital human resource officer defended Mr. Sekyewa saying he was performing his duties normally.

However, in the 2016 elections, Mr Sekyewa contested as the Kawanda Ward councillor in Nansana Municipality and won without first resigning his civil service job as required by law. The IGG says between 2016 and 2018, Mr. Sekyewa continued to work as both a principal laboratory technologist and councilor at Nansana Municipality contrary to the law.

The IGG adds that between October 2015 to June 2018, Mr. Sekyewa earned a salary amounting to Shs34 million as an employee of the hospital. But Mr. Sekyewa says he did not resign his post as principal laboratory technologist because he thought it was not necessary. He also claims he did not know that the law required him to resign from public service before contesting for a political seat.

However, since the position of a councilor does not attract a salary, Mr. Sekyewa says he is willing to resign from the position and concentrate on his duties as a principal laboratory technician. The IGG report released this week ruled that Mr. Sekyewa will not refund the Shs34 million he received as salary since he continued executing his duties diligently at the hospital.

**The law.** The Local Government Act (Amendment No. 2) states that “Under the multi-party political system, a public officer, a person employed in any government department or agency of government, an employee of a body in which government has a controlling interest, who wishes to stand for elections to a local council shall resign his/her office at least 30 days before nomination day in accordance with procedure of service or employment to which he/she belongs.”

## Kenya: NHIF Investigating 80 Health Centres over Fraud Claims, Suspends 7

28 February, 2019

By Capital FM (Nairobi)



The National Hospital Insurance Fund has confirmed that 80 health facilities are under investigation for involvement in medical claims fraud while 7 health facilities have been suspended.

The Fund said health centers in Mount Kenya region, at the Coast and some parts of Western Kenya are notorious in fraud cases.

NHIF Claims and Benefits Manager, Judy Otele, said impersonification, upcoding and fake surgeries are the three leading ways health centers are perpetuating fraud.

Gilbert Osoro, Benefits and Contracting manager at NHIF said the social health insurer will invest in technology such as SMS with information of the facility, nature of treatment and amount charged of the patient to curb the rising fraud cases in over the 8200 health centers covered by NHIF.

"Fraud is taking place every second, therefore, we cannot guarantee safety in any way however the use of technology we are adapting with the new measure gives us

hope to fight fraud that tainted our name. It is also the responsibility of Kenyans to issue their contacts in order to get a notification when one is linked to a case of fraud," he added.

## Kenya: NHIF Foots Sh1.5 Billion Bill as C-Section Births Hit Record High

1 March, 2019

By Nairobi News (Nairobi)

The National Hospital Insurance Fund payouts for Caesarean section operations have crossed the Sh1 billion mark in a year, highlighting the cost burden of the procedure to insurers.

Official records show 65,278 mothers covered by the NHIF opted for C-section, a surgical operation to help deliver a baby, in the year 2017/18, up from 21,490 in 2016/17.

This saw the national health insurer pay Sh898 million more in 2017/18 to health facilities that performed the surgeries; from Sh621 million in 2016/17 to Sh1.5 billion.

More women are delivering through elective C-Sections, a trend that has alarmed medical experts.

C-section accounted for the biggest portion of NHIF's maternity costs, and more than a third of the women covered by the fund opted for the operation. Three in five shillings NHIF pays for maternity costs go to Caesarean sections.

### SAFETY

In 2015, the NHIF board increased the amount allocated to C-sections from Sh18,000 to Sh30,000.

The fund pays Sh10,000 for normal delivery, having increased it from Sh6,000.

"The increase in amounts payable for the procedure is seen as one of the factors driving more women to opt for C-section, having brought on board a large number of potential users who could previously not afford it," Mr. Gilbert Osoro, the benefits and contracting manager at the NHIF, said.

Use of C-section to deliver babies has been rising fast among Kenyan women because it shortens labour and cuts risks of complications associated with natural childbirth.

The procedure also generates more money for doctors and institutions compared to natural birth.

### EXPENSIVE

The World Health Organisation (WHO) in 2014 predicted that C-section would become even more common in Kenya if more women could access and afford it, in spite of the procedure being unnecessary in most instances.

## Tanzania: Nkasi Road Upgrading Boosts Fight against Maternal Deaths

1 March, 2019

By Tanzania Daily News (Dar es Salaam)



THE government commitment to reduce maternal and child death has been boosted by improvement of road infrastructure for accessibility and connectivity.

Katani Dispensary Nurse and Midwife in-charge, Mr. Godfrey Manga said there is a drop in maternal and child deaths since the government initiative to improve road infrastructure countrywide through the Tanzania Rural and Urban Roads Agency (TARURA).

He gave an example of the dispensary which is under his control, saying construction of Kasamyula road which passes through the area has made it easy for area residents to access health services.

"The road has been of great help as far as maternal and child death drop is concerned, because previously we would experience between two to five deaths depending on the nature, but with the road network we can take them easily to referrals when the need arises" he said.

Mr. Manga also said that the rehabilitation of the 14 out of the 18-kilometres of the

Kasamyula road also increased the number of people accessing health services.

He gave an example of the increased number of delivery at the dispensary which he said shot up to 40 from the previous 20 per month when the rehabilitation work was not done.

As for the infants and clinics, Mr. Manga said earlier they were attending to 2,005 children under five compared to the current 6,125 annually.

He added that previously, majority of the women were giving birth at home since they could not reach the nearest health centres due to poor road infrastructures, saying the rehabilitation has been a blessing to many.

Moreover, he said pregnant women with complications during birth would either reach the centres late or die on their way due to dilapidated road infrastructure.

"We can call an ambulance from the referral health centres and they reach the dispensary within 45 minutes, but before the roads were rehabilitated, it could take between two to three hours, thus putting the patient's life at risk" said Mr. Manga

He said that apart from curbing the deaths, access to drugs is also on a good note since trucks distributing medicine reach their destination on time compared to previous days when they could take days due to poor roads.

Katani Village Executive Officer, Mr. Godfrey Kisato said there were transport problems from Kasu to Myula which also impacted on the resident's economic welfare.

"We are good farmers here, but we would not get the required price for our produce since the infrastructure was not that good and the dealers who took trouble to reach our area offered low prices which was a setback to us" said Mr. Kisato.

Speaking on challenges in their operation, TARURA's Nkasi District Council Manager, Eng. Henry Mkwizu said the public are yet to recognise the need to take good care of the government investment on the road infrastructures.

"We have limited budget for the road which should be increased when the situation is good, but we need to educate the public as well on the importance of taking care of the roads because it is for their own good," he said.

Eng. Mkwizu said cattle's herding on the road is a great challenge, and called upon the public to be guided by the laid down rules, procedures and guidelines so that the roads can last long.

**Compiled by:**



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