



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

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WHO releases first guideline on digital health interventions

17th April, 2019

News release by WHO

WHO today released new recommendations on 10 ways that countries can use digital health technology, accessible via mobile phones, tablets and computers, to improve people's health and essential services.

"Harnessing the power of digital technologies is essential for achieving universal health coverage," says WHO Director-General Dr. Tedros Adhanom Ghebreyesus. "Ultimately, digital technologies are not ends in themselves; they are vital tools to promote health, keep the world safe, and serve the vulnerable."

Over the past two years, WHO systematically reviewed evidence on digital technologies and consulted with experts from around the world to produce recommendations on some key ways such tools may be used for maximum impact on health systems and people's health.

One digital intervention already having positive effects in some areas is sending reminders to pregnant women to attend antenatal care appointments and having children return for vaccinations. Other digital approaches reviewed include decision-support tools to guide health workers as they provide care; and enabling individuals and health workers to communicate and consult on health issues from across different locations.

"The use of digital technologies offers new opportunities to improve people's health," says Dr. Soumya Swaminathan, Chief Scientist at WHO. "But the evidence also

highlights challenges in the impact of some interventions."

She adds: "If digital technologies are to be sustained and integrated into health systems, they must be able to demonstrate long-term improvements over the traditional ways of delivering health services."

For example, the guideline points to the potential to improve stock management. Digital technologies enable health workers to communicate more efficiently on the status of commodity stocks and gaps. However, notification alone is not enough to improve commodity management; health systems also must respond and take action in a timely manner for replenishing needed commodities.

"Digital interventions, depend heavily on the context and ensuring appropriate design," warns Dr. Garrett Mehl, WHO scientist in digital innovations and research. "This includes structural issues in the settings where they are being used, available infrastructure, the health needs they are trying to address, and the ease of use of the technology itself."

Digital health interventions are not sufficient on their own

The guideline demonstrates that health systems need to respond to the increased visibility and availability of information. People also must be assured that their own data is safe and that they are not being put at risk because they have accessed information on sensitive health topics, such as sexual and reproductive health issues.

Health workers need adequate training to boost their motivation to transition to this new way of working and need to use the

technology easily. The guideline stresses the importance of providing supportive environments for training, dealing with unstable infrastructure, as well as policies to protect privacy of individuals, and governance and coordination to ensure these tools are not fragmented across the health system.

The guideline encourages policy-makers and implementers to review and adapt to these conditions if they want digital tools to drive tangible changes and provides guidance on taking privacy considerations on access to patient data.

“Digital health is not a silver bullet,” says Bernardo Mariano, WHO’s Chief Information Officer. “WHO is working to make sure it’s used as effectively as possible. This means ensuring that it adds value to the health workers and individuals using these technologies, takes into account the infrastructural limitations, and that there is proper coordination.”

The guideline also makes recommendations about telemedicine, which allows people living in remote locations to obtain health services by using mobile phones, web portals, or other digital tools. WHO points out that this is a valuable complement to face-to-face-interactions, but it cannot replace them entirely. It is also important that consultations are conducted by qualified health workers and that the privacy of individuals’ health information is maintained.

The guideline emphasizes the importance of reaching vulnerable populations, and ensuring that digital health does not endanger them in any way.

WHO’s work on digital health

This guideline represents the first of many explorations into the use of digital technologies and has only covered a fraction of the many aspects of digital health.

In 2018, governments unanimously adopted a World Health Assembly resolution calling on WHO to develop a global strategy on digital health to support national efforts to achieve universal health coverage. That strategy is scheduled to be considered at the World Health Assembly in 2020.

Although WHO is expanding its focus on digital health, the Organization has been working in this area for years, for example, through the development of the eHealth Strategy Toolkit in 2012, published in collaboration with International Telecommunications Union (ITU).

To support governments in monitoring and coordination of digital investments in their country, WHO has developed the Digital Health Atlas, an online global repository where implementers can register their digital health activities. WHO has also established innovative partnerships with the ITU, such as the BeHe@lthy, BeMobile initiative for the prevention and control of non-communicable diseases, as well as efforts for building digital health capacity through the WHO Regional Office for Africa.

Over the years, WHO has released a number of resources to strengthen digital health research and implementation, including the mHealth Assessment and Planning for Scale (MAPS) toolkit, a handbook for Monitoring and Evaluation of Digital Health, and mechanisms to harness digital health to end TB.

On 6 March 2019, Dr. Tedros announced the creation of the Department of Digital Health to enhance WHO’s role in assessing digital

technologies and support Member States in prioritizing, integrating and regulating them.

Kenya Assures Safety Amid Search for Kidnapped Cuban Doctors

13th April, 2019

By The Nation (Nairobi)



Police spokesman Charles Owino briefs journalists at the Nyanza regional coordinator's office in Kisumu on operations to find the Cuban doctors kidnapped in Mandera, April 12, 2019.

In Summary

The National Police Service said concerted efforts were being made to find doctors Assel Herera Correa and Landy Rodriguez, who were abducted on Friday in a daring road ambush in Mandera town.

Spokesman Charles Owino reported that the National Security Advisory Committee met in the morning and reviewed the status of the operation to find the doctors.

He said Cabinet secretaries Sicily Kariuki (Health), Fred Matiang'i (Interior) and Raychelle Omamo (Defence) were briefed and Cuban officials updated.

