



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

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Uganda: Why We Need to Check the Mental Health of Our Soldiers

10th March, 2019

By The Monitor (Kampala)



Last week, a video circulated on social media of Maj Gen Matayo Kyaligonza, Uganda's ambassador to Burundi, and his bodyguards physically assaulting Sgt Esther Namaganda, a female traffic officer who was on duty.

According to Namaganda, Gen Kyaligonza's bodyguards jumped out of the big car, approached her in silence and grabbed her by the collar on one side while the other held her left arm and she thought they were about to kidnap her.

The UPDF quickly responded by arresting Kyaligonza's army guards. Although a police case has been opened, it remains to be seen if any investigations or court proceedings will be brought against the Bush War general.

There is suspicion among some members of the public as to whether there will be any

action against Kyaligonza since he is a senior member of the ruling NRM's central executive committee.

It was reported in The Observer this week that the defiant ambassador is not bothered with the ongoing police investigation, but only awaits the President to take any action he deems fit after getting correct facts.

"If the decision is to recall me, I would not be the first person to lose a post in Bunyoro [sub-region]. [Henry] Kajura left, Matia Kasaija and I were the only two politicians remaining on the national cake from Bunyoro and yet Kasaija's position [minister of Finance] is overshadowed by his deputy (David Bahati)," Maj Gen Kyaligonza allegedly told guests at his residence at the weekend.

The general seems to send a defiant message, with no sign of remorse. And his violent behaviour in the past does not seem to help matter.

In 2017, the Centre for Military Health Research at King's College London conducted research on British soldiers deployed in Iraq and Afghanistan and found a link between military service and violent crimes.

It was found that 53 per cent of the soldiers involved in combat were more likely to commit violent offences and 80 per cent had higher risk of becoming violent criminals.

This begs the question on the quality, if any, of mental health support given before, during and after operations for our brothers and sisters in the armed forces.

Tanzania: Strategy on Use of ICT in Health Centres out Soon

10th March, 2019

By Tanzania Daily News (Dar es Salaam)



THE East African Health Research Commission has come up with a strategic plan to promote the use of Information and Communication Technology (ICT) in transforming the regional health sector.

The ten-year "Digital Regional East African Community Health Initiative Strategic Plan" will be launched in Dar es Salaam during the 7th East African Health and Scientific Conference and International Health Exhibition and Trade Fair which will take place from March 27 to 29 this year.

The Executive Secretary of the East African Health Research Commission, Prof Gibson Kibiki told journalists in Dar es Salaam this week that ICT will be the main agenda of the conference, especially on how to encourage the use of ICT in transforming the health sector.

He said that ICT has been very powerful in bringing positive changes in various sectors, such as financial and communication, thus the same can be done in the health sector.

"We have seen how ICT has transformed the communication sector, we can also bring changes in the health sector," Prof Kibiki said. The Professor said that the theme for this year's conference "Technology for Health Systems Transformation and Attainment of the UN-Sustainable Development Goals" has been chosen purposely to encourage the use of ICT in the health systems.

Chief Medical Officer, Prof Mohammed Kambi said that the Ministry of Health, Community Development, Gender, Elderly and Children has a special strategy for promoting the use of ICT in the country named e-Health Strategy.

"The strategy has identified the country's plans in ICT, we have agreed that this intervention is important in the future of our health sector and how it can help the country," he said.

He added the use of ICT in the country's health facilities has helped a lot in collection and control of revenue.

Prof Kambi, however noted that Tanzania will host the conference which has been on a rotational basis by the EAC partner states through their respective national ministries responsible for EAC affairs, health and other relevant organisations.

He explained that Tanzania cannot be isolated from the use of ICT because it plays

a critical role in the development of the country.

"ICT is an opportunity in the health sector, it enhances youth creativity... I call upon them to turn up in a huge number in the conference and health exhibition trade fair in order to establish various opportunities which could provide them with employment." he said.

Tanzania Prime Minister Majaliwa Praises Aga Khan Healthcare

11th March, 2019

By The Exchange (Dar es Salaam)



The Prime Minister of Tanzania, Hon. Kassim Majaliwa in conversation with (from right to left) Princess Zahra Aga Khan, Mr. Christian Yoka, Regional Director for Eastern Africa, Agency Francaise de Development, H.E. Frederic Clavier, Ambassador of France to Tanzania, and Mr. Sulaiman Shahabuddin, Regional Chief Executive Officer, Aga Khan Health Services, East Africa. AKDN / Zahur Ramji

Tanzania Prime Minister Kassim Majaliwa has praised efforts by the Aga Khan Hospital to improve healthcare delivery in country. The Prime Minister was speaking at a colorful ceremony over the weekend at the launch of the new Aga Khan Hospital wing in Dar es Salaam.

The Prime Minister was keen to express Tanzania's need for affordable and quality healthcare. He said the government welcomes private sector investment in improving healthcare provision in the country.

He said Aga Khan is a good example of Public Private Partnership in improving welfare of Tanzanians and Sub-Saharan Africa in general. The PM acknowledged the significant contribution Aga Khan's new healthcare wing brings to the country and the region saying quality healthcare is key to socio-economic development.

Present at the launch was Tanzania's Minister of Health, Community Development, Gender, Elderly and Children Hon. Ummu Mwalimu. The Minister also recognized Aga Khan's contribution to provision of affordable quality healthcare in Tanzania and East Africa.

She said the Hospital's network of healthcare services across the country brings health services close to the people and plays a significant role in mother and child health as well as advanced medical care for the public in general.

She said the government is working to improve healthcare in country and to improve welfare for the people and in so

doing the private sector plays an important role.

Princess Zahra Aga Khan Officiates Hospital Launch

The event was officiated by among other dignitaries, Princess Zahra Aga Khan who was there on behalf of her father His Highness The Aga Khan. Reading her address, Princess Zahra expressed the Aga Khan's gratitude to Tanzanian President John Magufuli for his leadership and policies that have allowed quick and profound growth in the health and education sectors.

"Other pressing engagements have kept my father, His Highness the Aga Khan away today but he asked me to carry with me his congratulations, his gratitude to President Magufuli, Prime Minister Majaliwa and to the Government of Tanzania for helping us to construct this state-of-the-art facility in Dar es Salaam," said Princess Zahra.

The Princess highlighted how the health centre will also serve as an education platform where training doctors and nurses studying at the Aga Khan University will practice. She noted that the Aga Khan Health Services Network is now across 11 regions of the country and has some 35 outreach health centres.

Expanding Health Care For East and Central Africa

The new state of the art wing has 170 bed and provides tertiary care but is also a referral and teaching centre that will serve as an integrated health care medical facility for Tanzania and the rest of sub-Saharan Africa.

The hospital already receives over 300 foreign patients every year and now has the capacity to receive double that number every year providing affordable and quality healthcare for Subsahara Africa

.The new wing provides state of the art specialised diagnostic services, including cardiac catheterisation and nuclear medicine, the hospital will also offer over 30 clinical specialties and subspecialties, including Cardiology, Oncology, Family Medicine, Endocrinology, Gastroenterology, Gynecology, Nephrology, Neurosciences, Orthopedics, Pediatrics and Neonatology.

This second phase 2 expansion along with the outreach centres, the Aga Khan Health Services Network offers 806 new jobs and numerous other opportunities indirectly including transportation and catering.

Further still, the hospital's educational programme currently has 64 medical residents and takes in 60 interns each year from across Africa.

The accredited Aga Khan Development Network has been in Tanzania for over 100 years and work in many sectors of economic and social and cultural development across the country.

With completion of the new wing, the hospital will now serve over one million patients each year, a great stride in providing affordable and quality healthcare to Tanzanians and the entire East and Central Africa.

The USD 83.5 million project was funded in part by the French Development Agency (Agence Française de Développement - AFD)

which gave a USD 53.5 million loan while another USD 26.3million was contributed by the Aga Khan Development Network (AKDN).

.Aga Khan Hospital was the first hospital in Tanzania to be internationally recognized by the Joint Commission International. In East Africa there are only two hospitals that have the JCI recognition, the second one been Kenya's Aga Khan University Hospital in Nairobi.

Tanzania: All Set for Health, Scientific Forum

12th March, 2019

By Tanzania Daily News (Dar es Salaam)



ALL is set for the upcoming seventh East African Health and Scientific Conference (EAHSC) that is expected to take place in Dar es Salaam from March 27 to 29 this year.

The high level conference, according to organisers, will feature stakeholders of the health sector from a number of EAC organs, members of the EAC Council of Ministers, members of the Summit, and EAC

institutions, EAC Partner States that include Ministers of Health, Finance, Higher Education, Science and Technology.

According to a statement released by the EAC Secretariat at the weekend, the conference will be graced by Tanzania Vice President, Ms. Samia Suluhu Hassan.

The scientific gathering will also bring together Members of Parliament from national assemblies, government officials, researchers, scientists, practitioners, civil society, media, donors and development partners and the general public.

As part of the pre-conference meetings, the East African Health Research Commission (EAHRC) will organise the first East African Government Leaders, Legislators, and Legal Executives' Forum (EAGLES' Forum) on March 26 that will also take place in Dar es Salaam.

The forum was approved by the 15th EAC Sectoral Council of Ministers of Health as one of the pre-conference meetings of the East African Health and Scientific Conference.

Tanzania: Aga Khan Development Network Plan to Improve 24 Public Health Centres in Mwanza

12th March, 2019

By The Citizen (Dar es Salaam)

In Summary

The Aga Khan Development Network has begun supporting improvement of 24 public health centres across Mwanza. These will

have special rooms for males as they await their female partners in labour.

Mwanza — The Aga Khan Development Network (AKDN) has started its plan of improving 24 public health facilities in Mwanza Region. The plan includes putting up rooms for males to wait for their female partners in labour.

The planned works will target Reproductive Child Health (RCH) units, 4 maternity wings (with minor theaters), 2 postnatal wards, 13 delivery units and 4 operating theaters as per the requirements of the specific facilities.

Speaking to The Citizen during the celebration of the International Women's Day held at Bujora in Magu District, Dr. Benardin Ngaila, said the improvement of the health centers will go in hand with establishing modern toilets and will take into consideration requirements of people with disabilities.

"Most health facilities have no waiting rooms for males when their partners go in labour rooms. Therefore, we have come with this plan," she said.

Apart from the improvement, the project has also provided training to 716 community health care providers in Mwanza who will assist in efforts to eliminate child mortality.

He further informed that, the community health care providers will each be with a bicycle worth Sh91 million, back packs and file folders to help them record their daily reports.

For her part, Health minister Ummu Mwalimu urged male parents to stop negative attitudes towards women and instead help them for their developments and the country at large.

During the event, Ms. Ummu warned all employers who fire and/or demote pregnant workers from work saying stern measures will be taken against them.

Uganda: Rural HIV Patients Becoming Resistant to ARVs – Report

12th March, 2019

By The Observer (Kampala)



Many people living with HIV in rural areas are developing drug resistance due to lack of access to their daily antiretroviral drugs (ARVs), lack of food and drug stock-outs and shortages.

Some of the patients especially in rural areas lack the transport to take them to health centres to pick the drugs or buy the required food. Margret Kakembo, the chairperson,

National Forum of People Living with HIV Network Uganda (NAFOPHANU) said according to their own survey, many people living with HIV in rural areas, are facing a lot of challenges of missing meals yet the ARVs can't work effectively without food.

Moreover, she said, most couples in rural areas only find out about their HIV status when the women go for antenatal visits. Kakembo revealed this while meeting with different Ugandan HIV health activists that are heading to South Africa to pitch on the demands in key priorities that are needed by the People Living with HIV (PLHIV) in order to support their health to live longer.

The key priorities that are demanded by Ugandan health activists from U.S. President's Emergency Plan for AIDS Relief (PEPFAR) include supporting People Living with HIV (PLHIV), to get transport facilitation to pick drugs from health centres. Others are; avoiding stock-outs and shortages of ARVs, introducing youth friendly facilities at health centres, fighting stigma and discrimination which continue to fuel the spread of HIV in the country.

"At the moment many PLHIV are developing drug resistance, Tuberculosis (T.B), cancer and children living with HIV also don't have viral load suppression, due to lack of transport to pick their drugs from the long distance health centres," Kakembo said.

The health activists are using information gathered in February 2019 during community consultations and additionally through facility monitoring carried out at seven PEPFAR support sites in different parts of the country with high HIV burden such as Mbale, Jinja, Lira, Tororo among others.

Kakembo said, some children in boarding schools, miss out their ARVs because they don't have support from their teachers and matrons which causes drug resistance among them and also causes stigma.

"Due to stigma at schools, especially boarding section, sometimes children take drugs at different time and the drugs end up not working well hence it causes drug resistance," she says.

The health activists also advocate for empowering PLHIV to understand their own viral load and what it means for their long-term health and their risk of transmitting the virus to another people through sexual intercourse.

"There is a clear evidence that early treatment benefits the health of PLHIV and HIV related diseases like cancer, T.B and others can be prevented," Kakembo says.

According to UNAIDS country director, Karusa Kiragu, about 1.3 million Ugandans are living with HIV/Aids and about 1.1 million of them have access to antiretroviral treatment. However she says despite this important achievement, much more needs to be done to achieve epidemic control in Uganda and truly defeat HIV.

"In 2018 alone, 28,322 people died needlessly of HIV/Aids related illnesses in the country and still each year 48,254 people newly acquire HIV. PEPFAR's most recent program data indicate persistently low retention and poor quality treatment program performance at a level that is gravely concerning," she says.

Kiragu says, according to current UNAIDS statistics, 223 new infections occur among girls on yearly basis and this means that there is an urgent intervention by PEPFAR to fight the HIV pandemic. Substantial barriers are obstructing attainment of the goal of defeating HIV as an epidemic by 2030 in the country.

Kenya: Kibra MP Okoth Keeps Up the Fight Against Cancer

13th March, 2019

By The Nation (Nairobi)

A month after Kibra Member of Parliament Kenneth Okoth revealed that he has cancer, he has tried to keep Kenyans abreast of his condition.

Mr. Okoth revealed that he was diagnosed with advanced colorectal cancer, adding that the disease cannot be cured but only managed.

On Tuesday, the 41-year-old legislator, responding to a tweet by a person who asked how he was doing, readily gave an update.

"Napambana na hali yangu kabisa (I am dealing with my condition). Chemo drugs are brutal on the skin and immunity system," he said.

Chemotherapy is a form of cancer treatment that uses one or more drugs as part of a standardised regimen. It may be given to cure the disease, to prolong life or to reduce symptoms.

"I was diagnosed with stage four colorectal cancer, with metastases to the liver," he told a local daily.

STAGE FOUR

For over a year, he said, he had symptoms of ulcers, and sometimes of bacterial infections, for which he was treated. At some point, he was even given medication to manage stress.

By the time his doctors ordered advanced scans, the disease had already reached stage four.

Even as cancer treatment improves and survival rates go up, so, too, does the number of people afflicted by the deadly disease.

New data suggest that the global burden has risen to 18.1 million cases, which are predicted to reach 29.5 million by 2040.

Last year, the World Health Organisation's International Agency for Research on Cancer (IARC) recorded 9.6 million cancer deaths.

DISEASE BURDEN

According to WHO's latest global data, one in five men and one in six women develop cancer during their lifetime, and one in eight men and one in 11 women die from the disease.

The cancer burden is increasing, a trend WHO attributes to population growth, ageing, late detection and screening.

While the international agency notes that lung and female breast cancers are the

leading types worldwide, cancer experts in Kenya predict a shift in pattern as cancers of the food pipe and stomach are increasingly ravaging young people and quickly becoming top killers.

In its Globocan report that analyses new cases and deaths among men and women, the IARC notes that oesophagus cancer kills 4,354 Kenyans every year, overtaking cervical, breast, stomach and prostate cancers.

SYMPTOMS

Colorectal cancer symptoms depend on the size and location of the condition. Some common symptoms include changes in bowel habits, changes in stool consistency, blood in the stool and abdominal discomfort.

"These symptoms, however, differ depending on whether the cancer is detected in the patient's right or left side of the colon," explains Dr. Andrew Odhiambo, an oncologist at Kenyatta National Hospital and Nairobi Radiotherapy and Cancer Centre.

For instance, he says, if the cancer is on the left side of the colon, patients are likely to spot blood in their stool. This is because the left side of the colon is closer to the rectum than the right side.

"Patients who have the cancer on the right side will often suffer from fatigue, weight loss and anaemia. This is because they are silently losing blood, which is not spotted in their stool since the right side of the colon is far from the rectum," Dr. Odhiambo said.

Late diagnosis is a problem for many cancer patients.

Kenya: Closure of Schools in Boni Blamed for Teen Pregnancies

13th March, 2019

By The Nation (Nairobi)



Mangai Boarding Primary School which is among the Boni schools closed five years ago following Al-Shabaab terror threats. Elders from the Boni community have decried the situation saying many of the girls who are supposed to be in school are now pregnant.

In Summary

- Only a handful of ECDE centres including Kiangwe, Basuba and Mangai are functional but still lack teachers.
- In 2014, all the five primary schools of Basuba were closed after teachers fled due to Al-Shabaab threats.
- The elders said many of their girls of school going age are now pregnant.

The failure by the national government to reopen schools in Boni Forest in Lamu East which were closed due to insecurity has been cited as the major contributor to an increased number of teenage pregnancies and school dropouts in the region in recent days.

In 2014, all the five primary schools of Basuba were closed after teachers fled the area following Al-Shabaab threats.

Basuba Ward is made up of Basuba, Milimani, Mangai, Mararani and Kiangwe villages all of which are listed as terror-prone owing to Al-Shabaab attacks that were witnessed in previous years.

NO TEACHERS

Only a handful of ECDE centres including Kiangwe, Basuba and Mangai are functional but still lack teachers.

Elders from the minority Boni on Wednesday said there has been an increase in teenage pregnancies which is stifling the community's transformation to modernity.

The Boni are traditionally hunters, fruit gatherers and honey harvesters but for the past five years, they have been unable to conduct their activities especially after the government launched the multi-agency security Operation Linda Boni which subsequently denied them access to Boni Forest.

The elders said they are worried that the community might never really get to attain the required educational and development standards to match the rest of the country if

the government continues closing their schools.

PREGNANT

The elders said many of their girls of school going age are now pregnant, with many being forced to enter into young marriages to escape the discrimination that comes with getting pregnant out of wedlock.

Mr. Ahmed Dokota said it is now five years since the schools were closed putting the fate of learners in the region in limbo.

"It's unfortunate that our schools in Boni Forest continue to be closed five years on. