



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

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EAC NEWS

East Africa: Why Ugandans Should Embrace EAC E-Passport - Opinion

4th March, 2019

By The Monitor (Kampala)



On March 2, 2016, the East African Community (EAC) Heads of State launched the new generation EAC e-passport and directed that its issuance takes effect from January 1, 2017.

The Heads of State further directed that the partner states should implement a phase out programme for the East African and national passports from January 1, 2017 to December 31, 2018.

However, owing to procurement rigours, issuance could not start as per the directive. Currently, all partner states save for the Republic of South Sudan, are issuing the new generation EAC e-passport.

A regional passport is obviously not a new development in the EAC. In fact, the East

African passport predates the current EAC. While the EAC was revived in 1999 upon the signing of the Treaty, the first EAC passport was launched in November 1998. This was by the Permanent Tripartite Commission for East African cooperation, a precursor to current EAC.

Thus, since 1998, citizens from the EAC countries have been able to access a special travel document, which allows them to travel with ease within the regional bloc. Its use was however, limited because it was not recognised internationally, meaning that it was not accepted as a travel document beyond East Africa.

Since December 18, 2018, the government of Uganda has been issuing the EAC e-passport and in effect started the phase-out programme of the Ugandan national passport. The two travel documents will, however, remain in use concurrently until December 2021, in line with the new timelines set by the EAC.

This, being a new initiative championed partly because of EAC integration, some questions linger in the minds of Ugandans. This is understandable. Therefore, as the issuance continues, we shall keep our communication lines open so that we address all concerns of Ugandans. I will dwell partly in this article on the legal perspective to explain the legal and policy framework that underscores the issuance of the EAC e-passport.

From the outset, it should be noted that the EAC e-passport is being issued in line with the existing Ugandan legal framework. According to the Passports Act 1982, the

minister responsible for Internal Affairs is mandated to appoint a senior immigration officer to be a passports control officer. Under the same law, the administration, control and supervision of all matters relating to passports and any other travel documents shall be vested in the passports control officer, subject to the directions of the minister.

On the type of passport, the same law provides that "There shall be such types and categories of passports and other travel documents as the minister may, from time to time, by statutory instrument, prescribe".

Further still, and for purposes of uniformity, the Treaty establishing the EAC in Article 104 provides that, "The Partner States shall, as may be determined by the Council, ease border crossing by citizens of the partner states; and maintain common standard travel documents for their citizens.

Additionally, according to Article 9 of the EAC Common Market Protocol, a citizen of a partner state, who wishes to travel to another partner state, shall use a valid common standard travel document. It is thus in this context that the partner states came up with and agreed to the use of the East African Passport for travel within the EAC since 1998. The northern corridor partner states agreed to the use of the national ID as an authentic travel document for their nationals since 2014.

The EAC Heads of State launched the new generation EAC e-passport in 2016. Thus, the process of the issuance of the EAC e-passport is anchored on both Ugandan laws and the Treaty establishing the EAC, plus

other protocols and legal instruments agreed thereunder from time to time. Other Ugandans are asking, can I travel in the EAC partner states without a passport or national ID? Yes you can, although it is advisable that you acquire at least the national ID to make your travel experience seamless.

Among the northern corridor partner states of Uganda, Kenya and Rwanda, you can use your national ID. At the point of exit (Entebbe Airport, Busia, Malaba, Katuna and other border posts with Kenya and Rwanda), you present your ID and you are issued an Interstate Pass at no cost. The interstate pass (together with your national ID), will work as your passport during your itinerary.

With regard to the other partner states, you can use a Temporary Travel Permit/Pass issued by the Directorate of Citizenship and Immigration Control. This Temporary Travel Pass is issued on the basis of presentation of a credible form of identification, say, a driving permit, an employees' ID or students ID. Please note that this Temporary Travel Permit/Pass is issued at a cost of Shs10,000.

By and large, therefore, Ugandans are encouraged to apply for and acquire the new generation EAC e-passport. Because of advances in technology, security concerns and requirements by the International Civil Aviation Authority (ICAO), all travellers must ultimately use e-passports.

Mr. Magoba is the principal public relations officer, Ministry of East African Community Affairs.

Uganda: Health Centre Waits 10 Years for Drugs

3rd March, 2019

By The Monitor (Kampala)

Sironko — The only health centre in Buyobo Sub County, Sironko District is grappling to operate due to lack of essential medicine in the facility for the last 10 years.

According to residents and local leaders, Buyobo Health centre II which was commissioned in 2009 is the only health facility in Buyobo Sub County with completely no drugs.

This means that residents continue travelling long distances to access treatment to the nearby Health centres about 10 Kilometers away.

Residents accuse the District leaders and the ministry of Health for failing to equip the health facility and leaving patients in agony.

The residents wonder why the ministry of Health and district leaders have failed to make the facility functional despite the recruitment and posting of medical workers who are on the government payroll.

The patients trek long distances of about 8-10 kilometres to seek medical services in Buwasa Health centre IV and Budadiri Health centre IV respectively.

Ms. Harriet Nagudi a pregnant mother of six month said hundreds of residents in the area are suffering by travelling long distances to access treatment to the nearby Health centres.

"Expectant mothers are dying due to lack of drugs and other logistics at the facility. Malaria is on increase and people especially pregnant mothers cannot get services at the facility," said Ms. Nagudi, adding that mothers giving birth away from Health facilities put their new born babies at risks of contracting HIV/AIDS since the traditional birth attendants are not equipped with the right medical equipment.

A nurse at the health facility, who preferred anonymity because is not supposed to talk to media, acknowledged the problem and said the facility has not been enrolled from the National Medical Stores.

"As medical workers, we are there at the facility full time from Monday to Friday although there are no drugs. We are writing for them and we refer them to a nearby Health centre or Drug shop to get treatment," she said.

The nurse said the health facility is meant to serve about 15,000 patients per month but due to lack of drugs it serves none.

The nurse blames the mess on District leaders who fail to follow-up the matter at the ministry of Health.

The Sironko District Health Officer, Dr. Nicholas Wabomba said Buyobo Health centre II gets drugs through Buwasa Health centre IV.

"I wrote to the Ministry of Health to upgrade that Health centre by next financial year. Let our people be patient," said Dr. Wabomba.

Africa: Global Fund for Health - How Seven African Countries Squandered Millions of Foreign Aid

4th March, 2019

By Premium Times (Abuja)



Africa's foremost diplomat, Kofi Annan, was one of the biggest human export from the continent.

Aside from being the seventh Secretary-General of the United Nations for nine years (1997 to 2006), the late Ghanaian was one of the founders of the Global Fund. The funding mechanism is now the world's largest financier of AIDS, Tuberculosis, and malaria prevention, treatment, and care programmes.

Having just won the Nobel Peace laurel, Mr. Annan at a summit of African leaders in April 2001 in Abuja, Nigeria made the first contribution by donating his \$100,000 award prize to the Fund.

This prompted the UN General Assembly a month later to endorse the creation of a

Global Fund (GF) to fight HIV/AIDS, Tuberculosis and Malaria. The fund was formally created in 2002. Between then and 2016, more than 51 donor governments pledged \$38.5 billion and paid \$37.3 billion.

Mr. Annan had a vision of creating a pool of funds to reach some of the world's poorest with heavy disease burdens, especially, Africans.

Despite the billions in aid money from Global Fund for over a decade, Africa, however, is still dogged by disturbing health statistics.

This is partly because corrupt and incompetent officials undercut progress in health management in the continent.

Auwal Musa, an anti-corruption activist, said the rampant fraud is due to the absence of accountable budgetary process and lack of legislative oversight by countries benefitting from the funds.

PREMIUM TIMES reviewed a Global Fund audit report that covered the period between January 7 and December 17. The report revealed how aid money disappeared in the hands of corrupt officials in some African countries.

Seven countries top the list of nine indicted of fraud and incompetence in the 2018 'audits and investigations' from the Office of the Inspector-General (OIG), an independent arm of Global Fund.

The top seven are Mozambique, Guinea, Zambia, Kenya, Central African Republic, Nigeria and the Kingdom of Eswatini (formerly Swaziland).

Though investigations for each country were detailed in separate reports, they all revealed a similar pattern of "fraud, coercion, collusion, administrative lapses, inefficiency, bad or no accounting, and non-compliance with grant agreement" which dates back three to four years.

Inside the Report - 'The Seven Offenders'

Zambia - Warehouse theft

Warehouses controlled by Zambia's health ministry were robbed of vast quantities of drugs paid for by aid between 2014 and 2016, the OIG report last April revealed.

Officials are alleged to have been involved in the purchase of the health products, provided by other donors, "stolen" from the warehouse of Medical Stores Limited (MSL), a government distributor of health products.

Zambia map

The investigation identified significant unexplained stock losses of Global Fund-financed health products totaling \$1.06 million. The losses, which were neither effectively investigated nor reported to Global Fund, comprised HIV test kits, and malaria drugs among others.

Many of the stolen drugs were found in commercial vendor shops in Zambia and its neighbouring country, DR Congo, during a sponsored market survey, an indication of drug pilferage.

Actions taken: Based on findings, arrests were said to be made through Global Fund funded multi-agency national task team.

There was also recovery of an appropriate amount of the loss (\$1.6 million) from the principal recipient - Zambia's Ministry of Health.

Guinea - Falsification of data and costs for HIV survey

Guinea, a French speaking nation, is a west-coastal country in West Africa.

Made public last October, OIG investigation in the country found that a local NGO called SIDALERTE falsified survey data and costs.

SIDALERTE was contracted in 2015 by Guinea's National AIDS, the principal recipient, to conduct an Integrated Biological and Behavioral Surveillance (IBBS) survey.

The survey was intended to update core HIV behaviour and prevalence indicators among at-risk population groups, and to provide an information base for the mid-term evaluation of Guinea's 2013-2017 national AIDS strategic framework.

A map showing countries in the Gulf of Guinea. [Photo credit: Omojuwa.com]

The country, however, fell short of its planned number of survey participants and HIV tests in some regions because about one quarter participants were fictitious, and had been created to cover gaps in numbers of survey participants by SIDALERTE.

The implications of the data falsification reached beyond the financial costs. The report said the programme's progress was misrepresented.

Actions Taken: SIDALERTE's was asked to pay back the total contract amount, \$114,366.

Nigeria - Misappropriation of funds

The national coordinator of the Civil Society for the Eradication of Tuberculosis in Nigeria (TB Network) orchestrated a scheme to misappropriate funds amounting to \$51,038 from salaries and allowances paid to other employees over a 14-month period (July 2016 and September 2017).

TB Network is a sub-recipient of Global Fund grants in Nigeria.

Map of Nigeria used to illustrate the story

PREMIUM TIMES last September published a report on the OIG investigation revealing how the national coordinator allegedly colluded with the former finance manager and a programme internal auditor in running the fraudulent 'scheme'.

An additional \$10,750 from Global Fund grant salary disbursements were also siphoned as authorised salary payments to five network employees over a two-month period, before these employees began their jobs at the network in September 2016.

Actions Taken: Recovery of \$64,000 as non-compliant expenditures.

Central African Republic - Theft, leakages of medicine purchased by Global Funds

Medicines worth \$198,334, bought from two grants - malaria and TB/HIV, were lost due to theft and leakage in the Central African

Republic (C.A.R.) over a period of 17 months (January 2016 to May 2017).

This report was made public last January.

Central African Republic (CAR) [Photo Credit: Operation World]

The losses primarily occurred at the central warehouse used by the principal recipient (PR), the International Federation of Red Cross and Red Crescent Societies (IFRC).

C.A.R. is a country of 4.6 million people that has gone through periods of conflict for more than 30 years. On Transparency International's Corruption Perception Index, the C.A.R. ranks 149th out of 180 countries. The public sector is perceived to be highly corrupt.

Actions taken: Recovery of \$198,000. Key warehouse staff members believed to be involved were arrested.

Eswatini (formerly Swaziland) - fraudulent diversion of funds

In the Kingdom of Eswatini, OIG investigated programmes implemented by Family Life Association of Swaziland (FLAS), a Global Fund Sub-recipient for HIV/TB grant.

The report made public last August found that FLAS Project Finance Officer fraudulently diverted \$26,701 of Global Fund grant funds between 1 June 2016 and 30 April 2017. He did this by making improper transfers through FLAS's mobile money account into his own personal account as well as to other unauthorised accounts.

Eswatini

Some of the funds that went into his personal account (\$6,081, or 17 percent) went into payments - outside the grant programme - to community facilitators, outreach workers, trainers, and other beneficiaries who had no formal contracts with FLAS. The vast majority of these funds (\$20,620) was used by the Finance Officer for personal reasons.

Actions taken: Recovery of misappropriated funds.

Kenya - Fraud in Training Activities

The OIG investigation made public last February revealed how officials falsified figures of trainings, events and meeting attendees paid for with aid money. About \$62,557 in non-compliant expenditures of the TB grant were identified.

There was no evidence that a number of people (120) participated in these events; and the OIG found evidence that a number of people (17) had received per diems although they had not attended any activities.

Kenya on map

The principal recipient for Grant KEN-T-TNT was the National Treasury, but the implementing agency was the National TB, Leprosy and Lung Disease Program (NTLDP), part of the Ministry of Health (MOH).

Actions Taken: Kenyan government agreed to impose "disciplinary measures on two employees and to recover funds from them",

the report noted. "Up to the time the investigation report was prepared, \$11,932 had been recovered."

Mozambique - Misappropriation of fund

OIG in investigations published last November accused the Executive Secretary of the Mozambique Country Coordinating Mechanism (CCM) of embezzling \$22,593 from Global Fund in 2016 and 2017.

The CCM funding recipient, Fundação para o Desenvolvimento da Comunidade (FDC), approved these fraudulent expenditures and a further \$3,427 of unsupported payments was submitted by the Executive Secretary.

Mozambique on map

Actions taken: Based on the report, the CCM executive secretary was dismissed.

Implications of OIG report on African Beneficiaries of Aid Money.

How Countries React

Although the OIG proposed sanctions such as repayment of mismanaged funds and noted arrests, suspension and termination, PREMIUMTIMES sought reactions from the seven countries involved in the allegations.

Apart from Nigeria, governments (mostly ministry of health) of the other six countries are yet to respond to official emails sent to them seeking clarification on how they did over the allegations by Global Fund.

Nigeria's minister of health, Isaac Adewole, also did not return or respond to text messages to his phone.

However, the National Secretary of TB Network, a sub-recipient of the TB grant for Nigeria, Obatunde Oladapo, spoke to this newspaper on the issue.

Mr. Oladapo said the OIG report and allegations were accurate. But he said he was not among those indicted in the fraud.

The official said the organisation embarked on restructuring following the report of the investigation.

He said one of the measures taken was to appoint a member of the National Steering Committee to oversee the project of the Global Funds programmes of the network.

How Global Fund system encourages fraud

The OIG in summary of its 2018 audit presented at the 40th board meeting of the Global Fund last November noted a reduction in large cases of fraud compared to previous reports.

He said this was because of financial controls and instituted safeguard measures.

However, the misappropriations recorded could be traced to weak oversight by the governments of benefitting countries which is encouraged by the Global Fund design.

The Global Fund is a financing mechanism rather than an implementing agency. It is a pool where countries, public and private institutions donate money for disbursement

according to HIV, TB and malaria burden of countries.

From 2001 through 2016, the largest contributor by far was the United States, followed by France, UK, Germany, and Japan.

The Global Fund typically raises and spends funds during three-year "replenishment" fund-raising periods. Its first replenishment was launched in 2005, the second in 2007, the third in 2010, the fourth in 2013, and the fifth in 2016.

Programmes are implemented by in-country partners such as ministries of health, while the Global Fund secretariat, which staff only have an office in Geneva, monitors the programmes.

Implementation is overseen by Country Coordinating Mechanisms (CCM) and stakeholders that need to include, according to Global Fund requirements, a broad spectrum of representatives from government, NGOs, faith-based organisations, the private sector, and people living with the diseases.

Many have raised concern the susceptibility of this system to fraud and conflict of interest, as some stakeholders represented on the CCM may also receive money from the Fund, either as grant recipients or contractors.

In January 2011, the Associated Press reported vast corruption in some programmes financed by the Global Fund, citing findings of the OIG that up to two-

thirds of funds in some of the reviewed grants were lost to fraud.

Previous reviews of grants, the report said, had shown substantial misconduct in some programmes, lack of adequate risk management, and operational inefficiency of the Global Fund.

Cases of corruption were also found in several African countries such as Mali, Mauritania, Djibouti, and Zambia.

Germany and Sweden were among top contributors that at the time (2011), blocked any financing until the corruption problems were resolved.

Other cases of abuse of funds, corruption and mismanagement in a series of grants forced the Global Fund to suspend or terminate the grants after such dealings became public in Uganda, Zimbabwe, Philippines, and Ukraine.

In February 2011, the Financial Times reported that the Global Fund board failed to act previously on concerns over accountability, including on the conclusion of an external evaluation in 2009 that criticized the organisation's weak procurement practices.

Africa: Looting Galore

African countries slammed in the 2018 audit had been exposed of abusing Global Fund aids in previous reports.

It, however, did not stop the corrupt officials in 2018 as their governments would rather

secretly refund the loot than take decisive action.

Nigeria, which has a Global Fund commitment of more than \$1.4 billion since 2003, with over \$800 million disbursed between 2012 and 2016 (HIV/AIDS \$545m, malaria \$708m and TB \$155m), is one of such countries.

Two years before the 2018 report was released, Nigerian officials were accused of stealing funds meant for HIV/AIDS campaign by misrepresenting or inflating the amounts paid to hotel venues and other expenditures.

Nigeria's Auditor-General, Anthony Ayine, in July reprimanded the National Agency for the Control AIDS (NACA) managing the HIV fund for refusing to shed light on how the fund was used.

Even before that, Sahara Reporters in 2012 published a report detailing how seven NGOs misused funds from 15 grants, amounting to \$682,149,515, provided between 2003 and 2009 to the country. This, the report said, put Nigeria in danger of not getting subsequent grants.

Following the development, Nigeria's Independent Corrupt Practices Commission (ICPC), vowed to probe the NGOs but nothing was heard of that probe since then.

Rasheedat Okoduwa, ICPC spokesperson, could not be reached on phone. She is yet to respond to text messages seeking update on the probe the commission said it commenced in 2012.

Also in 2012, Kenya missed about \$67 million supposed grant for fighting Aids, malaria and TB because of fraud and mismanagement of Global Fund's money, according to Daily Nation.

Even though African governments indicted of fraud have not made progress in bringing culprits to book, Global Fund appears to be appeased once refunds of misused funds are made.

Amidst allegation of abuse of TB grant detailed in the 2018 audit which is still unclear how it was resolved, Nigeria last month received a fresh \$29million grant for TB interventions.

"Refunding stolen funds and allowing people who looted the fund to walk free is not a solution", said Mr. Musa, the Executive Director, Civil Society Legislative Advocacy Centre (CISLAC). "It is deception!

"At Transparency International, we did a whole report on health and corruption and we have found a lot of public officials mismanaging this global health fund in Nigeria. Unfortunately, the government has not made any bold step to arrest and make those people account for the money they have actually embezzled. In Africa, we allow impunity to thrive."

Lanre Suraju, another anti-corruption campaigner, gave a different view. He said even the so-called funders and international NGOs may also be culpable of fraud.

"It can be easy for them to easily accuse countries that are already in the toga of corruption and get away with it.

"Ngozi Okonjo Iwela (Nigeria's former finance minister) refunded money bags to GAVI then in her capacity as a minister only for her to leave office and become board chairman at GAVI. So you can see some elements of payback for job well done and conflict of interest.

"These organisations in most cases are not the original owners of the money so it is important they maintain high level of accountability and transparency even before looking into the operations of the beneficiaries."

Ripple Effects

Mr. Suraju, the chairman of Civil Society Network against Corruption (CSNAC), described the effect of fragrant abuse and continuous reliance on aid money by African countries as dire.

"The implication is very dire for those who usually rely on such for funds for survival.

"Sadly, some of these funds create corruption because irresponsible governments will take advantage of those aids to abdicate their primary responsibility which is to provide for the welfare and security of their people.

"HIV, TB and malaria victims are already suffering. The monies that are naturally available within the system are being mismanaged and they (government) sit and wait for aid to take care by large extent, the welfare of their people."

Beyond looted funds, the OIG report noted that "doctoring and or inflating of health

figures, statistics and surveys" by corrupt officials have made programmes geared towards combating several diseases in the continent more or less, a mirage.

The Millennium Development Goal 6 had three targets: To halt by 2015 and start to reverse the spread of HIV/AIDS; To achieve global access to treatment for HIV/AIDS for those who need it by 2010; To have ceased and started reversal of the incidence of malaria, Tuberculosis and other major diseases by 2015.

Though significant progress were made, these goals were never met as Africa still bears the highest burden despite billions of aid money it received for intervention.

Globally, 36.9 million people were living with HIV at the end of 2017, according to the World Health Organisation (WHO).

African region remains most severely affected, with nearly 1 in every 25 adults living with HIV and accounting for nearly two-thirds of the people living with HIV worldwide.

According to the latest World malaria report, released last November by WHO, there were 219 million cases of malaria in 2017 with the African Region carrying a disproportionately high share of the burden.

In 2017, 10 million people fell ill with TB, and 1.6 million died, WHO reports.

"Until there is a transparent management and intervention plan, Africa will still be dogged with these challenges", said Mr. Suraju.

"The fact that we have irreconcilable number of health burden such as HIV and malaria more than the rest of the world should challenge the governments. There is nothing like no money. The ones embezzled daily in these African regimes and sent overseas is far more than the foreign aid received.

"We should start thinking of how to reduce dependency on aid money."

The Way Forward?

"I think the way forward is to have a proper monitoring mechanism that will involve none state actors to monitor the spending allocation and distribution of the support," Mr. Musa also known as 'Rafsanjani' said. "Without that, politicians will continue to use their cronies to syphon these funds.

"We must also make sure the relevant health committees in the national assembly and parliaments in Africa play a very active role in the management of this grant.

"We have to make sure the national planning commission plays a major role especially in assessing grant recipients.

"There must be regular report presented to the general public on these grants."

Walla Garba, a Nigerian Anti-Corruption activist, said Global Fund should partner with independent anti-corruption organisations and agencies and the media from start to end of a grant gestation.

"It is the absence of accountability that results to this kind of wastages in African

countries. It's the absence of those who will follow the money, put their eyes on these resources and ensure that justice is done to the funds", Mr. Garba, the chairman of Citizen's Action to Take Back Nigeria (CATBAN) noted.

"Global fund should know it is not just about giving countries money and doing audit reports and investigations. They should bring in some of these organisations that are actually responsible for monitoring government agencies, insisting on getting value for money.

"Even before they give money there should be some assessment of the countries. During such stages they should bring in these anti-corruption agencies to be part of that process from the beginning so they will be able to study various fund recipients and know what are the expectations and capacities they have.

"All information and documents about each grant and intervention should be made public before it commences. Journalist should also be involved because there is need for awareness and transparency."

Mr. Walla and his team recently launched 'Anti-Corruption Africa', an initiative for tracking, investigating and exposing abuse of foreign grants in Africa.

Rwanda Turns to Poultry to Fight Malnutrition

5th March, 2019

By The New Times (Kigali)



Rwanda Agriculture Board (RAB) is set to start piloting a project that will donate chicken, for rearing, to every poor Rwandan household, which could potentially eliminate stunting and malnutrition.

The programme comes at a time when Rwandans are considered to consume low animal resource proteins, especially from eggs, meat and milk.

Solange Uwituze, the Deputy Director General of Animal Research and Technology Transfer at Rwanda Agriculture Board, said that the Government will map out areas in which to distribute the chicken for family farming and for commercial farming.

"The objective is for every Rwandan, wherever they are, to access animal resource proteins," she said.

While eggs are rich in vitamins, proteins and other essential nutrients that the body needs, experts say that the national consumption of eggs is far lower than the quantities recommended by the Food and Agriculture Organisation (FAO).

For instance, according to official data, one Rwandan consumes about 13 eggs per year or roughly one egg in 30 days, which is well below the recommended 4.5 kilogrammes of eggs per person every year.

In order to bridge the nutrition gap, experts who were meeting at last week's knowledge sharing workshop on the Rwanda Livestock Master Plan proposed to encourage more consumption of eggs.

Rwanda needs Rwf250 billion to implement the five-year plan, which runs from 2018 to 2023.

Among the proposals being advanced by experts include implementing a programme they've termed as "10 chickens per family".

Under the proposal, they suggest, each Rwandan poor family would be encouraged to rear 10 dual-purpose crossbred chickens, which produce both meat and eggs.

On average, each hen of such kind of breed can lay 150 eggs per year and weights 2.5 kilogrammes.

An estimated 35 per cent of Rwandan children are stunted, according to figures from the Ministry of Health. The Government wants to reduce the rate to 29.9 per cent by 2020 and 19 per cent by 2024.

Increasing consumption of animal resource proteins is one of the ways that have been identified to meet these targets.

"We are going to change the campaign message against malnutrition and stunting

such that we go beyond saying that something is good, rather show the consequences of not doing that good thing," Uwituze said.

She added that they will adopt a similar approach that was used in sensitising Rwandans to vaccinate their children against diseases.

Otto Vianney Muhinda, the FAO Assistant Representative to Rwanda, said emphasis will be put on family farming because the country is still dealing with high levels of stunting.

"For the next five years, we need to promote family farming of chickens so that people have eggs for their own consumption," he pointed out.

"There is no other solution because if you look at the level of poverty which is related to malnutrition – about 38 per cent of Rwandans are experiencing poverty, the best way is to give people the opportunity to produce those proteins of animal origin for themselves."

Evariste Manirahaba, the Technical Manager at Uzima Chicken Ltd, a local poultry company, said that the chicken meat that is produced by big farms is quite expensive for the rural communities.

Chicken meat production is projected to increase from 15,715 tonnes in 2016/2017 to 35,170 tonnes in 2021/2022, reflecting an increase of 124 per cent, according to RAB.

The national egg production is projected to reach 513 million, up from 244 million in 2016-2017.

By 2032, the RAB targets that every Rwandan will be consuming 114 eggs or about 5.7 kilogrammes per year, more FAO's current recommended consumption.

Rwanda: MPs to Discuss Proposed Medical Supply Body

5th March, 2019

By The New Times (Kigali)



Members of Parliament yesterday agreed to begin discussions on a government plan to establish an independent medical supply body, which will take over the responsibility of procuring medical supplies, currently under the Medical Production, Procurement and Distribution Division (MPPD).

They made the approval yesterday as the government tabled before the Lower House a new draft law governing Rwanda Biomedical Centre (RBC) and determining its mission, organisation and functioning.

Dr. Patrick Ndimubanzi, the State Minister in charge of Public Health and Primary Health Care, said that separating the division from RBC will ease procurement.

"It will reduce the delays that were happening in the medical procurement process," he said while tabling the draft law before the House.

It is expected that the new body will combine MPPD and Rwanda Pharmaceutical Laboratory (LABOPHAR) as well as district pharmacies across the country.

Among other legislators, MP Marie Florence Uwanyirigira, supported the draft law.

She also said that though the new body will be created, it needs to stay in touch with RBC so they can complete each other in their missions.

An explanatory note of the draft law says that it has been decided that MPPD cannot meet its mission while serving under another autonomous entity, RBC.

It was difficult for MPPD to make decisions promptly as expected of such an entity, the explanatory note said, and it needed to have an independent Board to expedite decision making, management and internal administration.

The Government said that, under the wings of RBC, MPPD had challenges that include lack of flexibility in the procurement law to accommodate situations that often occur in the health sector.

For example, the monopolistic medical suppliers who may have their own rules such as 100 per cent upfront payment was presented challenge which MPPD was having an issue dealing with.

Under the proposed changes in the law governing RBC, the latter will remain an implementing and coordinating treatment and other healthcare policies and strategies agency with all public healthcare facilities on behalf of the Ministry of Health instead of procuring for medicines through MPPD.

Africa: Short Regimen for Preventing TB Found Safe When Co-administered with New First-line HIV Drug

5th March, 2019

By Aurum Institute (Johannesburg)



Tuberculosis patients at a hospital. The World Bank will disburse \$122 million to four southern African nations to fight tuberculosis.

Press release

Seattle — New study paves the way for scale-up of TB prevention among people living with HIV, who are dying from TB in large numbers

In an important moment for tuberculosis (TB) control, a new study finds that a shorter regimen to prevent TB can be safely co-administered with dolutegravir (DTG)—the first-line drug to treat HIV in many high-burden TB countries.

Presented today at the Conference on Retroviruses and Opportunistic Infections (CROI), the study found that weekly administration of rifapentine and isoniazid (3HP) for three months in adults with HIV taking DTG was well-tolerated, with no need for dose-adjustment. The findings put to rest fears of potential drug interactions with DTG and pave the way for scale-up of the 3HP regimen in 12 high-burden TB countries across three continents.

"We've known for some time that preventive therapy for TB is a critical component of any effort to control the TB epidemic," said Prof. Gavin Churchyard, group CEO of the Aurum Institute and co-principal investigator on the study. "But current treatment options are too long and potentially more toxic. These findings will allow us to move forward with co-administration of 3HP and DTG, offering the best treatment options to those who need it the most."

The study, funded by Unitaid and carried out in South Africa by the Aurum Institute and the Johns Hopkins University Center for TB Research, looked at the safety and

pharmacokinetics of giving 3HP with DTG. Researchers enrolled 60 adults with HIV, who received DTG for eight weeks, then began 3HP; after completion of 3HP, all participants were followed for four more weeks. Overall, co-administration of DTG and 3HP was well-tolerated.

"We now know that it's safe to take these two game-changing regimens together, and it also appears that doses of dolutegravir do not need to be adjusted," said Dr. Kelly Dooley, associate professor of medicine at the Johns Hopkins University School of Medicine and co-principal investigator on the study.

"These are the results we have all been waiting for," Unitaid Executive Director Lelio Marmora said. "The evidence that 3HP is safe to use with dolutegravir, today's most advanced HIV treatment, allows us to scale up short-course preventive therapy for TB, which is the leading cause of death in people living with HIV."

People living with HIV are at high risk of developing TB and are 20 to 37 times more likely to move from latent infection to active TB. Meeting in New York in September 2018, heads of states committed to providing preventive treatment to at least 30 million people, including six million people living with HIV by 2022.

"People being successfully treated for HIV are now dying from TB in high numbers, and that's unacceptable," said Dr. Yogan Pillay, deputy director general of health, South African National Department of Health. "These new findings will allow us to prevent many of these deaths."

Preventing TB to End TB

Treatment of TB infection is referred to as TB preventive therapy (TPT) and is one of the most powerful ways to prevent TB. If left untreated, TB infection can develop into active TB disease, the form of TB that makes people sick and is capable of being transmitted from one person to another.

TB preventive therapy has two major goals: preventing people who are already infected with the TB bacterium from falling ill with active TB disease and protecting people who are uninfected but at risk of TB exposure from getting infected in the first place.

"Preventive therapy, including 3HP, is one of the best ways to keep individuals and families safe from TB, which in turn helps communities become—and remain—TB free," said Dr. Paul Davis, chairperson of the Aurum Institute. "The 3HP regimen gives us hope that by using a Find, Treat and Prevent TB strategy, we will finally end the TB epidemic."

The 3HP regimen offers a shorter, safer alternative to the older standard of care—isoniazid preventive therapy (IPT)—in which people take isoniazid every day for between six and 36 months. Large, multi-country clinical trials have established the efficacy of 3HP in preventing TB. In February 2018, the World Health Organization (WHO) released consolidated guidelines for the treatment of latent TB infection that recommend the use of 3HP for people living with HIV and contacts of TB cases of any age.

Next Steps

Based on today's results, Aurum, through the Unitaid-funded IMPAACT4TB project, is moving ahead with the introduction of 3HP in 12 high-burden countries: Brazil, Ghana, Ethiopia, Kenya, Tanzania, Malawi, Zimbabwe, Mozambique, South Africa, India, Cambodia and Indonesia. Together, these countries represent 50 percent of the global TB burden. The project will prioritize 3HP for people living with HIV and children under five, and subsequently all those in close contact with TB patients.

3HP is already approved for the treatment of TB infection by the US Food and Drug Administration and is recommended by the US Centers for Disease Control and Prevention. The Aurum Institute and its partners will also be pursuing regulatory approval of 3HP products in project countries. In high-TB burden countries where rifapentine is not yet registered, an importation waiver to use rifapentine will be obtained through the Stop TB Partnership's Global Drug Facility.

The results of this study will be shared with the WHO and project countries and the Aurum Institute will work closely with them so that the findings can be included into relevant treatment guidelines.

"We're now preparing to start 400,000-600,000 people on 3HP across 12 countries in order to catalyze an increase in supply, demand for and uptake of 3HP," added Prof. Churchyard. "The next few years will focus on reducing the price of 3HP and addressing barriers to supply at the global level."

About Aurum

Established in 1998, the Aurum Institute is an African Public Benefit Organisation whose mission is to improve the health of people and communities living in poverty through innovation in global health research, systems and delivery. It is rooted in Africa is dedicated to researching, supporting and implementing innovative, integrated approaches to Global Health with their headquarters in South Africa with offices in the USA, Ghana and Mozambique. The Aurum Institute has developed itself into a leading player, bridging the worlds of research, policy and implementation for impact. www.auruminstitute.org

About Unitaid

Unitaid brings the power of new medical discoveries to the people who most need them and helps set the stage for large-scale introduction of new health products by collaborating with governments and partners such as PEPFAR, the Global Fund and WHO. Unitaid invests in new ways to prevent, diagnose and treat diseases including HIV/AIDS, hepatitis C, tuberculosis and malaria more quickly, affordably and effectively. <https://unitaid.eu/>

About John Hopkins Center for TB Research

The Johns Hopkins Center for Tuberculosis Research was founded in 1998 to contribute to global tuberculosis control through innovative research and training. Its research efforts span the fields of epidemiology, clinical trials, diagnostics and basic science, with faculty from six departments in the Johns Hopkins University Schools of Medicine, Public Health and Nursing. Clinical research sites are located in Baltimore City,

Maryland, as well as sites in Brazil, South Africa, India, and other TB high burden countries. <http://tbcenter.jhu.edu/>

Kenya: All Nurses to Now Be Hired on Contract Basis

4th March, 2019

By Nairobi News (Nairobi)



Kenya National Union of Nurses Secretary-General Seth Panyako addressing the media outside Milimani Commercial Courts in Nairobi on Tuesday, February 26, 2019 after He and two other officials were pardoned by the Court over the nurses strike.

All nurses will now be hired on contract basis to fill vacant nursing positions in national and county governments.

This was agreed upon during the seventh National and County Governments Coordinating Summit that was held place at the Sagana State Lodge on Monday.

The announcement was made by Health Cabinet Secretary Sicily Kariuki and the Council of Governors chairperson Wycliffe Oparanya.

"That any vacancies for recruitment of nurses arising from normal attrition in both level of government be filled on contract terms," said Sicily and Oparanya on the deal reached.

The CS and CoG chair have expressed confidence the pay negotiations between the governments and health workers as ordered by court will bear fruit to end perennial strikes by nurses.

The two arms of government have however indicated that disciplinary proceeding will still be instituted against nurses who failed to resume duty on February 15 as ordered by the court.

The summit asked the Public Service Commission to develop standard contracts for health workers to help in future engagements with the input of the Salaries and Remunerations Commission.

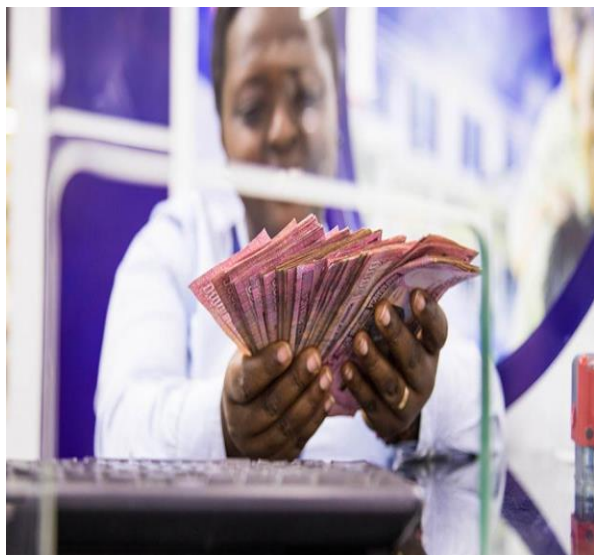
The nurses attached to all the 47 county governments had gone on strike starting from February 4 demanding for better salaries as well as improved uniform and service allowances and promotions.

The strike was suspended for 60 days by the court and President Uhuru Kenyatta ordered the nurses to resume to work or face the sack, orders some of them failed to heed to.

Rwanda Medical Workers Now Accessing Cheaper Loans

5 March 2019

By The New Times (Kigali)



Medical workers have started to access cheaper and quicker loans after their savings scheme hit the Rwf1 billion mark since it was established just over a year ago.

Officials said that medical workers are now accessing loans at an interest rate of 3 per cent, which is well below the commercial banks' average of 17 per cent.

The initiative has been lauded for its potential to enhance the retention of health workers in the profession.

Dubbed Health Sector Staff Mutual Aid Group (HSS-MAG), the Fund was set up in October 2017.

The Minister for Health, Dr. Diane Gashumba, told The New Times that the Fund has so far disbursed over Rwf294.9 million to 326 health sector staff, mainly nurses and medical doctors and other associated health professionals.

Gashumba added that the Fund is in line with the National Strategy for Transformation,

which aims to boost savings and access to finance by Rwandans.

"HSS-MAG allows health sector staff retention and personal development by granting affordable loans to its members," the minister said.

She observed that; "Apart from the financial benefit, there is something critical that has motivated our effort to put in place this Fund: to get all of us together, supporting each other... different levels of salaries but the same goal."

Following a positive repose from medical workers, the minister said, has prompted the review of the Fund's target from attaining Rwf2 by 2025 in members' savings to Rwf2 billion by mid-2020.

Dr. Emmanuel Rudakemwa, Chairman of Rwanda Medical and Dental Council, told The New Times that the Fund is important as it helps medics to save money that can help them in terms of urgent need.

It takes less than three days for the Fund to process the loan, Rudakemwa said.

"When the beneficiary requests for a loan, they get two or two and half times the money that they saved, and are charged an interest rate of 3 per cent," he said.

He added: "It is not like a bank that requires collateral. For us, the requirement is to be a medical employee getting a salary and on the payroll of the Ministry of Health or other health facilities."

Minister Gashumba explained that, with commercial banks and other traditional financial institutions, it was hard to consistently save money.

HSS-MAG offers its members the opportunity to collectively save money and negotiate with reputed institutions in Rwanda for higher interest rates on their savings, particularly through RNIT (Iterambere Fund).

Tanzania's Regulatory Authorities to Merge

5th March, 2019

By The Exchange (Dar es Salaam)



Tanzania's Prime Minister Hon. Kassim Majaliwa directed the merger of the Tanzania Food and Drugs Authority (TFDA) and Tanzania Bureau of Standards (TBS) because the two institutions perform more or less the same functions.

According to a statement released by the Office of the Prime Minister (OPM) over the weekend the activities of the two entities were more or less the same.

This followed the premier's meeting with small traders in Dar es Salaam on Thursday 28th February where he directed the Minister for Industry and Trade and Minister for Health, Joseph Kakunda and Ummy Mwalimu respectively to meet and prepare a framework for joining the two entities. Upon holding those consultations, the two ministers are supposed to prepare a bill for a structure combining the two entities for tabling in the National Assembly.

The Prime Minister stated that merging the bodies would cut down bureaucracy that the public has always been complaining about, a situation that costs the nation billions of shillings in losses from uncollected revenues from businesses. The premier further raised concerns of how the two regulatory bodies spend a lot of time testing the quality of products, which causes immense inconvenience to business people denying the government large amounts of potential revenue.

Tanzania Bureau of Standards (TBS) is a statutory body of the government that was established in 1976 as part of institutional infrastructure for industry and commerce in the economy. It has six departments which include; process technology standards department, engineering standards department, quality management department, testing and calibration, documentation department and administration department which serve different functions ranging from formulation of national standards in the fields of agriculture and food, chemicals, textiles, leather and environment. The bureau is also responsible for metrology quality control, testing and calibration as well as training.

On the other hand the Tanzania Food and Drug Authority (TFDA) is an executive agency under the Ministry of Health responsible for regulating safety, quality and effectiveness of food, medicines, medical devices and diagnostics in Tanzania mainland.

Uganda: Government Worried Over Forgery of Medical Results

5th March, 2019

By The Monitor (Kampala)

Gulu — The Ministry of Health has warned about the rampant issuance of fake and manipulated medical results by health workers after receiving bribes.

Others issue wrong diagnosis, forcing patients to pay heavily for unnecessary drugs.

Mr. Michael Mubiru Kayizzi, the quality assurance manager at the Allied Health Professional Council, made the remarks at the graduation ceremony of nurses and midwives at St Mary's Hospital, Lacor in Gulu Town at the weekend.

According to Mr. Mubiru, quack medical professionals continue to infiltrate the laboratory technology world where they are bribed and compromised by patients to declare results that are contrary to their findings.

"We have had several cases at our disposal where a medical worker walks a patient into the laboratory, draws samples and carries out tests but ends up issuing results that do not correspond with what they found

because they have been bribed," Mr. Mubiru said.

He said HIV/Aids, brucellosis, typhoid and malaria top the list of diseases whose results continue to be forged with a view to extorting bribes from patients.

Mr. Mubiru said some people bribe health workers to be issued with results declaring they are HIV negative even when they are positive in order to be cleared for marriage.

"This must be a warning to our health workers across the country to desist from such practices since they compromise the health of Ugandans. Some have paid heavily for wrong diagnosis or got infected innocently," he added.

Mr. Mubiru revealed that the Health ministry has embarked on registering all medical laboratories in the country (government and private-owned) to help track those without standard equipment.

During an interview with Daily Monitor on Saturday, Mr. Anthony Banya, the regional Allied Health supervisor, said: "Although many people fear to report, we receive a lot of complaints, which we instantly act upon, and we have fired very many health workers and caused the arrest of several in Acholi sub-region," he said.

Faulty lab machines

Mr. Banya, who declined to give names, said they discovered that several private health facilities were conducting laboratory tests on patients using faulty machines.

"Besides government banning widal tests for typhoid, it is what these private facilities insist on because averagely, all results come out positive and you are enrolled on its expensive medication even when you are not infected," he said.

More than 130 graduated with diplomas and certificates in nursing, midwifery and laboratory technology courses at Lacor Hospital School of Health Sciences.

Tanzania: KCMC Clinic Now HIV Testing Model

5th March, 2019

By Tanzania Daily News (Dar es Salaam)



The child-centered family care clinic at the Kilimanjaro Christian Medical Centre (KCMC) has become a model in improving HIV testing, care and treatment services in Northern Tanzania and beyond.

According to Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), KCMC hospital's child centered family clinic has been used to mentor 12 health sites in councils with high

HIV infections in Arusha, Kilimanjaro and Manyara Region.

"We have been with the child clinic in KCMC for more than eight years; therefore these years of experience have built capacity at the centre," said EGPAF Tanzania official in Northern Tanzania, Jonathan Mremi.

Through support from the United States Agency for International Development (USAID), EGPAF supports the CCFCC models at Dodoma, Mawenzi, Mount Meru and Kitete regional hospitals and KCMC where services have been fully established for many years.

Child centred family care clinic is a dedicated model for providing care and treatment for HIV positive individuals where the services centers on children under 15 years of age.

"It is a useful model that enables us reach family members of children that have been identified HIV positive. By dealing with the whole family, we contribute to create an environment where stigma is reduced and people are willing to continue using their medication," said Mremi.

EGPAF supports HIV, TB and family planning services in Kilimanjaro, Arusha and Manyara in Northern Zone and Tabora, Dodoma and Singida in Central zone through USAID Boresha Afya project that collaborates with regional and council health management teams.

The project enrolled 1,802 children to care for and offer treatment across six supported regions last year. USAID Boresha Afya also supports adolescent monthly club meetings

in health facilities across supported regions where children support group meetings provide additional adherence counseling, prepare them for HIV status disclosure and discuss how to live positively with HIV.

Because of these efforts in Boresha Afya supported six regions viral suppression among under 15 increased from 62 percent in 2017 to 70 percent in 2018.

The project team supported service providers to continue to emphasize taking HVL samples of children and adolescents who are currently on treatment for more than six months, as well as to follow up on the HVL results.

Pediatric mentorship was used to build the capacity and confidence of HCWs and enable them to offer high quality HIV care to children and adolescents.

Through this support, C&T facilities updated dosing charts and monitored weight and development for children; throughout the quarter, all facilities also had pediatric formulations.

The pediatric mentorship activities focused on pediatric PITC, TB screening in children, ART adherence, HVL services, HIV status disclosure and pediatric dosing.

Pediatric district mentors continued to build the capacity of service providers around the provision of comprehensive pediatric and adolescent services.

Tanzania: Mkapa Hospital to Become Medical Tourism Attraction

5th March, 2019

By Tanzania Daily News (Dar es Salaam)



FURNISHED with state-of-the-art medical equipments, Benjamin Mkapa Hospital (BMH) is set to become the country's medical tourism hub in the near future after its management embarked on initiatives to promote it abroad.

The Hospital's Executive Director, Dr. Alphonse Chandika, noted in a recent interview with the 'Daily News' that BMH would use the country's embassies to promote services available at the public health facility.

"We have already contacted our embassy in Moroni in Comoros to advertise BMH through its website," said the BMH's Executive Director. Last month, BMH launched its cath lab, an examination room

or clinic with diagnostic imaging equipment used to visualize the arteries of the heart.

According to Chandika, the hospital's cardiologists initially teamed up with their counterparts of Jakaya Kikwete Cardiac Institute (JKCI) to operate the cath lab.

"This would help our cardiologists to borrow a leaf of experience from their counterparts of JKCI in operating the cath lab. JKCI is the first public health facility in the country to be equipped with cath lab," said the Hospital's Executive Director.

Last September, Dr. Chandika revealed that plans were underway for the hospital to start performing cardiac surgical intervention on patients suffering from serious cardiac complications through cath lab.

Dr. Chandika observed that cath lab at the hospital would help people with cardiac complications in Dodoma and neighbouring regions who had to travel all the way to Jakaya Kikwete Cardiac Institute in Dar es Salaam for treatment. "Cath lab is used to perform a number of cardiac interventions and treat any abnormality found in the human heart," he said.

Dr. Chandika noted that statistics from the Paediatric Association of Tanzania (PAT) show that at least 13,600 infants in Tanzania were born with cardiac complications, about 3,400 of whom had to undergo surgery.

BMH becomes second public health facility to offer cardiac health care through cath lab after JKCI and the third in the country after JKCI and Aga Khan, to introduce such health service.

Africa: Universal Health Coverage - Rwanda Urges African Govts to Fund Healthcare

5th March, 2019

By Daily Trust (Abuja)



Rwanda's Minister of Health, Dr. Diane Gashumba, has called on Africa's heads of governments to collaborate towards healthcare financing.

Gashumba made the call at the ongoing Africa Health Agenda International Conference 2019 (Africa Health 2019) holding in Kigali, Rwanda.

Speaking at the opening ceremony of the confab, co-hosted by Amref Health Africa and Rwanda's Ministry of Health, she said, "Investing in Universal Health Coverage (UHC) is one of the smartest investments a country can make."

She added: "In the past two decades, African countries have displayed commendable leadership in furthering the UHC agenda across the continent.

"We must ensure that this movement is sustained through greater domestic investments in healthcare and that all ministries and stakeholders do their part."

Describing health as the most fundamental human rights on which all other rights can be enjoyed, with Universal health coverage has its guarantee, Group CEO at Amref Health Africa, Dr. Githinji Gitahi, said, "Globally, there is growing consensus on the need to universalise access to quality health care - both as a path to economic development and because it is the right thing to do."

"Going forward, we need to galvanise political will at the highest levels of government, mobilise greater resources to eliminate catastrophic health costs, and invest in community-led interventions."

The three-day conference, which ends on March 7, will focus on scientific tracks, roundtables, interactive workshops, and high-level symposia on tuberculosis, malaria and health in fragile and conflict-affected states, among others.

The conference will include plenary on UHC financing UHC and increase access and quality of health services.

There will also be presentations on technological innovations that are rapidly changing the face of the sector as well as the launch of a new initiative advocating for gender equality in health leadership in Africa, among others.

Some 1,200 participants from more than 35 countries, including health ministers, private sector leaders, civil society and

representatives from multilateral organisations will be joining hands to chart a roadmap to achieve UHC across Africa by 2030, at the confab.

Uganda: MUBS to Launch Campaign against Drug Addiction

6th March, 2019

By The Monitor (Kampala)

Kampala — Makerere University Business School (Mubs) will on Friday launch a campaign to sensitise students about the impact of drugs, which is now being felt at campus.

While closing the (National Social Security Fund) NSSF-Monitor annual universities career fair at the Nakawa campus yesterday, Prof Wasswa Balunywa, the Mubs principal, said the campaign will be launched by Jackie Chandiru, an artiste who is recovering from drug addiction.

He said Ms. Chandiru will be present to narrate her story from the time she started drugs and her journey to recovery.

"You take a stroll to [a nearby] hostel right now, you will find smartly dressed people selling drugs. When you enter the hostels, you will find many students sleeping instead of attending lectures," Prof Balunywa said, adding that this has led to a drop in the attendance of lecturers, which now stands below 70 per cent.

Prof Balunywa told the students that the 8th annual NSSF-Monitor universities career fair aimed at addressing the vision of establishing the skills and career

development centre, which is there to equip them (students) with skills that differentiate them from students in other universities.

Ms. Ritah Mugerwa, the human resources business development manager for Africa Broadcasting Uganda Limited, a subsidiary company of the Nation Media Group, told the students to practise professionalism when looking for work or internship opportunities because most times that is where their selling points are.

Mr. Thaddeo Twahira, the NSSF voluntary contributions relationship manager, asked the students to be mindful of their posts on social media, saying these are some of the things employers today crosscheck to understand the character of the person seeking employment with them.

Rwanda: Public Hospitals in Rwf3.5 Billion Debt

6th March, 2019

By The New Times (Kigali)



Public hospitals across the country have a staggering debt of Rwf 3.5 billion, due to the

unpaid money for the medicine they purchase from district pharmacies.

This was revealed on Monday by Dr. Patrick Ndimubanzi, the State Minister in charge of Public Health and Primary Health Care, during a plenary session in which lawmakers and ministry officials discussed the draft law that will regulate procurement of medical supplies.

The minister said that, while the Rwf3.5 billion is the money that district pharmacies owe to Medical Production, Procurement and Distribution Division (MPPD), it actually stems from the debt public hospitals have for pharmacies.

Ndimubanzi said that the debt will be cleared once Rwanda Social Security board (RSSB) pays the hospitals the money it owes them for public health insurance, mainly Mutuelle de Santé.

He explained how the debt is having an effect, saying that: "Normally, MPPD supplies medicines to district pharmacies, which they in turn sell to hospitals but after they have to be paid by RSSB."

This means that RSSB has to pay public hospitals, which are supposed to pay the district pharmacies.

"We hope that debt will be paid," the Minister stated.

The issue is part of the problems that have prompted the process to establish an independent medical supplies body, which will take over the responsibility of MPPD.

The new agency will also inherit the operations of Rwanda Pharmaceutical Laboratory (LABOPHAR) and district pharmacies.

East Africa: Prepare for Heavy Rains, Diseases, EAC Warned

7th March, 2019

By The Citizen (Dar es Salaam)



In Summary

- East Africans have been warned to brace up for above normal rains which can lead to increased risks to disease outbreaks.
- The just released forecast by the Greater Horn of Africa Climate Outlook for March to May this year indicate heavier -than- normal rains which can be disastrous.

Arusha — East Africans have been warned to brace for above normal rains which can lead to increased risks and disease outbreaks.

The just released forecast by the Greater Horn of Africa Climate Outlook for March to

May this year indicates heavier-than-normal rains which can be disastrous.

"The higher than normal rainfall would increase the risk for outbreaks of infectious diseases," said Mr. James Kivuya, a senior meteorologist with the East African Community (EAC).

"The partner states should be on the alert, inform the public and put preparedness and mitigation measures in place while closely monitoring rainfall," he added.

The warning comes days after Dar es Salaam city was subjected to abnormally heavy rains which, as expected, created havoc among residents living in low lying areas.

Mr. Kivuya who was speaking during a regional climate forum in Kampala, Uganda, said there were indications Tanzania would not be spared by the heavy downpour.

Already some parts of the country, specifically the western regions, experienced what he described as "above to near normal rains" between October and December last year.

Other EAC states, namely Burundi, Rwanda and Uganda reported flooding with landslides in which some lives were lost.

According to the climate predictions within East Africa in the coming few months, increased likelihood of heavier rains would be more pronounced around the Equator.

"There is an increased chance for flash and riverine flooding mainly in the flood prone areas of the EAC Partner States," Mr. Kivuya

was quoted saying in a statement issued by the EAC secretariat yesterday. These, according to him might trigger landslides, mudslides and enhance the risk of outbreaks of infectious diseases "with consequences for sectors such as health and agriculture including livestock".

Diseases feared could be caused by flooding include malaria in humans and Rift Valley fever in animals and humans.

"Already, the first cases of RVF in animals and humans have been reported from Kenya. Flooding increases the risk for diarrheal diseases, like cholera, especially in low-lying areas," he said.

With the region bracing for heavy rains, weather experts in Kenya have raised a red flag over abnormally high temperatures in some parts of the country.

Kenya: NHIF Spent Sh65mn for Rehabilitation of Drug, Substance Abuse Patients

7th March, 2019

Capital FM (Nairobi)



Nairobi — The National Hospital Insurance Fund (NHIF) spent Sh65.3 million in the financial year 2017/ 2018 as payment for the treatment of 685 patients suffering from drug and substance abuse.

This is slightly less than half the amount the Fund paid for similar beneficiaries in the 2016/ 2017 financial year, where Sh115 million was paid for the treatment of 1,634 patients.

The NHIF drug rehabilitation package caters for treatment of admitted beneficiaries who suffer from the chronic use of drugs, including, alcohol, tobacco, cannabis, heroin, mandrax, and cocaine among others.

According to the 2017 NACADA Rapid Situation Assessment survey on drugs and substance abuse, alcohol abuse contributes the highest burden of substance use disorders (SUDs) in Kenya.

According to the data collected by the agency, the prevalence of alcohol use disorders among respondents aged 15 -65 years stood at 10.4 per cent in 2017.

Nairobi region has the highest prevalence of alcohol use disorders (18.4pc) followed by Western 13.1pc, Rift Valley 10.7pc, Eastern 10.6pc, Nyanza 9.6pc, Coast 8.7pc, Central 8.3pc and North Eastern 1.4pc.

Patients requiring rehabilitation are referred to the treatment centres by other hospitals, psychiatric doctors, churches police department and the Judiciary.

The rehabilitation cover includes a three stage treatment program that includes

detoxification, rehabilitation and after care arrangements.

NHIF Benefits and Contracting Manager Gilbert Osoro said the package has been in operation for the last five years, but has suffered from low utilization due to the small number of accredited facilities for drug rehabilitation in the country.

"There is need to increase the number of rehabilitation centres countrywide to cater for the increased number of patients suffering from drugs and substance abuse in the country," Osoro said.

Currently, there are five rehabilitation centres based in Nairobi and Kiambu counties. Listed facilities include Chiromo Lane Medical Centre in Nairobi, The Retreat and The Raphaelites Red Hill place in Limuru town of Kiambu County, Mariakani nursing and Rehabilitation centres, and Brightside Drug Abuse & treatment Centre.

So far Mathari Mental Hospital is the only listed government institution and also serves as the national referral facility. There are GoK hospitals at Tertiary level (KNH and MTRH-level 6), County referral Hospitals at level 5 and Sub county referral hospitals at level 4 which have psychiatric wards and outpatient consulting clinics and deployed specialists.

These serve as referral centres to other facilities that lack the specialty as cases of drug and substance abuse disorders are filtered and forwarded for further management at the said institutions.

The NHIF scheme caters for rehabilitation treatment through a package based mode of payment which was enacted in 2011 following ratification and approval by the Board of Management.

A rate payable at Sh30,000 was stipulated per member seeking rehabilitation services at accredited healthcare providers per financial year and is still in use. The package caters for treatment of admitted beneficiaries who are conducted through a stay duration of three months on treatment.

South Sudan: Dynamic Staff and Sparkling Maternity Complex Deliver Improved Maternal Health in South Sudan

7th March, 2019

By World Health Organization (Geneva)



In the maternity unit at Wau Teaching Hospital in South Sudan's Wau State, Angelina Bakhit gazes down at her new son, Mayen, thankful that the ordeal of labour is over.

Mayen is a big baby, and it was a difficult birth, requiring Bakhit to undergo a caesarean section.

"We thought at one point she might be having twins," says midwife Viola James. "But the ultrasound confirmed just one baby - too large to deliver normally. We monitored her carefully during antenatal check-ups, and when she was in labour, our obstetrician carried out the operation."

A year or more ago, the odds against Bakhit surviving were not at all in her favour. But now, with the concerted efforts of the Ministry of Health in South Sudan, supported by the World Health Organization (WHO), the Government of Canada and other partners, Wau Teaching Hospital is a shining example of how maternal and newborn health is being improved in the world's youngest country.

Enthusiastic and newly trained medical staff are contributing a pivotal role.

Presiding over the Wau Teaching Hospital's maternity complex is obstetrician and gynaecologist Dr. William Musa. He recently returned to South Sudan from Tanzania where, with WHO and Government of Canada support, he was able to study for his postgraduate specialization.

South Sudan has one of the highest rates of maternal mortality globally, at a current estimate of 789 maternal deaths per 100,000 live births. One reason for this is the very low rate - about 12% - of hospital births. Persuading women to deliver their babies in clean facilities under the care of trained staff

is extremely important in reducing mortality rates.

Since joining the Wau Teaching Hospital in May 2018, Dr. Musa is delighted to report success in boosting the number of monthly hospital births by more than 60%, to 225 from 139. He also has increased the number of caesarean section surgeries performed per month by 40%, to 21 from nine. Obstructed labour is one of the top causes of maternal and child death, and a caesarean delivery can be a lifesaving procedure for mother and baby.

Dr. Musa's job attending to difficult labours has also become easier with the addition of a dedicated maternity operating theatre within an expanded maternity complex, built with funding from the Government of Canada and with the support of WHO.

"Before, if we had to do an emergency caesarean section, we had to use the hospital's main operating theatre, which might not necessarily be available," says Dr. Musa. "Now, we can rush a patient directly to our dedicated theatre."

The complex also includes a maternal waiting home, and this is helping to save the lives of women usually living in remote villages. At-risk women are invited to stay at the hospital for the last month or two of their pregnancy, where they are closely monitored and can transfer straight to the labour ward when ready, rather than find themselves stranded far from help.

In addition to the maternity complex in Wau, the Government of Canada has funded five others across the country.

"This kind of infrastructure development has resulted in access for a lot more people who didn't otherwise have it before," says James Christoff, Ambassador of Canada to South Sudan.

No maternal death reported

Since Dr. Musa's arrival seven months ago, the Wau Teaching Hospital has not experienced a single maternal death.

"This is a good improvement," he says modestly.

The WHO Regional Director for Africa, Dr. Matshidiso Moeti, firmly agrees.

"Building the capacity of medical experts to specialize in obstetrics and gynaecology illustrates the productive efforts that the Government of South Sudan has made, starting virtually from scratch at independence, to increase the numbers and skills of nurses, midwives and doctors available in the country," she says.

The increase in births at the hospital means that Dr. Musa's midwife colleagues have much work on their hands.

"Sometimes we work double shifts without stopping for lunch," says Viola James. Luckily, she loves her job, having become interested in midwifery as a teenager.

She was able to pursue her ambition after becoming one of the first students accepted into a new programme to train midwives. This scheme was launched post-independence, in 2011, when there were only six qualified, professional midwives in

all of South Sudan. Now, their ranks have swelled to more than 700.

James is proud that her training allows her to cope with complicated pregnancies and births - in contrast with the traditional birth attendants most women in South Sudan rely upon.

"I know how to prevent an HIV-positive mother transmitting the virus to her baby during birth," she says. "I know how to manage eclampsia and post-partum haemorrhage and how to identify obstructed labour."

As for new mother Angelina Bakhit, she and her baby are safe - most likely because of the Wau maternity unit's expertise.

"I was worried for myself, too," she says. "With such a big baby, how was I going to survive? But after giving birth in this hospital, I am able to carry my baby home in my arms."

Uganda: Entebbe Authorities Resort to Schools in Last Gasp to Promote Public Health

7th March, 2019

By The Monitor (Kampala)

Authorities in Greater Entebbe, Wakiso District have resorted to schools and pupils in a bid to promote public health and environmental conservation.

"Schools are the best allies in programmes because children are the best change agents. Having children involved in protecting our environment including the lakes will help a

lot in conserving environment," said Entebbe Municipality MP Rose Tumusiime.

She said there was need to promote public health which is the art and science of preventing diseases, prolonging life and promoting health through organized efforts.

"Last time we had a programme fighting polythene bags in schools. We had succeeded but because of our weak policies which keep on changing in Uganda, things died. Therefore, involving young children will help in creating platform for the young generation because they don't easily forget," Ms. Tumusiime said during the Lake Victoria inter Local Authorities public health competition at Entebbe municipal offices where 12 schools from Entebbe Municipality are to compete with schools from Jinja Municipality beginning March this year.

According to her, public health is an issue that needs intense public awareness campaign.

Entebbe mayor Entebbe Municipality mayor Vincent Kayanja De Paul and chairman LVRLAC Uganda chapter and Regional chairman LVRLAC said that LVRLAC is a network of local government surrounding Lake Victoria.

Among the 12 schools to take part in the competition include Nakiwogo primary school, Kiwafu primary school, and Entebbe comprehensive secondary school among others. The winner will be given a trophy among other prizes.

Tanzanians Advised Not to Loosen HIV Guard

8th March, 2019

By Tanzania Daily News (Dar es Salaam)

THE government has warned Tanzanians against being loosen their guard, following recent reports from UK that HIV can be 'cured' after a stem cell transplant from a patient proved the disease can be treated.

Government Chief Medical Officer, Prof Mohammad Kambi, said yesterday in Dar es Salaam that the development was a new milestone achievement but should not make people relax and stop taking all necessary preventive measures against the disease because no cure has been found yet.

He was speaking at a press conference to introduce the hosting of the East African Health and Scientific Conference and International Health and Trade Fair which will be held in Dar es Salaam March 27th to 29th this year.

"It is great news to all of us but, let me point out that despite this development, we should realize that HIV is real and the preparations leading to the results are complicated and very expensive and therefore it will take time to trickle down," he said.

He added: "Although the finding is exciting, it is not offering up a new treatment for the millions of people around the world living with HIV. But as a concept this case is so significant because it brings hope to scientists who are looking for new ways to tackle HIV and achieve a cure.

"Understanding how the body can naturally resist the infection does offer up hope of this, even if it is still a long way off."

The London patient, who was being treated for cancer, has now been in remission from HIV for 18 months and is no longer taking HIV drugs. The researchers say it is too early to say the patient is "cured" of HIV.

Experts say the approach is not practical for treating most people with HIV but may one day help find a cure.

The male London patient, who has not been named, was diagnosed with HIV in 2003 and advanced Hodgkin's lymphoma in 2012.

He had chemotherapy to treat the Hodgkin's cancer and in addition, stem cells were implanted into the patient from a donor

resistant to HIV, leading to both his cancer and HIV going into remission.

Researchers from University College London, Imperial College London, Cambridge and Oxford Universities were all involved in the case.

A trial on HIV Vaccine by the Muhimbili University of Health and Allied Sciences (MUHAS) recently showed that it can stimulate the human body to create immunological responses against HIV virus with further research needed now to find a lasting vaccine to the deadly infection.

Compiled by:



EAST AFRICAN HEALTH PLATFORM

P.O Box 357, ARUSHA - TANZANIA

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

+255 739 357 000 - eahp@eahponline.net - www.eahponline.net