Police on Saturday assured the local and international community that Kenya is safe, amid a multi-agency search for the two Cuban doctors kidnapped in Mandera County by suspected Al-Shabaab fighters.

In a statement, the National Police Service (NPS) said concerted efforts were being made to find doctors Assel Herera Correa and Landy Rodriguez, who were abducted on Friday in a daring road ambush at Banisa stage in Mandera town.

In the incident that took place a few minutes after 9am, the attackers shot dead one of the two police officers who were escorting the medical staff to their work station.

VIGILANCE

On Saturday, police spokesman Charles Owino reported that the National Security Advisory Committee met in the morning and reviewed the status of the operation to find the doctors.

The committee then briefed Cabinet secretaries Sicily Kariuki (Health), Fred Matiang'i (Interior) and Raychelle Omamo (Defence)

"Ms. Kariuki is in touch with her counterpart in Cuba, who is receiving regular briefs on the efforts to locate and rescue the doctors," Mr. Owino said.

He added, "We would like to assure all members of the public and the international community that our country is safe as our security agencies remain vigilant and will spare no effort safeguarding the lives and livelihoods of all Kenya."

Mr. Owino confirmed on Friday that the gunmen crossed the border into Somalia with the doctors.

In a press briefing on Saturday, he said Kenyan agencies were therefore liaising with their counterparts in Somalia in the rescue efforts.

SECURITY CONCERN

Meanwhile, it has emerged that the doctors had expressed concerns over their safety before the gunmen attacked.

Of huge concern to Dr. Correa, a general physician, and Dr. Rodriguez, a surgeon, was the five-kilometre distance they had to cover daily from their house at Busley to their work station at the Mandera Level Four Hospital.

They lived in a house owned by a county government official.

While the fate of the medics is unknown, a contingent of Kenya Defence Forces, various units of Kenya Police and Kenya Police Reservists have been dispatched to chase after the two vehicles used in the raid and abduction.

Tanzania: Majority People with HIV Infection Unaware of Status

15th April, 2019

By Tanzania Daily News (Dar es Salaam)



ONLY 60 per cent of people with HIV/AIDS are aware of their status, according to the 2016/2017 Tanzania HIV Impacts Survey (THIS) findings.

The 60 per cent is below the United Nations Programme on AIDS' (UNAIDS) target of 90 per cent. Minister of State in the Prime Minister's Office, Policy, Parliamentary Affairs, Labour, Youth and the Disabled Jenista Mhagama, speaking here over the weekend, said the findings should serve as a wake-up call to regional authorities to encourage more people to voluntarily conduct HIV testing to know their status.

"Knowing HIV status will help people living with the virus to start taking ARV medication at the right time as well as curb the infections," said the minister during the launch of the final report of the fourth THIS.

THIS, a population-based HIV impact assessment, was jointly conducted by Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission, National Bureau of Statistics (NBS) and the Office of Chief Government Statistician Zanzibar (OCGS) under the auspices of US government.

Acting Statistician General Andrew Ulindula informed that the findings show about 72,000 people aged between 15 and 64 get new HIV infections a year, with only 52.4 and 65.3 per cent of males and female, respectively, knowing their HIV status.

Mr. Ulindula said 93.6 per cent of those who know their HIV status have started to take ARV dose and 87 per cent of them have had their health improving.

He noted that while the highest prevalence rate was observed in Iringa, with 11 per cent, Mbeya's 9.3 per cent and Njombe (11.4 per cent), the lowest prevalence rate was observed in Kusini Unguja and Kaskazini Pemba, both with zero per cent.

The Survey Project Manager, Mr. Emiliano Karugendo, said THIS, the household-based national survey was conducted between October 2016 and August 2017, saying the survey offered home-based HIV testing and counseling with return of results.

"The survey interviewed 14,452 households. In the household surveyed, 36,087 adults aged 15 and above and 10,452 children aged 0-14, were eligible to participate in the survey," he said.

TACAIDS Executive Director Dr. Leonard Maboko urged policy makers, planners and other stakeholders who work in the area of HIV/AIDS to use the findings to make informed policy decisions.

"The findings furnish the government, key health stakeholders and the general public with official statistics for use in planning, policy making, monitoring and evaluating programmes on HIV," said the TACAIDS Executive Director.

Tanzania: Lifestyle Diseases Can Affect Children Too

15th April, 2019

By The Citizen (Dar es Salaam)

When she was two, Maxine Kateregga, now 15 fell ill and started vomiting, feeling constantly thirsty and sleepy. "I also frequently asked my sister for sugary foods and drinks. Being sick and the last born, I guess she gave them to me out of sympathy," she recalls. Little did her sister know that Kateregga had diabetes.

On her first day in Primary Seven, while waiting for the bus at home, she fainted. She was taken to hospital and after several tests, the doctor said she had ketones and her sugar levels were extremely high.

"I was in that state for a week and was disoriented when I finally woke up. I could not understand why I was in hospital," Kateregga says adding that this is when the doctors told the family that she had diabetes.

Her life has changed drastically since then, "I never had to worry about my blood sugar but now I take medicine twice daily to control it. I previously ate whatever I wanted but was advised to stop taking sweet things such as candy, chocolate as well as soda," she says. Kateregga was also advised to lose weight lest her condition worsens.

