



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

20th – 26th April 2019

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Uganda Embarks On a Multisectoral Approach to Improve Vaccination Coverage against Human Papillomavirus

25th April, 2019

By World Health Organization (Geneva)
Press release



The Ministries of Health, Education, Gender and Local government have committed to improving the coverage of the Human Papillomavirus (HPV) vaccine in Uganda. This was at the National Symposium for Multi-Sectoral Stakeholders' renewed commitment towards increasing HPV Vaccination coverage that was held at the Golf Course Hotel in Kampala.

The essence of this commitment is to revitalize the engagement between the four Ministries namely: Health, Education and Sports, Gender and Local government and renew commitment and advocacy for HPV at both the national and sub-national levels.

Prior to the symposium, the Ministry of Health (MoH) through the Uganda National Expanded Program on Immunization (UNEPI) oriented a team of national supervisors on the revised HPV delivery strategy, assigned district teams to ensure effective oversight and tasked each team to implement activities geared at increasing and sustaining uptake of the second dose of HPV (HPV2) in all districts.

UNEPI will further ensure that all materials including the revised HPV delivery guide, school health register, and health facility plan, Information, Education and Communication materials used to sensitize the public are in place.

The State Minister of Education and Sports, Hon Charles Bakabulindi represented the First Lady of the Republic of Uganda as Guest of Honour at the event. He highlighted the need for a multisectoral approach to tackle cervical cancer saying, "The Ministry of Education and Sports will support the Ministry of Health in sensitization and

rallying schools to ensure the children are immunized against HPV."

Hon Bakabulindi further called on health workers to reach out to the patients and not wait for the patients to approach them for services. This, he said, would improve on the disease prevention targets in the country.

In the same spirit, the Minister of State for Health in Charge of General Duties Hon Sarah Opendi reiterated Hon Bakabulindi's words on a multisectoral approach noting that MoH requires assistance from other sectors to improve HPV immunization coverage. "Ministry of Education can help with advocacy, Gender with approaching mothers and the local government to convene the locals," she said.

However, Hon Opendi decried the misinformation regarding the vaccine and called on local leaders to tackle the issue.

The World Health Organization (WHO) was represented by Dr. Annet Kisakye, the Immunization Focal person, who said that, globally, the East African region carries the highest burden of cervical cancer. She further mentioned that Uganda is among the five countries with the highest rates in Africa with 8 out of every 10 women seen at the Uganda Cancer Institute suffering from cervical cancer.

Dr. Kisakye enumerated various avoidable risk factors that predispose women to cervical cancer including early marriages, multiple sexual partners, multiparity, sexually transmitted illnesses including HIV infection, tobacco use, vitamin deficiency and of course HPV infection.

In November 2015, Uganda introduced HPV vaccine in its immunization schedule in all districts. However, coverage of the second dose has remained low after three years since introduction. HPV was introduced as a routine vaccine to be delivered during every static and outreach immunization sessions but intensified through Integrated Child Health Days during the months of April and October where health workers conduct school-based outreaches.

Yet, the observed practice is that primarily only the first dose of HPV is administered during April with a few second doses administered subsequently. In October both the first and second doses were provided. During the other months of the year, very little HPV-1 and 2 were administered. As of December 2017, annualized coverage of HPV1 was at 85% and HPV2 was at 41% according to the District Health Information System (DHIS 2), indicating the need for increased coverage to improve HPV2 uptake.

Kenya: Woman Gives Birth at Hospital Reception Area as Nurses Enjoy Their Tea

20th April, 2019

By Nairobi News (Nairobi)



A video of a woman giving birth at a hospital reception in Athi River as nurses took tea has been shared online, angering netizens.

The incident, which happened at Shalom Hospital, was filmed and uploaded by a man who had taken his wife to the hospital when the woman arrived in labour.

The man who filmed narrated how on arrival the woman was wheeled into the reception and the attendant told the nurse that her case was an emergency.

"So as I was seated waiting for my wife to be attended to, an older woman is rushed in on a wheel chair, there are three nurses on the table taking tea, they seem not to bother about the woman despite being notified it's an emergency case, so the woman pleads with one of them 'haki nisaidie' one of the nurses told her to get up and walk," he narrated.

The woman, who was visibly in pain, was unable to walk and so the man helped her up.

SHOCKING EPISODE

"I helped her up with no aid from a nurse, we made about three four steps mama akashout mtoto anaanguka then boom! Mtoto akaanguka kwa floor!" he explained.

The man at that point now called for help and started filming the shocking episode that shows a male staffer clad in a white dust coat rushing to pick the baby from the floor as the nurses at the reception area appear unbothered.

In the video, the man can be heard scolding the hospital staff why they are seated when a mother has just delivered her baby on the reception floor.

The nurses remain silent as one of them scribbles on a book after wearing gloves.

He asks what her name is and she responds that she is Edna.

NEWBORN BABY

The man keeps filming as she walks away and asks if the hospital management is aware of the staffs' conduct.

The nurse walks away and when asked to name her colleague with whom they were taking tea she keeps quiet.

The video ends with a shot of male officers doing what looked like checkups on the newborn that had just been delivered on the hospital floor.

But while speaking to Nairobi News on phone, the hospital administrator, who

claimed he was away on Easter, said the mother and her baby are fine.

He also said that he is only interested in the patients' well-being.

"I contacted the hospital in the morning and they told me that the patient was safe. Once I resume I will listen to both sides of the story and speak to the person who filmed the video so as to get to the bottom of the matter," he said.

Rwandan, Congolese Businesses Discuss Urban Sanitation and Hygiene Project

21st April, 2019

By The New Times (Kigali)



Kalima (left) and Josee Rashidi, head of Kinshasa's new national sanitation and health agency during the meeting on Friday

Representatives of more than 100 firms and cooperatives in DR Congo's capital, Kinshasa, on Friday held a meeting with local businessman, Jean Malic Kalima, seeking his assistance on how to best plan and implement a city cleaning project.

Kalima, who dabbles in mining, health among other businesses, in the past implemented a successful project in Lome, Togo. The Congolese - especially those who have been to Kigali and were struck by its beauty and cleanliness - want him to help them do it right.

The project, it appears, could be the very first business opportunity sprouting from the move by the national carrier, RwandAir, to open its new route to Kinshasa on Wednesday.

Josee Rashidi, head of Kinshasa's new national sanitation and health agency, Agance Nationale d'Assainissement et Salubrite Publique (ANASAP), told The New Times that they know what Kalima helped the Togolese do in Lome.

And, she said, they too want the same, or better, for Kinshasa.

Rashidi said: "We members of ANASAP have requested him to give us a chance too; and come here and help us implement what he did in Togo and other places. And our President has blessed this. We are now looking to have him [Kalima] come here as our consultant for this project."

"We are very ready to welcome him. And, by the way, all other experts in Rwanda are welcome. We want to see Congo changing for the better in two to three years."

On the road from N'djili International Airport to Avenue Batetela in a fairly classy area of Gombe neighborhood, The New Times saw a city bustling with activity.

But as its very many inhabitants hustle to make ends meet the city appears as if drowning in waste. Piles of garbage including the plastic bags that Rwanda banned nearly a decade ago are a common scene.

The city's inhabitants, or Kinshasa, as they are called, told this paper that the government is determined to turn the situation around. They know it will be a mammoth task but they want to see something done.

Angelique Ngandu, a woman from the Ngaliema municipality of the city's Lukunga District, said: "The situation is so bad, especially when it rains. Cleaning this city will take a lot of effort but we are optimistic. Our challenge will be how to effectively pull off a massive cleaning project. We need people to understand the danger so they support efforts to make our city clean."

Kinshasa is reportedly Africa's third largest urban area after Egypt's Cairo and Nigeria's Lagos.

It is a city of nearly 10,000 square kilometers with a population of nearly 17 million, according to locals The New Times talked to.



During the meeting, Kalima fielded questions from the Congolese entrepreneurs on how Rwanda, among others, effected the ban on harmful plastic bags over 10 years ago.

He explained that there was resistance from the public at first when people did not understand the essence of the ban.

Blamed for clogging water bodies and killing marine life, plastic bags are lately a major global issue. They take hundreds of years to degrade and thus also affect agriculture and farming as they contribute to flooding.

Kalima told his hosts that: "You too will have to sensitize people about this. Some regulation might be required but this is not, and should not be, hard force but soft force which implies strong mobilization and sensitization so that the public understands and owns the project."

"It will be a process. Start by sensitization. Educate people on how things are done and show them options or alternatives to harmful plastic. Also have regulations and institutions set up. For us we have REMA and it has departments."

Kalima gave the Congolese a picture of how things are done in Rwanda to keep cities and other places clean.

Kalima was part of a private sector delegation that traveled on the inaugural flight to Kinshasa. From Wednesday to Friday, he and others held several meetings with different parties in DR Congo aimed at examining and tapping business opportunities in the two neighboring countries.

South Sudan: International Rescue Committee Urges New Approach to Malnutrition

21st April, 2019

By Voice of America (Washington, DC)



More than 750,000 South Sudanese children under age 5 are expected to face acute malnutrition this year, according to the International Rescue Committee.

The IRC's new spokeswoman, actress Mia Farrow, returned last week from South Sudan's Unity state and said she'd witnessed a new IRC approach that could treat millions more malnourished children over the next decade than the current global model for treatment.

She noted Unity state was particularly hard hit by fighting during South Sudan's five-year conflict and that many people were forced to flee their homes, leaving behind their plots of land where they would grow food for their families.

'Catastrophic' situation

"South Sudan is on the brink of famine. It's truly a catastrophic humanitarian situation, and people are literally starving," Farrow told South Sudan in Focus.

Farrow said she met many people who described how difficult it was to find food.

"The encouraging thing was meeting these women who are volunteers and who are working within their communities to address some of the very common illnesses that children face," such as pneumonia and diarrhea, Farrow said.

"I saw them as heroes because they are absolutely committed to their communities. The children can be brought to them and they very ably, swiftly and effectively address these common problems," she said.

U.N. efforts

But Farrow said the volunteers are not allowed to treat the condition. The U.N.'s World Food Program and UNICEF took over that task years ago and treat children in clinics.

"Well, that sounds great," Farrow told VOA, but many people live too far away from the help they need.

Farrow said that on her last trip to South Sudan, she witnessed something unforgettable: "A mother was sitting in the corner, holding her baby, a particularly beautiful baby who was panting, and she told us she had walked for five days to reach that clinic. And as I spoke to her, the baby died. The mother just — there was a howl that will remain with me to my last breath."

The IRC has come up with what Farrow calls "an effective, lifesaving method" of dealing with malnutrition that involves the use of peanut-based nutrients. She said that while training community volunteers for that job has not been implemented widely, "it has to happen."

If U.N. agencies adopt the IRC method, Farrow said, mothers no longer will have to walk for days in oppressive heat to have their children treated.

"These community health care workers, every single woman that I spoke to, expressed the fervent desire to treat malnutrition," said Farrow, adding that the current setup "doesn't make sense."

'Moral imperative'

Farrow called it a "moral imperative" to bring the nutrients used to treat malnourished children to the communities, rather than have children brought to a clinic "that may or may not exist."

The IRC has run a pilot program using community health care workers to treat acute and moderate malnutrition in South Sudan this past year and has deemed the program "extremely successful."

Kenya: Administrator, Nurse at Shalom Hospital, Athi River Arrested for Patient Negligence

22nd April, 2019

By Capital FM (Nairobi)



Chief Executive Officer Medical Practitioners and Dentist Board Daniel Yumbya earlier Monday led a team of medical officers from the National Government, Intelligence Officers to the hospital to investigate the matter

Nairobi — The administrator of Shalom hospital in Athi River and a nurse have been arrested for neglecting a woman who was giving birth following a video that went viral on social media.

Thomas Ndolo and Edna Nyarangi were arrested Sunday following an incident in which the nurses at the hospital abandoned a lady and watched her deliver on the floor.

The arrest of the administrator and the nurse comes hours after a video circulated on the social media platforms of the two having tea as the expectant mother dropped her baby on the floor while giving birth.

Chief Executive Officer Medical Practitioners and Dentist Board Daniel Yumbya earlier Monday led a team of medical officers from the National Government, Intelligence

Officers to the hospital to investigate the matter.

Kenya: Blood Screening, Storage Costs Borne By MoH - KNBTS

22nd April, 2019

By Capital FM (Nairobi)



The agency dispatches screened blood from its six Regional Blood Transfusion Centres (RBTCs) in Nairobi, Mombasa, Embu, Nakuru, Eldoret, and Kisumu ready for transfusion

Nairobi — The Kenya National Blood Transfusion Service (KNBTS) is asking members of the public to report cases where hospitals charge for blood transfusion, a practice the agency says is unlawful.

Blood storage and screening costs, according to KNBTS, are borne by the Ministry of Health (MoH), the State-owned unit saying it screens blood and delivers it to hospitals for free.

"Everyone is encouraged to document any case where they were charged for blood and present to us for action. Charges incurred

when Blood is screened, processed and stored are absorbed by MoH hence all hospitals receive it for free," the transfusion service tweeted on Monday responding to concerns from members of the public.

KNBTS said relatives of patients in need of blood should place a request for through the respective hospital's transfusion unit which then confirms availability of the said blood type with the nearest Regional Blood Transfusion Centre for dispatch.

The agency dispatches screened blood from its six Regional Blood Transfusion Centres (RBTCs) in Nairobi, Mombasa, Embu, Nakuru, Eldoret, and Kisumu ready for transfusion.

KNBTS also has twenty-one satellite centers in Voi, Machakos, Kisii, Meru, Naivasha, Busia, Siaya, Kericho, Nyeri, Garissa, Malindi, Thika, Lodwar, Bungoma, Kitale, Kwale, Nandi, Kitui, Narok, Lamu, Wajir and Migori.

"Functionally all the six RBTCs carry out blood collections, testing, grouping, storage and distribution while satellites carry out blood collection and send samples to RBTCs for testing," the agency said.

The statement by the blood transfusion service came amid concerns by members of the public over exorbitant prices charged by hospitals for transfusion services despite Kenyans heeding to frequent blood donation appeals.

Some hospitals have been accused of declining to receive blood from the national transfusion service in a bid to extort families of patients seeking such services.

"Unfortunately blood and blood products are a cash cow for private hospitals. That's why they 'refuse' taking blood from KNBTS. For emergency needs blood transfusion MUST be initiated first. Kenyans needs to adopt a blood donation culture," Dr Thurania Kaugiria, Secretary General of Kenya Medical Practitioners Pharmacists & Dentists' Union (KMPDU) Nairobi branch remarked.

Other concerns raised by the public include a requirement for a patient's family to provide a donor for what has been termed as "replacement blood" in the event a health facility retrieves a compatible blood type from the KNBTS.

"Patients and their relatives could avoid being coerced/asked to always 'replace' if we (Kenyans) donated blood regularly, and if our blood transfusion centre KNBTS were efficient in collection, screening, storage, distribution and mapping blood needs across the country," KMPDU National Secretary General Dr. Ouma Oluga said while alluding to the practice.

The KNBTS website places the annual blood demand nationwide at 500,000 units with its twenty-seven donation centres countrywide rising about 164,275 units annually for an estimated 200,000 recipients.

The transfusion service has organized a series of blood donation initiatives in the period leading to the World Blood Donor Day set for June 14.

A major blood donation drive in Nairobi has been earmarked for June 4 to June 7.

Blood collection trends by KNBTS indicate B Positive as the leading blood type collected from donors O Positive and AB Positive.

Kenya: Traditional Foods Secret for Good Health, Granny, 120, Says

22nd April, 2019

By The Nation (Nairobi)



Mrs. Cianjoka Mucunku, who is believed to be 120 years old, is helped by her grandchildren to cut cake on April 20, 2019 at her home in Kirege village, Tharaka-Nithi County.

In Summary

- The elderly woman, who feeds on only Ameru traditional foods, could be among the world's oldest persons.
- She has also been eating *githeri* mixed with some traditional green vegetables which grow in the bushes near Mt Kenya Forest.

- She condemned the evils being witnessed in the society including lack of value for human life.

Turning 120 years was no small feat for Cianjoka Mucunku, who brought the usually quiet Kirege village in Tharaka-Nithi County to life with a colourful birthday celebration.

The elderly woman, who feeds on only Ameru traditional foods, could be among the world's oldest persons.

Embu University Vice Chancellor, Prof Daniel Mugendi, who is one of her grandchildren, says her national identity card indicates that she is 120 years old but adds that she could be older.

AGE GROUP

"The occurrences she recounts and her age group suggests that she could be more than 120 years old," said Prof Mugendi.

Cianjoka bore nine children, two boys and seven girls, but three have died, mostly due to old-age, while the rest are too old to do any farm work.

Her eldest granddaughter, Dr. Charity Ciakuthii, is 64 years old.

Speaking during the ceremony, the jovial granny said she only eats Achuka foods such as yams, sweet potatoes, ugali made from millet flour and sugarless porridge.

GITHERI

She has also been eating githeri mixed with some traditional green vegetables which grow in the bushes near Mt Kenya Forest

which is not very far from her home. But stopped eating it after losing most of her teeth.

Cianjoka said she had never experienced illnesses until she was too old to walk around when she started experiencing some joint pains.

"Our traditional foods were very good for good health unlike the junk foods which are being associated with cancer and high blood pressure," said Cianjoka.

The granny used the ceremony, which coincided with Easter celebrations, to pray for rain and an end to the prolonged drought.

She recalled several famines that hit the community resulting to suffering and even deaths of people and animals.

STAUNCH CHRISTIAN

Though Cianjoka does not attend church services due to her advanced age, she is a staunch Christian and brought up her family to be God-fearing.

She condemned the evils being witnessed in the society including lack of value for human life resulting to murder and suicides.

"People must love one another and respect lives as it's only God who should take a life at His right time," she insisted.

Dr. Ciakuthi said though Cianjoka was not able to educate all her children, she has been a great motivation to all his grandchildren and great-grandchildren and that she

follows up to know how each one of them is progressing academically.

"My grandmother is very passionate about education and has been our motivation," said Dr. Ciakuthi.

Prof Mugendi said government needs to come up with a programme to recognise such senior citizens because those without supportive relatives cannot afford food and quality medical care.

Tanzania: Malaria Fight - Why People-Centred Campaigns May Indeed Pay Off Well

22nd April, 2019

By The Citizen (Dar es Salaam)



In Timanguene, Mozambique, workers with a non-profit health research centre go door to door carrying out activities to prevent malaria and reduce transmission of this mosquito-borne disease

If good health systems are put in place, enough funding for prevention is guaranteed and leaders are fully committed, then the war on malaria is bound to be won.

Usually, it is individuals who decide to use or not to use insecticide-treated mosquito bed-nets, spray insecticides indoors or not. This is also true when it comes to going for malaria testing and treatment if necessary. Clearing bushes and stagnant water to get rid of mosquito breeding grounds around homes is still discretionary in most communities.

One may ask: What if there were an option to coerce people to take preventive measures: wouldn't that work? Well, studies have shown that in public health interventions such as these, coercion is indicative of failed leaderships.

People-centred or community-based collaborations are touted as workable models for building trust in campaigns that require the uptake of certain interventions, such as spraying homes, applying repellents or using bed-nets that have been treated with the right chemical substances.

Coercion can't be part of the equation.

It was thus encouraging to learn that this year's World Malaria Day (WMD), to be commemorated on April 25, has adopted the people-centred slogan 'Zero malaria starts with me' to brand the international day observed every year to recognise global efforts to control malaria.

Over 17 years ago, a World Health Organization report titled Communication for Behavioral Impact to Roll Back Malaria detailed why engaging individuals and communities in a meaningful way can inculcate positive health behaviour to sustain efforts being taken to curb malaria.

But, for that to happen, the report says, "[It] requires a focused, clear strategy on how to identify, persuade and convince individuals and groups that taking appropriate action to prevent malaria and/or seeking the right treatment early enough is worthwhile."

Zanzibar offers good lessons - not necessarily for copycat interventions where we live, but on why the focus should be on the people as potential victims.

The Zanzibar Malaria Elimination Programme (ZAMEP) has managed to keep prevalence of the disease as low as less than 1 per cent since 2010, reaching up to 0.003 per cent in recent years.

ZAMEP owes this success to community sensitization and household surveillance of the disease, together with the treatment of all cases, emphasis on use of insecticide-treated bed-nets and indoor residual spraying.

But above all, the people were willing enough to deal with the disease as individuals.

Currently, 90 per cent of the population in Tanzania lives in areas that carry a high risk of malaria transmission, says the National Malaria Control Programme (NMCP).

At the global level, WHO now says that, after more than a decade of steady advances in fighting malaria, progress has levelled off. Based on the 2018 World Malaria Report, it appears that no significant gains were made in reducing malaria cases in the period 2015 to 2017.

But, there are bad and good examples of countries vis-à-vis the malaria scourge. Rwanda has seen the greatest increase in malaria cases since 2016 - around 1 million - while Madagascar has the greatest decrease: more than 800,000.

In that same year, Senegal and Sri Lanka showed that beating malaria is possible. Sri Lanka was certified as malaria-free by WHO in 2016, a milestone largely achieved through domestic financing.

Senegal saw its malaria cases decrease by more than 250,000 since 2016. A nationwide malaria campaign, 'Zero Malaria Starts With Me', was adopted in that country early to engage Senegalese to keep malaria high on the agenda.

It's our time in Tanzania, let's start today; let's 'Get it Done!'

East Africa: DR Congo, East Africa Seek Collaboration in Malaria Fight

23rd April, 2019

By The New Times (Kigali)

Medical practitioners from East African countries have highlighted the need to partner with the Democratic Republic of Congo, and all EAC countries to establish cross-border measures in combating malaria.

Some 15 countries in sub-Saharan Africa and India carry almost 80 per cent of the global malaria burden.

According to the 2018 World Health Organisation Malaria Report, DR Congo is among five countries that account for nearly half of the cases

Five countries accounted for nearly half of all malaria cases worldwide with Nigeria accounting for 25 per cent, DR Congo 11 per cent, Mozambique 5 per cent, India 4 per cent, and Uganda 4 per cent.

Noting that DR Congo shares borders with most east African countries, Dr. Michael Katende, the HIV and AIDS Principal Officer at the EAC Secretariat, said that devising cross-border collaboration to combat the epidemic would be helpful to the region.

"The EAC treaty allows for free movement of people across borders in East Africa. These East Africans are also crossing to the DR Congo. If we have high incidence of malaria in DR Congo, it will affect the region, even if we have tried to control it in our own territories," he noted.

Katende believes that cross-border collaboration in form of establishing systems and structures that work will be important in controlling the disease. He reflected on the importance of bringing DR Congo onboard for discussions to make sure that the epidemic is controlled in the East African Community, as well as stop cases that are imported from neighbouring countries.

"At the end of the day we should be in a position to control altogether and, therefore, have a bigger impact," he said, adding that there are also discussions focused on cross-border collaboration with the DR Congo on controlling Ebola and other diseases.

Eric Mukomena, an official from DR Congo's National Program for Malaria Control, noted that DR Congo accounts for 10 per cent of all malaria deaths in sub-Saharan Africa, and underscored the importance of involving his country in the joint fight in the EAC region.

"Since DR Congo is a neighbour, they (EAC) realise that that they have to involve us in the effort," he said.

In DR Congo, an estimated 97 per cent of the population lives in zones with stable malaria transmission lasting 8 to 12 months per year.

Dr. Diane Gashumba, Rwanda's Minister for Health, said that if the region does not work together, less progress will be seen in the fight against malaria.

"Because we are neighbours, we should work together. Countries have been pursuing their own antimalarial programmes, not minding about working with each other, and so little has been achieved," she said.

According to WHO, Rwanda posted a reduction in its malaria burden, with 430,000 fewer cases in 2017 than in 2016.

Kenya: Food Hawking in Nyeri County Banned Over Cholera Fears

23rd April, 2019

By The Nation (Nairobi)



An open air food kiosk. The Nyeri County Health department has banned food hawking following cases of cholera outbreaks in several counties in the country.

In Summary

- She urged Nyeri residents to be on high alert for a possible cholera outbreak.
- Cases of cholera have been reported in Nairobi, Machakos, Garissa and Kajiado counties.
- As of Tuesday, Dr. Kamau said, 1,350 cases of cholera had been reported nationally with six deaths.

The Nyeri County Health department has banned food hawking following cases of cholera outbreaks in several counties in the country.

Health Executive Racheal Kamau has also ordered the re-inspection of food outlets in the county to ensure conformity with the Public Health Act.

She urged Nyeri residents to be on high alert for a possible cholera outbreak going by the transmission patterns that have been reported in Nairobi, Machakos, Garissa and Kajiado counties.

"Due to the close proximity and the frequent interaction between Nyeri and the affected Nairobi County, there is increased danger of cross-border transmission if necessary precautions are not put in place," noted Dr. Kamau.

AVOID HAWKED FOOD

In addition, she called on residents to avoid consuming hawked cooked food and also desist from buying food from unlicensed outlets. Residents have also been asked to always boil water before drinking.

Nyeri County has in the recent past seen an increase in food vending on its major streets in the evenings.

A cholera outbreak was reported at The Nairobi Hospital last week leaving one person dead and 22 others suffering from the waterborne disease.

As of Tuesday, Dr. Kamau said, 1,350 cases of cholera had been reported nationally with six deaths.

DRINKING WATER

She said communities that lack safe drinking water are at risk of contracting the disease.

The health executive further stated that food prepared and sold under unhygienic conditions could be contaminated with

faecal matter, either through flies or dirty fingers and could be a source of cholera.

"All the households with no access to treated or piped water are to be supplied with chlorine tablets free of charge," she noted.

Tens of households in all the eight sub-counties of Nyeri are not connected to piped water, putting them at a higher risk of contracting the disease.

Dr. Kamau stated that health personnel in all hospitals should be on high alert, adding that public health surveillance will be heightened.

She also said that any suspected cases of cholera should be reported to the county director of Health for further investigation and immediate response.

Kenya: Health Lobbies Condemn Anti-Abortion Billboards

23rd April, 2019

By The Nation (Nairobi)



12 Civil Society Organisations presenting a signed petition to Nairobi Governor, Mike Sonko, at his County Hall office.

In Summary

- The health lobbies want the government to give support to women and girls seeking abortion services within the confines of the law.
- They also want the government to disseminate accurate accurate information on abortion and access to abortion services to the public.
- In addition, the groups says the government should also engage communities through faith-based organisations.

A coalition of civil society organisations (CSOs) has called on the government to give support and protection to women and girls seeking abortion services.

The CSOs have particularly taken an issue with billboards erected in parts of Nairobi that portray abortion as murder and argue such blanket condemnation may lead to violation of women's reproductive health rights.

"We ...condemn the billboards in question and the message contained in them for seeking to shame women without providing the necessary context and public health reality of what these services provide; and for seeking to shame women without acknowledging that even in a restrictive legal framework abortion is a health service," the CSOs said in a statement.

The 11 health organisations said that seven women and girls die daily from unsafe abortion in Kenya yet those deaths are preventable.

The groups agitating for government support are: Center for Reproductive Rights, Federation of Women Lawyers, and Trust for Indigenous Culture and Health, Network for Adolescent and Youth of Africa, Red Tape, Ipas- Health Access Rights, Right Here Right Now, Kelin, Xhale Africa, Women's Link Worldwide, and Reproductive Health Network Kenya.

According to research published in The Lancet in 2017, in many African countries, less than 15 percent of procedures to terminate pregnancy met minimum medical standards.

The highest proportions of safe abortions were seen in countries with less restrictive laws, high economic development and well developed infrastructures," said lead author Bela Ganatra, a researcher at the World Health Organization in Geneva.

A study by the African Population and Health Research Centre and the Ministry of Health between 2012 and 2016 found that Kenya used more than Sh500 million tackling unsafe abortion cases.

The report, *The Costs of Treating Unsafe Abortion Complications in Public Health Facilities in Kenya*, noted that this is an increase of nearly 24 percent, compared with Sh433 million in 2012.

The CSOs want the government to ensure that there is an environment that allows women to access abortion services by

enacting and implementing laws and guidelines that will provide clarity to health providers and women and girls on when to offer abortion services.

The groups also want the government to proactively disseminate accurate information on abortion and access to abortion services to the public and address abortion stigma by engaging communities, including through faith-based organisations.

"Consequently, women and girls may seek abortion services when they have suffered a miscarriage, when they have an ectopic pregnancy, when the fetus cannot survive outside the mother's womb and when they suffer sexual violence," the CSOs said.

Tanzania to Reconsider Decision on Sanitary Pads After Vat Exemption Proves Helpless

23rd April, 2019

By The Citizen (Dar es Salaam)



Sanitary pads.

Dodoma — The government is reconsidering its decision to scrap Value Added Tax (VAT) on sanitary pads and think of another option, a minister said on Tuesday, April 23, in Parliament.

Tabling the financial year 2018/19 national budget proposal, the minister for Finance and Planning, Dr. Philip Mpango, proposed for exemption of VAT on the product.

The tax exemption, which took effect on July 1, 2018 was meant to enable women, especially school girls, access the sanitary towels at affordable prices.

However, speaking during the question and answer session today, Finance and Planning deputy minister Ashatu Kijaji said they have established that the exemption of VAT was only benefiting traders and not women.

She was reacting to a supplementary question by Special Seats Member of Parliament Swale Semesi who sought to know the government's plan to ensure sanitary pads were sold at a low price.

"Sanitary towels are still highly priced despite the tax relief granted on such products in the current financial year. What is the government's position over the matter?" Dr. Semesi asked.

Dr. Kijaji said the government was looking for the best option, which would see a relief to women and have positive impact to the government.

She said the government was borrowing a leaf from South Africa, Botswana and Kenya, who took the same measures (VAT exemption).

The deputy minister added that the steps did not yield positive results to the above mentioned countries.

"I admit that there are reported complaints that women still feel the pinch of the item's high price. We are thinking of the best measures that will have positive impact to both women and government," said Dr. Kijaji.

In her principal question, Special Seats lawmaker Upendo Peneza (Chadema) sought to know the revenue collection in VAT on sanitary towels during the 2016/17 and 2017/18 financial years.

Responding, Dr. Kijaji said some Sh2.5 billion was collected in 2017/18 compared to Sh3 billion in the previous year.

East Africa: EALA Calls for the Formation of a Food Security and Nutrition Body

23rd April, 2019

By The East African (Nairobi)



East African Legislative Assembly member Mathias Kasamba is working on a motion to compel EAC partner states to create a body to deal with regional food security and nutrition.

Mr. Kasamba said the motion will help fast-track formation of the institution to spearhead research, food standardisation and distribution logistics.

He said the EAC was strengthening co-operation at political, economic and infrastructural levels and forgetting about the integration of the agrarian states.

As a result, the bloc is a net importer of maize, wheat and rice worth \$2 billion a year, with some partner states "consuming more bread than India, which is home to 1.2 billion people."

Mr. Kasamba was speaking at the launch of the Eastern Africa Parliamentary Alliance for Food Security and Nutrition (EAPA - FSN) in Arusha on Monday.

Kenya, with only about 50 million people, spends about \$400 million every year to import wheat.

Mr. Kasamba said with East Africa being so rich in agricultural potential, leaders ought to use the resources to improve the quality of life.

The Eala MP accused leaders of concentrating on physical infrastructure development instead of investing in agriculture.

However, Tanzanian Speaker Job Ndugai said that poor infrastructure in the region

was equally to blame for food insecurity and malnutrition in the region.

"While some parts of the region lack food, other areas have plenty of it. But owing to infrastructure being in a pathetic state, it's hard to transport it," he said.

Chimimba Phiri, the Food and Agriculture Organisation sub-regional co-ordinator for Eastern Africa and a representative to the AU Commission and the UN Economic Commission for Africa, said at least 7.1 million households in the region are expected to experience food gaps in agro-pastoral areas during the October to December rainy seasons.

According to FewNet, about 12 million people were internally displaced in Burundi, Ethiopia, Somalia, Sudan and South Sudan by mid-March, and an additional 5.3 million refugees from these countries are in camps in Burundi, DRC, Ethiopia, Kenya, Sudan, Uganda and Tanzania.

Dr. Phiri urged countries to formulate and apply national and regional agricultural investment plans and other policies and legislative frameworks. "Governments' efforts to achieve a world without hunger and malnutrition by 2030 are painfully slow," he said.

The first elected EAPAFSN chair, Abdi Ali Hassan from Somalia, said of the 236 million pupils suffering from food insecurity and malnutrition worldwide, 50 per cent were in Africa and 32 per cent in East Africa.

He blamed the situation on failure to put food security and nutrition on national agendas, lack of streamlined policies and

legislation for land tenure and access to financial resources, conflicts, civil insecurity, terrorism, climate change, displacement and immigration.

Margaret Agama-Anyetei, head of social affairs at the AU Commission, asked member states to silence the guns and create stability.

Tanzania: Preps for Dar Heart Marathon On Front Pedal

24th April, 2019

By Tanzania Daily News (Dar es Salaam)



PREPARATIONS for the eagerly awaited Heart Marathon set on April 28th in Dar es Salaam are on front pedal with more than 3,000 runners expected to embrace the event.

Established in 2016, the event is scheduled to start at 6:00am by using Kaole road with athletes competing in various distances which have been lined up as 21.1km, 10km, 5km and 700m for children.

Briefing the 'Daily News' yesterday, Head of Marketing at Tanzania Health Summit Selemani Chillo whose firm are the main organisers of the event in partnership with Jakaya Kikwete Cardiac Institute (JCI) and Save the Children Tanzania said everything is moving according to plan.

"Heart Marathon is mainly organised to help children who are suffering from heart problems and currently, there are 5 12 children waiting to undergo heart operation at the JCI," Chillo said.

He added that the expense for one child to be fully operated for heart complications is not less than 2m/- hence the event in conjunction with other stakeholders raises money to assist the sick children to be operated and get the required treatments.

"From this motive, Heart Marathon has a direct impact to the community members since we touch lives of people as such, we need more stakeholders to come forward and support the event to reach as many children as possible," he said.

Chillo also disclosed that aside from running, they will also conduct health screening of people and provide awareness on how the best they can avoid non communicable diseases like diabetes and pressure which he said are on the increase.

"Through Heart Marathon, moreover, we are complimenting government's policy which requires workers to set aside time for conducting body exercises as a means of improving their health and accelerating work efficiency," narrated Chillo.

Kenya: The Rise of Luxury Cannabis Skin Care

24th April, 2019

By Capital FM (Nairobi)



Not too long ago the idea of indulging in the recreational use of cannabis was seen as a taboo characteristic flaw. Legalization in 46 American states, South Africa, Netherlands, Canada, Spain, Peru and Uruguay; and just like that, the narrative has changed.

From alleviating muscle pain to depression and reducing general stress, one of the biggest industries thus far to hop on board the doobie drive has been the beauty industry. Soaps, moisturizers, even mascaras containing cannabis oil, are being passed around faster than your average joint. The most popular being 'CBD' (cannabidiol) oil. The CBD market alone is projected to hit \$2.1 billion by 2020.

Don't expect to get stoned though as these products typically contain minuscule amounts of tetrahydrocannabinol, or THC, the part of the cannabis plant with

psychoactive effects. Still, while a CBD-laced lip balm won't get you baked,

According to scientists the molecular structure includes a high concentration of vitamins A, B, D and E and is rich in antioxidants. By action on the endocannabinoid system of the skin, many studies shows that CBD can be useful for acne, psoriasis, dermatitis or dry skin. It comes in a variety of forms and is usually derived from the hemp plant (hemp and marijuana are the two primary species of cannabis), extracted from the seeds and stems, and is legal globally because it contains only minute amounts of THC.

Would you purchase cannabis infused products

Tanzania: South Korean Producer of Medical Equipment Eyes Tz

24th April, 2019

The Citizen (Dar es Salaam)



RadianQbio managing director Sang Young speaks to the minister for Health,

Community Development, Gender, the Elderly and Children, Ms. Umy Mwalimu, in Dodoma yesterday.

In Summary

- A Korean company, dealing in manufacturing of medical facilities, will invest in Tanzania as it seeks to get a share of the East African country's lucrative pharmaceutical market.
- The Radian Qbio managing director, Prof Sang Young said here yesterday that his firm was interested in selling and investing in setting up a plant to manufacture medical equipment in Tanzania.

Dodoma — A South Korean producer of medical equipment plans to invest in Tanzania.

It seeks to get a share of Tanzania's lucrative pharmaceutical market.

RadianQbio managing director Sang Young said here yesterday that the company was interested in selling and setting up a plant to manufacture medical equipment.

The Ministry of Industry and Trade data show that every year, Tanzania spends over Sh800 billion on importing medicines and medical supplies.

Local factories are only able to meet about six per cent of the country's requirements.

An industrial engineer in the Ministry of Industry, Trade, Dr Yuda Benjamin, told a health supply chain summit last year that Tanzania's pharmaceutical market was

forecast to grow to \$700 million by 2021, up from \$450 million in 2017.

"We are quite impressed in the manner that most government officers from the Medical Stores Department and TFDA [Tanzania Food and Drugs Authority] handled us as we wanted to understand the investment climate here," Prof Sang told Health minister Umy Mwalimu at Bunge Premises in Dodoma.

He said the company was in initial stages to ensure that it complies with government laws and procedures regarding selling and marketing medical equipment and facilities.

He pledged to link some Tanzanian universities, to those of Korea to work in various areas.

Ms. Mwalimu said the government was willing to assist the company in realising its investment dream.

She told Prof Sang that she would ensure the company complies with the laws and procedures governing investments in Tanzania. RadianQbio has been also involved in research & develop and manufacture next generation on-site diagnosis platform based on innovative bio-MEMS and lab on a chip technology.

Ugandans Need Sensitisation, Not Anxiety, About Medical Marijuana

24th April, 2019

By The Observer (Kampala)



Police officers burn marijuana in Buikwe District. Uganda has laws prohibiting Marijuana production without clearance from the health ministry.

A little over a year ago, my sister Lydia Namazzi Sekatawa succumbed to cancer in spite of the best efforts by doctors at Nsambya hospital to save her life. A month earlier, the lead doctor, seeing her state of cancer was on course to becoming terminal, recommended medical marijuana to act as painkiller as well as stress reliever.

It was, he said, the last resort or else the countdown to her death was inevitable. The only option was to fly her to India and Germany which we did but again we got recommendation to take her to Colorado, USA for medical marijuana which never materialized before she passed away.

Since then, I have advocated the need to research into how medical marijuana could help Ugandan cancer patients from flying abroad for treatment as well as in the manufacture of other related medicines locally.

To my surprise, almost a year on, government granted an Israeli company, Industrial Globus Pharma Uganda Limited, a license to grow medical marijuana in Kasese. This surprise move was reportedly approved by the Uganda Investment Authority, ministry of Health, ministry of Agriculture and the National Drug Authority (NDA). It was like music to my ears and there is no doubt that the Israeli company's decision to come to Uganda is based on Uganda's supreme weather conditions for the marijuana plant to flourish.

Let's not be oblivious of the fact that use of marijuana is prohibited under Ugandan law, which means that the license to grow the plant comes with strict conditions and punitive measures.

But in a new twist, cabinet last week backtracked on the move and some ministers condemned it outright. Instead, cabinet tasked the Health ministry to do more research and provide scientific evidence that marijuana can help treat illnesses, including cancer and HIV/Aids before presenting the findings on May 15.

Anyone who has cared for a cancer patient may have been recommended drugs such as Epidiolex, Sativex or Marinol. These are very expensive drugs whose main content is marijuana.

Firstly, I want to believe that the ministry, along with the regulatory government agencies, did enough research before granting Industrial Globus Pharma Uganda Limited the license.

What is left now is to sensitise the masses about what medical marijuana is all about.

There is a very big misconception that marijuana is all about smoking weed; that smoking weed makes people high and, therefore, they become unproductive. This is true to some extent, the same way people consume alcohol and tobacco.

However, there's more to marijuana than being a recreation drug. The marijuana plant is responsible for many painkillers on the market but due to the sensitivity, the public impression is of wasted youth who smoke it. Every beer on the market carries the tag that 'too much consumption of alcohol is bad for your health' but beer companies rank amongst the top taxpayers for Uganda. It is also well-documented that having unprotected sex increases the risk of HIV/Aids but that has never stopped people from being reckless.

However, government's efforts to sensitize the public about HIV/Aids have created awareness that has seen a drop in new infections. Unlike alcohol or HIV/Aids, marijuana comes with an economic value to it that may not only improve the country's tax base; it would also reduce unemployment on top of improving our fragile health sector.

Globally, the marijuana industry is estimated in billions of dollars but most of it remains undocumented due to smuggling. In essence, marijuana comes with risks of abuse but that doesn't make it satanic. Its medical advantages far outweigh the risks and, with strict regulation, it could trigger an economic upsurge for the country.

Let's agree that the same way government regulates the sale of alcohol, parliament can enact a law to regulate the growing and

consumption of marijuana while at the same time ensuring that the country gets much-needed revenue from exports.

World over, marijuana has been given a human face. For instance, Uruguay legalised it in 2013 and statistics there show there has not been a significant increment in abuse of the drug.

Other countries such as Peru, Spain, the Netherlands and South Africa allow the personal use of marijuana as long as it is not for sale. We can even borrow a leaf from Lesotho, which last year became the first African country to legalise medicinal marijuana cultivation but with strict conditions that barred small-scale farmers.

So, let's not bury our heads from the reality and create awareness that would enlighten the whole country.

Uganda Simulates Ebola Outbreak and Identifies Gaps in Preparedness and Response

24th April, 2019

By World Health Organization (Geneva)



Officials at Kasindi do body temperature checks as a first test for symptoms of Ebola.

Kampala, 24th April 2019:- Uganda's Ebola Virus Disease (EVD) preparedness and response have capacity gaps that need urgent attention to be able to effectively respond to a potential outbreak of the disease. The gaps were identified during a Simulation Exercise (SimEx) that was conducted recently in Wakiso (Entebbe) and Kasese (Mpondwe and Kagando) districts.

Specifically, the SimEx tested the functionality and coordination of the preparedness pillars, identified weaknesses and proposed urgent actions for improvement. It critically evaluated readiness at national, district and community levels.

Among the challenges identified was inadequate coordination and communication between the Public Health Emergency Operations Centre (PHEOC), district authorities and health workers in Ebola Treatment Units (ETUs) and at Points of Entry (PoEs). This challenge was evident at the Entebbe Grade B hospital Ebola

Treatment Unit (ETU), Entebbe International Airport and at Kagando hospital in Kasese district. In a real EVD outbreak, this challenge would lead to delayed identification, notification, transfer and management of patients which is potentially dangerous.

Surveillance preparedness had gaps in designation and preparation of isolation areas, tracing of contacts and security at the ETUs for patients and property. At Mpondwe border Point of Entry and at Kagando hospital, major gaps identified included inconsistent screening of travellers, inadequate deployment of screening staff, and improper use of Personal Protective Equipment (PPE) and poor observance of infection prevention and control (IPC) protocols. Case definition forms were also not available at Mpondwe PoE.

For case management, the inadequacies were in patient management; wearing and removing PPEs by health workers; knowledge on preparing chlorine solution; observance of the five moments of hand hygiene; waste management; and adherence to the buddy system. Others gaps were on patient documentation and signage in the ETUs.

Regarding IPC the SimEx pointed out inadequate disinfection of surfaces, adherence to IPC protocols and poor handling of patient property which can expose health workers and other people to the disease. At the ETU, the exercise identified a lack of well-defined roles for the laboratory team members which affects sample collection and management. Risk communication preparedness was lacking

adequate IEC materials in local languages at PoEs, in the ETUs and in the communities.

However, there were a number of positive aspects observed in all the pillars. For instance, the National Task Force was found to be on top of the process and can easily mobilize different pillars to respond to an outbreak in record time. Communication between the Public Health Emergency Operating Center (PHEOC), and public health emergency sites was also good. Primary and secondary screening at the PoEs and in the community were also well done. There are adequate materials such as thermometers, PPEs, hand washing facilities and chlorine in all the sites and indication that the country has taken major prevention and control precautions, should an outbreak occur.

The ETU at Bwera was noted to be adequately prepared and the health workers demonstrated good knowledge of EVD management. The unit was also well maintained with good hygiene, waste management and availability of enough water. There was an excellent collaboration between security and health workers at Mpondwe PoE.

In addition, the SimEx found heightened community risk perception pointing to the good work done on community engagement and risk communication. The Village Health Teams, especially in Kasese district, were prepared and demonstrated the ability to identify suspect cases and promptly pass on EVD information in the community.

Ambulances were also found in all the designated areas and transported "patients" as required in an outbreak situation. Logistics such as PPEs, infrared

thermometers and hand washing facilities were found in all places as required and were being used.

At the closure of the SimEx Dr. Allan Muruta, the Incident Commander for disease outbreaks in the Ministry of Health noted that "the exercise has given us a lot of information and indicated to us areas we need to strengthen. We are going to develop and implement a Corrective Action Plan as soon as possible to improve our preparedness", he added.

The PHEOC Director Issah Makumbi concurred saying that "we have a lot of work to do. We must grab this opportunity to prepare not only for Ebola but also for other diseases that might break out in the country."

The WHO Representative in Uganda Dr. Yonas Tegegn Woldemariam emphasized the importance of IPC as central to any EVD prevention and control efforts. "We have to build a sustainable system not only for EVD but also for other health problems. The more we do this the better we shall get at it. WHO is there to support the process," he said.

The Director of the Centers for Disease Control and Prevention (CDC) in Uganda, Dr. Lisa Nelson, commended the government and partners for organizing and conducting the SimEx "which has given all of us renewed focus". She advised MoH and partners to urgently address gaps identified in the SimEx so that the country is better to effectively respond to EVD.

East Africa: Can Disruptive Technologies End Perennial Famine in East Africa?

24th April, 2019

By The East African (Nairobi)



Technological investments in agriculture can help East Africa deal with a looming food shortage and raise the sector's contribution towards economic growth and creating jobs, World Bank experts have said.

According to the experts, there is a need for governments, donors and private sector to invest in digital agriculture and disruptive technologies -- those that render existing technologies obsolete -- and apply them in all segments of the value chain including among smallholder farmers and rural economies, to increase productivity and raise incomes.

"Multiple changes in the structure of the food system and agriculture should offer new opportunities to deal with sector challenges," said Dr. Parmesh Shah, the lead

rural development specialist for Africa at the World Bank.

He was speaking in Nairobi recently at an international forum on disruptive technologies in agriculture.

East Africa remains a food insecure region despite impressive economic growth over the past decade, a trend that is increasingly being attributed to the use of technology.

INNOVATION

There are concerns that even in countries like Kenya where technological advances in the mobile money service MPesa have spawned successful financial innovations, agriculture remains the least digitised sector of the economy.

"Disruptive agricultural technology is significant for Kenya and Africa because it has the potential to improve farm productivity, help farmers cope with climate risks and raise farm-derived incomes by taking the guesswork out of farming and marketing operations," said Dr. Shah.

Economists believe that disruptive technologies could multiply yields, boost farmers' incomes and ultimately improve lives for the millions of households who live on agriculture.

East Africa's perennial food shortages have been highlighted in several reports, including the United Nations Development Programme's latest Human Development Report which paints a gloomy picture of the situation on the continent.

The report describes the paradox of an Africa that is agriculturally endowed, but is still acutely food insecure. It notes that the spectre of famine, which has virtually disappeared elsewhere in the world, continues to haunt most parts of sub-Saharan Africa despite the predominance of agriculture as the main economic activity for the majority of households.

"Sub-Saharan Africa has ample agricultural land, plenty of water and a generally favourable climate for growing food," says the report, which attributes the paradox to the failure of African governments to embrace technology and institute the right policies.

"Sub-Saharan Africa has abundant agricultural resources. But shamefully, in all corners of the region, millions of people remain hungry and malnourished -- as a result of glaringly uneven local food production and distribution and chronically deficient diets, especially among the poorest."

POTENTIAL

The UNDP says boosting agricultural productivity in Africa will require broader application of fertilisers and provision of seeds, stronger research and development, and a more co-ordinated and responsive extension system staffed by experts versed in the behaviours and habitats of local farming communities.

It also states that attracting young Africans to agriculture is critical to infusing fresh energy and ideas to the sector's development.

"Technology and innovation can create enticing and profitable openings, enterprises and occupations along the value chain of a sector that young people have come to denigrate as a backwater," the UNDP report says.

Dr. Shah described Africa's agriculture as having great potential to capitalise on digital technologies and innovations that would transform it.

According to World Bank consultants Jeehye Kim, Akanksha Luthra and Vivek Prasad, digital technology is a game-changer for agri-food systems, because it dramatically reduces the cost of matching buyers to sellers.

Greater efficiency in upstream and downstream markets could further result in higher prices for farmers and more competition between middlemen, the trio say.

"Disruptive technologies could help distribute food, wealth and data, reduce hunger and waste, and empower farmers to produce more valuable, climate-resilient and nutritious foods for their clients," said Dr Shah.

To encourage innovations in agriculture, the World Bank and its partners will support agri-tech initiatives in Kenya. The aim is to put one million Kenyan farmers on a digital platform over the next three years, under the One Million Farmer Initiative.

The initiative seeks to use technology to scale up food production.

Uganda: New Law Protects Rights of Persons with Mental Illness

24th April, 2019

By The Observer (Kampala)



For a long time, persons with mental illness have been all generalised as mad in the Ugandan and largely African setting.

In Uganda, they have all been stereotyped in vernacular as 'mulalu or balalu'. In most cases, they have been denied their basic rights and needs. Families have abandoned them. In other extreme cases, families keep them home but chained to trees or poles.

In the streets of Kampala, some are forcefully taken to the only psychiatric hospital in Butabika and left there without family support. There is hope, though. Parliament last year passed the Mental Health Act. The Act provides for mental health treatment at primary health centres and emergency admission, among others.

The law also provides for the patient's consent to treatment; the protection of the

rights of patients; and also provides for the right to appoint personal representatives and orders for custody, management and guardianship. The new law also provides for mental health treatment for prisoners and other offenders.

Clause 20(2) of the Act states: "Treatment for mental illness at a primary health centre shall only be administered on a person with mental illness after that person gives informed consent to the treatment".

There have been tales of persons rushed to Butabika or other health facilities and treatment administered basing on the information provided by the relatives or whoever has taken them there. The law also provides for assisted care and treatment where the person is willing to have treatment but may not be in position to give consent.

The exemption in this case is provided for in clause 22 which states that a person with mental illness qualifies for emergency admission and treatment if that person is likely to inflict serious harm on themselves or on another person, cause financial loss to themselves and damage property, among others.

This law also addresses the issue of confinement. Persons with mental illness have been locked up in bedrooms, stores, car garages and, in extreme cases, cages. This has in most cases caused more trauma and pain on the patients, leading to physical injuries and sometimes death.

The Act in clause 48, subsection 1, prohibits the seclusion of a patient in a facility that is not a mental health unit, and if they have to

be kept in seclusion, it must be authorised by a psychiatrist and for purpose of emergency treatment, by a senior mental health practitioner.

The person kept in seclusion, according to the law, is entitled to the basic needs like beddings, clothing, food, and drink and toilet facilities. Anyone who violates this provision is liable to a fine of Shs 3.6 million or imprisonment not exceeding 18 months or both.

Tying the legs and arms of mental patients to restrict their movement is also prohibited. It allows restriction of movement through medical means. Physical restriction of movement of mental patients can only be used when a psychiatrist authorises it and for emergency treatment by a senior health worker.

This restraint is also meant for the protection, safety, or well-being of the patient or of any other person with whom the patient may come in contact or to prevent the patient from persistently destroying property.

The law provides that the restraint shall be given in writing and indicate the period for which it is given. It is another offence to use mechanical bodily restraint or bodily restraint, and one is liable on conviction to a fine not exceeding Shs 600,000 or imprisonment not exceeding 15 months or both.

The Mental Health Act also prescribes that the person, human dignity and privacy of a patient shall be respected, and not be subjected to any form of torture or cruelty, inhuman or degrading treatment or

punishment. It adds that subject to such limitations as prescribed by law, a person with mental illness has the right to protection from physical, economic, social, sexual and other forms of exploitation and abuse.

In the treatment of suspects, which has been another area that has been disregarded over time, the law states that police officers shall not effect arrest of persons suffering from mental illness but, rather, take the person for an assessment of his or her mental health.

Mental health conditions, according to the law, include but are not limited to, depression, bipolar, anxiety disorders, schizophrenia and addictive behaviour due to alcohol/substance abuse, among others.

The author is a senior information officer in the Parliament of Uganda.

Uganda: Over 1,000 Residents Get Clean Water

25th April, 2019

By The Monitor (Kampala)



Kasese — More than 1,000 residents of Bwenanule Village, Kahendero Parish, Muhokya Sub-county in Kasese District can breathe a sigh of relief after getting clean water.

The Shs37 million water project was funded by Mr. Jet Zhu, 17, a student at International College in Uganda (ICU) from the Zhu family in United States of America.

The water project is aimed at serving locals in domestic and cultivation use. Their major crops are cotton, maize and ground nuts.

The residents in the past had to walk long distances in search of safe and clean water.

"I was touched when I was told that young children fall sick due to taking dirty water. They walk long distances of more than 4kms in search of water. I decided that I can change their lives by extending water to them through my family and friends at the college and well-wishers from China and America at large. I thank God that I managed to raise Shs37 million for the project, "Mr.

Zhu said on Tuesday during the commissioning of the project at Kinyabakazi Trading Centre.

Ms. Naome Biira, 58, and a mother of nine, said she depended on dirty streams for the last 14 years.

Ms. Biira said due to the long distance, she hardly took a bath.

"I would spend two hours trekking to and from the river meaning that it was four hours a day, but the major challenge was wild animals and snakes that would attack me because of passing through the park. As that was not enough, bathing was a problem because of limited water," Ms. Biira said.

Ms. Agnes Mbambu, a resident, said they shared streams with animals for a long time.

"I would spend Shs20,000 per month on treating skin ailments that were on and off but now, that problem was solved," Ms. Mbambu said.

Ms. Juliet Muhindo, 34, a mother of six children and a widow, said she would first bath from the river before carrying a jerrycan of water back home.

According to Mr. Zhu, who was accompanied by his family said the project was started in Kasese following a request by Ms. Ronah Masika, the project manager of Shalom Mediation Institute, about the need for water in the area.

"I am happy now that my dreams have come true and I believe it will change the lives of many especially women and children who

were sexually harassed as they go to fetch water," he said.

Mr. Zhu added that he had done six shallow wells in Africa but not a big project like the one done in Kasese saying that as he goes back to America next year, he hopes to solicit more funds for charity.

Mr. Arnest Kasoke, Muhokya Sub-county chairman said: "Use this water to improve on your hygiene and sanitation since you were attributing poor hygiene to lack of water. Use the money you were spending on water to improve your social life. Stop taking excessive alcohol but use the water as your turning point to new life".

Rev Wilson Maali, the chairperson of the project, said the district leadership had failed to extend services to the people claiming limited funding adding that even little money can do something

Rwanda to Unveil New Plan to Eliminate Malaria

25th April, 2019

By The New Times (Kigali)



Participants during the just-concluded EAC and DR Congo Cross Border Malaria control initiative meeting in Kigali. Courtesy photos.

Rwanda is set to launch new initiatives designed to ensure a malaria free society.

Rwanda joins the world to mark the malaria day today Dr. Aimable Mbituyumuremyi, Head of Malaria Division at Rwanda Biomedical Centre (RBC), told The New Times that the new initiatives will focus on prevention.

Among the prevention measures being lined up by the end of this year include more vector control methods, including outdoor spraying in order to kill the mosquitoes at the larva stage.

This is opposed to the indoor residual spray, which is currently being used.

Larvicide spray target larvae in the breeding habitat before they can mature into adult mosquitoes and disperse.

Larvicide treatment of breeding habitats helps reduce the adult mosquito population in nearby areas. Liquid larvicide products are applied directly to water using backpack sprayers or other tools like trucks.

According to Mbituyumuremyi, this method has been piloted in different parts of the country albeit on a small scale.

According to the World Health Organisation (WHO), Rwanda recorded 430,000 fewer malaria cases in 2017 than in 2016.

This achievement was registered owing to different strategies ranging from Home Based Management for Malaria at community level countywide, to distribution of long lasting insecticide nets.

From November 2016 to March 2017, more than 5 million bed nets were distributed countrywide while indoor residual spraying is being conducted in high burden districts including Kirehe, Nyagatare, Gatsibo, Bugesera, Nyanza, Huye and Gisagara.

Effective November 2016, all people under the household socio-economic categories, Ubudehe 1 and 2, countrywide were given access to free malaria diagnosis and treatment.

Mosquito repellents

The Government says that it plans to start the distribution of mosquito repellents to complement existing malaria fighting measures.

CS Johnson, an America company, has partnered with the Ministry of Health to developing a couple of mosquito repellent

solutions for Rwandans, according to government officials.

Asked about whether Rwanda would consider rolling out the recently introduced malaria vaccine, Dr. Diane Gashumba, the Minister of Health, said that they are monitoring how the vaccine works and how important it can be.

"If we find it necessary, we will join that programme," she said.

Dr. Mbituyumuremyi says that RBC will also sustain effort in implementing current measures.

Tanzania: Mpwapwa Council Given 30 Days to Open Health Centre

26th April, 2019

By Tanzania Daily News (Dar es Salaam)

MPWAPWA District Commissioner (DC) Jabir Shekimweri has issued a 30-day ultimatum to his district council to open Motomondo Health Centre located at Mbori Village, which was constructed 10 years ago, but has never started operating.

The DC gave the ultimatum during his tour of the village after villagers complained about various challenges, including poor health services. One of the villagers, Ms. Bertha Mbogoli said despite the villagers' efforts to construct the health centre 10 years ago, it was not operating and its buildings were becoming old. She said the villagers had to walk long distances to a nearby dispensary and sometimes to the district hospital.

"Ward leaders have been in conflict for many years and this centre has failed to operate because of such conflict," she said. Motomondo counsellor Javan Selli admitted to have such a challenge, but he was quick to point out that the matter had been forwarded to MP George Lubeleje, who had requested the Minister of State in the President's Office (Regional Administration and Local Government) to repair the health facility.

"It is true that this health centre has been existing for many years, but when I made a follow-up to the authorities, I was told that there were some buildings that needed to be made proper, including the maternity ward, mortuary and staff houses, among other things.

Uganda Launches the National Tobacco Control Committee

26th April, 2019

By World Health Organization (Geneva)

Kampala 26 April 2019: - The Ministry of Health (MoH) has, today, launched the National Tobacco Control Committee (NTCC) at a breakfast meeting held in Kampala.

The NTCC will supervise the implementation of the Tobacco Control Act 2015, in accordance with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). The committee will also coordinate and monitor tobacco control interventions and advise the Minister of Health on policies and measures relating to tobacco control legislation and implementation of the act. Furthermore, the committee will monitor the interference and insulation of tobacco-related policies from

commercial and other vested interests of the tobacco industry.

The Minister of Health, Dr. Jane Ruth Aceng inaugurated the committee saying, "this committee takes on a heavy responsibility. We are aware of the power of the tobacco industry and I implore you all to take on this role with utmost diligence and commitment."

"The Tobacco industry is looking for loopholes, we have to follow the law and tighten these loopholes to tackle this problem because they are not resting," she said.

Dr. Aceng further mentioned that Uganda is a signatory to the WHO FCTC, an evidence-based treaty that reaffirms the rights of all people to the highest standard of health.

She commended WHO and Uganda National Association of Community and Occupational Health for their support to the Ministry of Health to tackle tobacco consumption in the country. The WHO Representative in Uganda, Dr. Yonas Tegegn Woldemariam, congratulated MoH on establishing the NTCC adding that "tobacco is the only product which when used according to manufacturer's instructions kills 50% of its consumers."

Dr. Yonas reported that in January 2019, WHO trained national tax experts with an emphasis on effective tax implementation models. He, therefore, hoped that these experts will help the government develop a tax regime that is deterrent enough to protect the vulnerable children and other financially disadvantaged groups in society. This, he said, calls for increased taxation to a

level that will protect public health in addition to generating revenue which can be used to treat tobacco-related illnesses among other government priorities. Taxation is one of the most effective interventions for tobacco control recommended by WHO considering that for every 10% increase in excise tax, tobacco use reduces by 2 to 8%.

Presently, tobacco use is the main underlying risk factor for the four major non-communicable diseases (NCDs), that is, high blood pressure, lung diseases, diabetes and cancer. In Uganda, over 75% of lung cancer

deaths are attributable to tobacco use. Besides, tobacco use has adverse health, social and economic consequences at all levels of society.

The 2014 NCD Risk Factor Survey, revealed that in Uganda 1 in 10 people is a current tobacco user. The 2011 Global youth tobacco survey further showed that in Uganda, 10.5% of students, 11.7% of boys, and 9.4% of girls aged 13 to 15 years currently use tobacco products. Globally, tobacco consumption kills 7 million people per year.

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