"Although I was not a workout enthusiast, I now make time to either walk or exercise. I have also started playing lawn tennis and I have lost weight. I also eat smaller food portions thrice a day with lots of fruits and vegetables," she says.

Kateregga adds that with time, she was told that she has Type 2 diabetes and all the changes, though difficult to adopt have helped her manage the disease.

She is thankful for her family's support because she says she could have cheated or given up but they have been there to the point of adopting healthier lifestyles too.

Although, for the most part, diseases in childhood are similar to those in adults, Dr. Sabrina Bakeera-Kitaka, a paediatric and adolescent health specialist, says there are several differences. For example, certain health issues such as precocious puberty, acute nephritis (inflammation of the kidney) are unique and common among children yet infrequent in adults.

Dr. Kitaka also points out that some ailments such as gout, and hypertension (high blood pressure of unknown cause) are common in adults and not in children. That said, infectious disorders remain the leading cause of death. Some of these include measles, chicken pox and mumps.

Dr. Boniface Ssegujja, a paediatrician at Naalya Children's Clinic, adds that the prevalence of most of these has been lowered by immunisation. However, society is now grappling with diseases that were predominantly found in adults but now affect children.

Type 2 diabetes

This is when one's body cannot control blood sugar because either the body is not producing enough insulin or its sensitivity to insulin is low hence being insulin resistant.

Typically, children suffer from Type 1 diabetes because their bodies are not producing insulin.

On the other hand, Type 2 diabetes is where one's body cannot control blood sugar because either the body is not producing enough insulin or is insulin resistant and was common among adults.

However, lately, several children are suffering from this type of diabetes. Dr. Ssegujja says one of the leading causes of Type 2 diabetes is obesity, "Many are severely overweight and one in four obese children will have Type 2 diabetes. This is because obesity increases the chances of a child getting Type 2 diabetes four fold," he says.

He adds that some of the factors that lead to obesity in children is poor diet where children are fed on high sugar foods such as ice-cream and pastries which are loaded with calories.

"While these calories are meant to give them energy, in excess, they are stored by the body leading to insulin resistance," Dr. Ssegujja explains.

Most children also live sedentary lifestyles where they are drawn to video games and watching TV. However, according the World health Organisation (WHO), children and young people (5-17 years) must engage in physical activity such as sports, chores, recreation, physical education, or planned exercise, in the context of family, school, and community activities.

In order to improve cardiorespiratory and muscular fitness, bone health, and cardiovascular and metabolic health biomarkers, WHO recommends that children accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily.

The organisation suggests that most of the daily physical activity should be aerobic while vigorous-intensity activities should be incorporated to strengthen muscle and bone, at least three times per week.

Uganda: Nagginda Blasts Government Over Poor Health Care

16th April, 2019

By The Monitor (Kampala)

In Summary

Mr. Ssebugwawo will be buried today at Nkumba, two kilometres on Kasenyi Road from Abayita Ababiri.

He is survived by seven children; Sylvia Nagginda (queen of Buganda), Nelson Kikubira Luswata, Barbara Mbaliwower Mutengu Luswata, Juliet Namagga Luswata Kinalwa, John Mulumba Luswata and Patrick Nsubuga.

Kampala — The Nnabagereka (Queen Mother) of Buganda Kingdom Sylvia Nagginda, has told off government for neglecting the health sector because of politics.

"The health sector touches everyone in society. I had a conversation with the director of Mulago National Referral Hospital at the time dad was admitted there. He pointed out issues related to underfunding. This is a danger to society," Ms. Nagginda said.

She was speaking at Namirembe Cathedral during the funeral service of her father John Luswata Ssebugwawo, who succumbed to heart and kidney complications last week at 81.

The Nnabagereka said the problems within the health sector place the country at the risk of brain drain, a scenario that will leave the public suffering.

"We have qualified people-- doctors-- and many want to stay in Uganda. They can do incredible work but they need support. Let us see how to separate politics from the health sector," Ms. Nagginda told the mourners.

She said to prove Uganda has qualified people, a Ugandan-born and trained cardiologist received a public recognition award in the United States last week.

Nagginda and her siblings, without mentioning any specific deficiency in the health sector, said their father spent a week at the government referral hospital and was later transferred to Nakasero Hospital where he died.

"We are glad despite grief to be with you. Dad loved his children and I specifically remember his usual jovial mood. He focused much on his family and exhibited respect for us all and our mother. He was a good example as a family head," Ms. Nagginda added.

She recounted his father's last moments and said: "I saw him cry for the second time in my life. When we visited the Intensive Care Unit, he opened his eyes but could not talk. Instead we saw tears flow. This was the second time I saw his tears. The first time being 37 years ago when he escorted me to Entebbe as I left for the Unites States."

Ssebugwawo's widow Edith to whom he had been married for 48 years described him as a great friend, father and a peaceful man.

"All issues were solved in love and mutual understanding," she said.

Buganda Kingdom Premier Charles Peter Mayiga said: "Death is a must and a principle of nature to all living things. But Buganda should be consoled by the great gift of our Mother, Nnabagereka (Nagginda) that the late Luswata leaves behind.

The 1966 crisis left Buganda bereaved and for the preceding years after the crisis, there was a split in the royal family. Mr. Luswata gave us a mother who is innovative and determined. She is the consolation we have at this point."

He implored Ugandans to emulate the nature of family upbringing Mr. Luswata exhibited.

The main celebrant, the Bishop of Namirembe Diocese, Wilberforce Kityo Luwalira, assisted by two bishops of West Buganda Henry Tamale Katumba and Luweero Diocese Edward Nsubuga, said testimonies of love from the family on their father tell he left the children prepared.

Mr. Ssebugwawo will be buried today at Nkumba, two kilometres on Kasenyi Road from Abayita Ababiri.

He is survived by seven children; Slyvia Nagginda (queen of Buganda), Nelson Kikubira Luswata, Barbara Mbaliwower Mutengu Luswata, Juliet Namagga Luswata Kinalwa, John Mulumba Luswata and Patrick Nsubuga.

His career

Education, Ssebugwawo studied at King's College Budo between 1946 and 1955 before joining Kyambogo Technical College where he studied Electrical Engineering. He later joined Holborn Technical College in Central London, the UK.

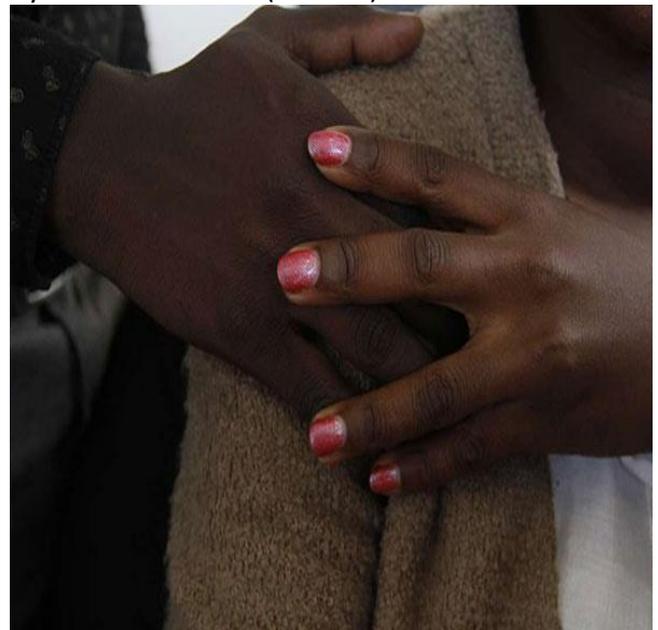
He worked in the field of electrical engineering in the Ministry of Works in Buganda Kingdom, Otis Company-England and Uganda Ministry of Health serving as a chief electrical engineer at Mulago Hospital and a superintendent of works in the hospital.

Ssebugwawo retired from Mulago National Referral Hospital in 1984 and went into farming and business.

East Africa: Most Women Just Have to Put Up With Sexual Harassment, and They Still Get Blamed...

16th April, 2019

By The East African (Nairobi)



A sexual harassment scene. How does one say no in an environment that translates it as playing hard to get? The number of women who die frequently in horrific ways is rising.

In Summary

We live in a sick country that has become inhumane and cold. We have lost our very sense of empathy. And now we are animals.

If blame were a compass, its needle would always point to the woman. Trevor Noah, on his famous satirical political show, once did a social experiment.

It was during the #MeToo campaign and he addressed the audience, asking men who had ever been sexually harassed to raise their hand. Hardly any man raised his hand.

Then, in that same room, he asked the same question, this time directing it to the women, and more than half of the women present raised their hands.

Gather a group of young women, and ask the question, "When was the first time you realised that an individual was making an unwelcome advance? To the point where you felt uncomfortable and you knew that you were walking on egg shells?"

Many mentioned that it was even before they were 18 years of age. As early as high school and not necessarily from age mates, but also teachers, neighbours, people that you know, not complete strangers.

What about a stalker? This happens to women often, to the point one would avoid a meeting so that they would not have to interact with a particular individual. Avoiding phone calls is also common, or blocking messages.

What does lowering the age of consent have to do with the economy? As the economy continues to struggle, in our everyday conversations, people continue to talk about the lack of money in circulation.

Lowering the age of consent will produce dire societal consequences that we are not

ready for. The main issue seems to be, how young girls these days look older than they really are, "teenagers sitting in a bar."

But the real issues of concern for us should be, how she got in there without an ID.

Almost every bar has a sign somewhere that says, "No alcohol sold to persons under the age of 18." You see that sign right before you walk into the club or take a sip of alcohol. Any person there should have an ID.

The question on the tip of our tongues should be, how can a teenager easily sit in a bar to meet an adult male without an ID? And if she has a fake one, why is it so easy to get?

But the larger question is, what is consent in a world where consent is more acceptable to one gender? The young girl is here for reasons other than simply having fun.

These are difficult times and people are finding other avenues to make a living. But this is not an article about judgment, for hypocrites and the moral police that thrive in this country.

Even in our offices, reporting sexual harassment is not as easy as we imagine it to be. There are the fears of being judged or when one brings it up, it is viewed as normal behaviour, as in, "He is like that". Or worse still, nothing happens to the perpetrator once it is reported.

If that happens within the office, how difficult must it be to report it at a police station? Female university students struggle to make a formal complaint because the first thing that will be asked is what were you wearing, or why were you walking in that area at that time. Yet it appears to be common knowledge that a professor asking

for a relationship so as to give you a grade is not something outlandish.

A young, beautiful and brilliant young woman was murdered. Worst of all were the justifications for murder online.

What could lead someone to do this, what did she do? And the false stories that arose, mainly peddled by insecure boys who have the bodies of grown men, trashing her reputation and talking as though she were an "item."

And the very next day, radio station presenters cracking jokes about the whole thing like it was part of a cartoon and not an actual life lost.

How does one say no in an environment that translates it as playing hard to get? The number of women who die frequently in horrific ways is rising.

The 1976 film, *The Network*, which was basically about a TV anchor who was well into his prime and being threatened with losing his job, decided to say and do outlandish things on air to boost his ratings and it worked.

The movie somehow predicted the future, which is what we are living now. Where seeing a dead body on social media circulates fast and freely, it has become entertainment. We live in a sick country that has become inhumane and cold. We have lost our very sense of empathy. And now we are animals.

Kenya: Staff Dies As Cholera Outbreak Hits the Nairobi Hospital

16th April, 2019

By Nairobi News (Nairobi)



Entrance to The Nairobi Hospital.

A Nairobi Hospital staff has died and seven others are admitted following a cholera outbreak at the premier health facility in the Kenyan capital.

The eight employees work in the hospital's catering department and offer services at the staff canteen.

The male worker died on Tuesday morning after what his colleagues said was "a short illness."

Sources at the hospital on Tuesday told the Nation that at least 23 cases of the water-borne disease, eight involving staff, had been treated at the facility in April alone.

The hospital's cafeteria has been closed indefinitely as the management battles to contain the spread of the outbreak.

A source privy to the information and who requested anonymity because he is not authorised to issue press statements said they have been treating cholera cases on daily basis.

SERIOUSLY

"The hospital has been handling cholera cases day in day out but now there is an outbreak and the staff are affected. We are treating it seriously. The investigation is on," said the source.

He confirmed to the Nation that late last month, teachers from Riara group of schools were admitted to the hospital with symptoms of the disease.

Three children from were also suspected to have cholera.

CONFIRMATION

Nairobi County health officials later directed referral hospitals within the city to reactivate their cholera treatment units following confirmation of the outbreak in the city.

In a letter dated March 21 and addressed to all county medical superintendents, Nairobi County Director of Health Lucina Koyio said that all sub counties in the capital were on a high alert.

"The county is experiencing a wave of cholera outbreak which was confirmed on March 20. In this regard, I am requesting all referral hospitals to reactivate their cholera treatment units to prevent the spread of the disease," said Dr. Koyio.

"All sub-counties should be on high alert and treat all suspected cases of cholera as cholera cases. Please also reactivate your sub county response teams," said Dr. Koyio.

In 2017, the city county faced a major cholera outbreak prompting the county government to call for closure of roadside food eateries and banning of food hawking.

South Sudan: There's a Lot to Be Done to Address the Uncountable Health Needs

16th April, 2019

Press Release By Medecins Sans Frontieres (Geneva)



After years of civil war in South Sudan, Africa's youngest country, is in a state of relative calm, but people's medical and humanitarian needs are still enormous, explains MSF medical coordinator Endashaw Mengistu.

South Sudan is still affected by the conflict that started in late 2013, just two years after the country gained independence from Sudan, which saw destruction of the health system on a massive scale. A large number of health facilities were targeted in one way or another by different warring sides. Many were looted or burnt to the ground. Others have signboards with logos of NGOs but, when you step inside, there is nothing to see but ashes. This country has about 1,500 health facilities, and three-quarters of them need minor, major or complete renovation.

Many trained and skilled health staff left the country due to the violence and have not yet returned. Until this year, we didn't have a single local doctor in the city of Malakal - the country's second biggest city before the conflict - because we couldn't find anyone.

Even those health facilities which are open often have no medications. More than 80 percent of healthcare is provided by international organisations, but some have a limited capacity to deliver on the ground, and this impacts the efficiency of the healthcare on offer.

One-third of population not in their homes

Two million South Sudanese are refugees in neighbouring countries - mainly Uganda, Ethiopia and Sudan - and a further around two million are displaced within South Sudan. This means that one-third of the population are not living in their homes. Some find themselves in one of the six Protection of Civilian (PoC) sites managed by UN forces in towns and cities such as Bentiu, Malakal and the capital, Juba.

Despite the peace agreement, many people in the camps don't yet feel safe enough to return to their homes. In places like Malakal, our teams hear that some people have returned home, only to find their houses inaccessible or destroyed, which among other causes leads many to stay in the camp.

In the camps, people's exposure to past violence and their current precarious living conditions, in what some describe as living in confinement, have brought about a very high need for mental health support. We see many psychiatric cases and people who have attempted suicide as a result of their despair. When people's mental health deteriorates, chronic infectious diseases and

complicated co-infections are also more common.

So many challenges: malaria, kala azar and snakebites

Beyond the camps, in South Sudan today there are way too many challenges. Malaria is a big killer and our teams are busy treating the disease and launching seasonal chemoprevention campaigns. In 2018, we treated nearly 270,000 people for the mosquito-borne disease.

In the Upper Nile region, there are significant pockets of kala azar, also known as visceral leishmaniasis, a disease transmitted by sandflies that can be fatal if left untreated.

Snakebites are also a problem in several parts of the country and timely treatment is crucial to tackle them.

For all these health issues, you need a functional health facility where medical staff can monitor a patient for side effects, but this is unavailable in many places.

Less than half the population lives close to a functional health facility... for some people, it's a journey of up to seven days. Endashaw Mengistu, MSF medical coordinator

When the nearest hospital is seven days' walk away

Less than half the population lives close to a functional health facility. Even then, it can usually provide only basic treatment, with no inpatient care, surgery, nursing or specialised care. HIV and tuberculosis (TB) are for instance common chronic infectious diseases but only a small fraction of the affected people has access to treatment and there is poor diagnostic capacity.

The only alternative to access adequate healthcare is often to leave, walk long

distances and even cross international borders to find a hospital. Until a few months ago, for people in the remote northeastern area of Ulang, the nearest hospital was in Ethiopia - a journey of up to seven days during the rainy season and a few days less in the extremely hot dry season.

If a patient has a disease like tuberculosis, their breathing may be severely affected, and they may not be able to walk long distances. If the patient is a pregnant woman in obstructed labour or in need of a caesarean, the most likely scenario is that she will die unless she reaches a hospital. In such cases, the only way to get there is via speedboat or plane, as there are very few paved roads.

Preventive healthcare is crucial to avoid new emergencies

Before the civil war in 2013, the immunisation coverage of children under one year was estimated at 60 percent. Currently, it stands at around 20 percent - a significant reduction. As a result, a lot of preventable diseases flare up as outbreaks from time to time. There are regular cases of measles, meningitis, rubella and yellow fever, among other diseases.

In such a context, preventive work is crucial. What we've seen in Malakal is that, as soon as you do vaccinations, the levels of illness and mortality decrease drastically. In Juba, over the past two years, we have vaccinated about 300,000 people against cholera, and this has probably contributed to there being no recent outbreaks.

In the months since the peace agreement, the country has not been spared other violent events, such as inter-communal disputes. There are certain vulnerable groups in need of special protection. About

3,100 child soldiers have been demobilised in the past years, but some of those whom we are providing with mental health support in the southern town of Yambio have expressed fears of being recruited again.

A lot of work, and on several fronts, still has to be done to address the uncountable health needs of the people of South Sudan.

Kenyan Hospital Opens Human Milk Bank - - a Rarity in Sub-Saharan Africa

16th April, 2019

By The Conversation (Johannesburg)



Bottles of pumped breast milk.

Kenya's first human milk bank has opened at Pumwani Maternity Hospital. We spoke to the team spearheading APHRC's research efforts in the establishment of Kenya's first milk bank.

How long has it taken to open? What were the biggest obstacles?

The process of establishment of human milk banking in Kenya started in 2016. It was spearheaded by the NGO PATH, in

partnership with APHRC and Kenya's Ministry of Health, among other partners. It was rolled out in two phases.

During phase one we assessed people's perceptions and acceptability of using donated human milk. We also looked at how feasible it would be to set a bank up. The results were encouraging. About 90% of participants were positive about it, 80% would donate their breast milk, and about 60% indicated that they would allow their children to be fed with donated human milk.

A committee was also set-up to provide oversight and guidance on human milk bank work in Kenya. They were sent to South Africa to learn more about the human milk banking process. Finally, local strategies were developed.

We are now in phase two of the project: the establishment of a pilot human milk bank in Pumwani Maternity Hospital. This includes the launch of a research project which examines its feasibility, effectiveness, acceptability and aims to estimate the cost of establishing an actual human milk bank in Kenya.

There have been challenges. Being a new concept, there have been some logistical challenges, for instance some of the equipment wasn't locally available so it took longer to get it all done and installed.

There have also been concerns by some community members and health workers over the safety and quality of the donor human milk.

However, we've had support from the government which has been critical in addressing the logistical challenges. Advocacy and communication activities are also being rolled out to create awareness on

human milk banking and address any concerns.

What is a milk bank and how does it work?

Human milk banks are facilities that systematically collect, pasteurise, test, store, and distribute donated breast milk.

An effective system has many operational processes to ensure it provides safe, high quality donor milk. They start with screening and recruiting donors who must be healthy mothers with surplus milk beyond the needs of their own child's. Donors must undergo health checks including tests that screen for HIV, syphilis, and hepatitis B and C. Diseases could be passed to children through breastmilk.

Donors must then express milk in hygienic conditions, after which the milk is pasteurised. This involves heating the milk in a water bath at 62.5°C for 30 minutes followed by rapid cooling.

At the bank, the milk is frozen and stored at -20°C. When needed, it's thawed to room temperature and issued to children who don't have access to their own mothers' milk. A prescription by a qualified health professional is needed for this.

Why are they needed?

Although breastfeeding is the most natural and best way to feed infants, many babies may lack access to their mother's milk. This could've happened for many reasons - maybe the mother is sick, hasn't got enough breast milk or is dead.

From our formative research, 44% of newborns in urban health facilities were separated from their mothers for varying periods of time. This ranged from less than an hour to more than 6 hours and even days

after birth. Of these infants, only 14% were fed on mother's own milk during separation. 36% of the newborns weren't fed on anything during this period and an additional 23% were fed on formula or cow's milk.

When breastfeeding is not an option, the World Health Organisation (WHO) recommends donated human milk as a lifesaving alternative. Particularly for babies that were born early, have low birth weight, are orphaned, malnourished or are severely ill.

Evidence paints a very strong picture in favour of donated human milk over infant formula. It's more effective in reducing the risk of disease and infections - like inflammatory bowel disease, leukemia and respiratory tract infections - in newborn babies and is better tolerated by babies that are born prematurely.

In the US and Brazil, the use of donated human milk was reported to reduce the length of hospital stay for sick infants and save on the cost of health care.

Given the benefits of using donated human milk over infant formula, the WHO has called for the global scale-up of human milk banks. These are expected to increase access to safe donor human milk.

Is this the first of many?

Although WHO recommends that the milk banks be set up, Kenya is just the second, after South Africa, to establish a human milk bank in sub-Saharan Africa - even though it is a pilot.

We hope that human milk banking will be scaled up in Kenya and the rest of sub-Saharan Africa, using the evidence we generate from our research.

Milka Wanjohi, Taddese Zerfu, Esther Anono and Eva Kamande from the African Population and Health Research Center contributed to the writing of this article.

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Kenya: Hospital Blamed for Yet another Baby's Loss of Limb to Vaccination Jab

17th April, 2019

By Nairobi News (Nairobi)



A hospital in Kiambu County is yet again on the spotlight following the amputation of another baby's limb after developing post vaccination complications.

Kennedy Mumo and his wife Damaris have narrated to NTV how their child's leg started swelling after receiving the routine BCG vaccination jab at the Kihara Sub County Hospital in Kikuyu.

The doctors told them that there was nothing else they could do to save their son's right leg, the only solution being to cut it off.

AMPUTATION

"Walimdunga sindano za mapaja na wakamuweka kwa oxygen wakasema ako na shida ya kupumuwa, ni kama ako na pneumonia. Kwa hiyo harakati ya kupima, hatujuwi nini ilifanyika but tuliambiwa sindano iligusa mfupa na ika affect mfupa ya mguu yake mmoja," Mr Mumo said.

This incident comes days after another family also came forward after their two-month old baby lost his limbs after a botched BCG vaccination.

VACCINATION

Baby Austin Njoroge was born perfectly healthy at the same hospital in February this year. However, he now has to cope with life without his left arm and right leg.

He developed complications after getting the same vaccination.

The two families have reported their cases to the Karuri police station in Kiambu and want the hospital to take responsibility for the botched vaccines.

Uganda: MPs Task Leaders to Explain Poor Renovations at Hospital

17th April, 2019

By The Monitor (Kampala)



Visit. Members of Parliament on the Committee on Government Assurance and Implementation tour Itojo Hospital to assess the renovations done two years ago.

In Summary

The Deputy Resident District Commissioner, Mr. Isaiah Kanyamahane, asked the parliamentary committees to always go to local governments and check on accountability issues.

Ntungamo — The Committee on Government Assurance and Implementation has expressed dissatisfaction with the renovation of facilities at Itojo Hospital in Ntungamo District and called for investigations into the procurement process.

The renovation started in January 2016 and ended in December 2017. The works were aimed at upgrading sewerage system, general, male and paediatric wards and roofing, among other sections of the hospital.

The renovation cost Shs700 million.

However, during the visit to the hospital on Monday, MPs said the value of work done was below the money spent.

Mr. Patrick Kasumba, the MP for Bujenje County, tasked the leaders to explain. "We want to know how the hospital was renovated, the whole procurement process, the contractor, who awarded the contract and how it ended up like this.

"The floor has remained the same, doors do not shut and the toilets do not work. The chief administrative officer, the district engineer and the contracts committee must explain," he said after the visit to the hospital.

Kumi Municipality MP Silas Aogon, the committee leader, said the works were incomplete or poorly done. He said they are interested in knowing how the certificates of compliance and completion were issued, and why the contractor was paid all the money.

He asked the Chief Administrative Officer to write a report to the committee in a few days' time.

The Apac District Woman MP, Mr. Betty Engola, said the district leaders must take issue of accountability serious.

Itojo Sub-county councillor Denis Muhumuza, who is also a member of the hospital management committee, noted that the contract was awarded from the ministry.

He added: "We also want to know why we were never given money for the third phase because other hospitals had three phases (of works). It may be because we stopped the first contractor."

The hospital medical superintendent, Dr. Oliver Asimwe, said the poorly done renovation is part of the reason the hospital toilets, sewerage lines and water system keep breaking down.

She also said the hospital has an outstanding electricity bill of Shs210 million and their annual budget is only Shs192 million.

The Deputy Resident District Commissioner, Mr. Isaiah Kanyamahane, asked the parliamentary committees to always go to local governments and check on accountability issues.

Rwanda Receives Hepatitis Drugs Donation from India

18th April, 2019

By The New Times (Kigali)



Dr. Ndimubanzi, with Indian High commissioner to Rwanda, Amb. Oscar Kerketta, during a tour of CAMERWA medical store at Kacyiru on April 16, 2019. Craish Bahizi.

Rwanda has received \$1.6 million from India worth of drugs for hepatitis B and C from India, boosting the country's efforts to contain the disease, which has been on the rise in recent years.

The supplies were handed over to the Ministry of Health on Tuesday and the Government estimates that the drugs will

treat 2000 patients with hepatitis C and 5000 patients of hepatitis B.

Statistics from the Ministry of Health put the prevalence of hepatitis B and C at 4.8 per cent in Rwanda.

According to Dr. Patrick Ndimubanzi, the Minister of State in Charge of Public and Primary Healthcare, the donation will compliment government's initiatives such as early screening and treatment of patients.

So far, up to 700,000 Rwandans have been screened for both hepatitis B and C.

Of those diagnosed with hepatitis C, 9,000 received treatment, while 1,000 patients of hepatitis B have been put on treatment.

Government plans to eliminate hepatitis C in the country in the next five years, according to Ndimubanzi.

He commended India for its support.

Hepatitis drugs are expensive. In Rwanda, many people on treatment have been supported by the Government. However, the prices have been dropping lately as manufacturing technology is getting more accessible in the pharmaceutical industry.

"In 2012 when the medicine had just been introduced, it went for about \$95,000 for a complete three months dose," he said.

It later went down to \$1000 before dropping to \$700, he said, adding that the price keeps reducing.

Oscar Kerketta, the Indian High Commissioner to Rwanda, said that supply of low cost drugs is a key component of India's engagement with Africa.

"One key component of our engagement in health sector is supply of low cost, high quality generic drugs and medicines which

have helped greatly in the fight against diseases like HIV/AIDS, malaria, TB and pandemics in Africa. The cost of Indian generic medicine is a fraction of the cost in the developed world," he said.

Hepatitis C is a liver disease caused by the hepatitis C virus: the virus can cause both acute and chronic hepatitis, ranging in severity, from a mild illness lasting a few weeks to a serious, lifelong illness.

The hepatitis C virus is a bloodborne virus and the most common modes of infection are through exposure to small quantities of blood. This may happen through unsafe injection practices, unsafe health care, and the transfusion of unscreened blood and blood products.

Hepatitis C can be cured. It doesn't have a vaccine though, unlike Hepatitis B.

Hepatitis B is a viral infection of the liver transmitted through contact with the blood or other body fluids of an infected person.

Despite having a vaccine, it doesn't have a concrete cure, but there are drugs that ease it.

Tanzania: Nacopha Nods to HIV Impact Survey in National Aids Control

18th April, 2019

By Tanzania Daily News (Dar es Salaam)



NATIONAL Council of People living with HIV and AIDS (NACOPHA) has described a recently launched report on Tanzania HIV Impact Survey (THIS) as vital in attaining ambitious testing and treatment targets to end AIDS epidemic.

NACOPHA Chairperson, Leticia Mourice noted here yesterday that the council will use the report findings for decision making, evaluation and monitoring in AIDS control programmes in the country.

"NACOPHA wishes to have the report findings used for designing public awareness campaigns on prevention, medication and stigma to the people living with HIV in the country," said the NACOPHA chairperson.

The fourth THIS report shows that only 60 per cent of people living with HIV are aware of their HIV status which is below the 90 per cent target set by UNAIDS, posing serious challenge for the war against AIDS.

Ms. Mourice informed that since its inception to date, NACOPHA has 642,000 members and that all of its members were taking medication which is equivalent to 60 per cent of the people living with HIV in the country.

"The council encourages more people to conduct HIV testing in order to know their HIV status to timely start medication when diagnosed with HIV," she observed.

However, the NACOPHA chairperson, said stigma against people living with HIV remains a major challenge for attaining national targets to control AIDS.

Presenting THIS findings during the event to launch the report, the Survey Project Manager, Mr. Emiliano Karugendo, said THIS, the household- based national survey was conducted between October 2016 and August 2017, saying the survey offered home-based HIV testing and counseling with return of results.

"The survey interviewed 14,452 households. In the households surveyed, 36,087 adults aged 15 and above and 10,452 children aged 0-14, were eligible to participate in the survey," he said.

Mr. Karugendo pointed out that the report indicates there were approximately 72,000 new HIV infections among adults aged 15 and older in the country every year.

Tanzania: Unicef Assures Govt on HIV Programmes' Support

18th April, 2019

By Tanzania Daily News (Dar es Salaam)



THE United Nations Children's Fund (UNICEF) has assured Tanzanian government of its continuous support towards provision of future directions of scaling up comprehensive HIV prevention programmes to the youth, especially adolescent girls and young women.

The Fund's Chief of the HIV and AIDS, Ms. Ulrike Gilbert-Nandra made the commitment in Dar es Salaam during the Annual National Adolescence Girls and Young Women Stakeholders' meeting, organised by the Tanzania Commission for AIDS (TACAIDS), where various stakeholders, from both public and private sectors presided over.

The meeting, among others, discussed how best the stakeholders would prevent

adolescent and young women from engaging in activities, which endanger their health and developments.

The UNICEF Chief said that, the Fund's overall emphasis was on reaching the most deprived and vulnerable adolescent and young people so that they too have a fair chance in life.

Acting TACAIDS Director General, Mr. Jumanne Isango commented that adolescent girls and young women are among the major victims of the social and economic impacts of the scourge, which further push them to engage in activities that endanger their health and developments in totality.

He added that the available data shows that compared to other groups, adolescent girls and young women live in poor condition to extent that they cannot cope with the challenges around them, due to lack of specific policies for empowerment, cultural and traditional barriers, among others.

Executive Secretary of National economic Empowerment Council (NEEC), Ms. Beng'i Issa who represented the Minister of State in the Prime Minister's Office responsible for Policy, Parliamentary Affairs, Labour, Employment, Youth and the Disabled, said that HIV continues to be a threat to economic and social development in the country.

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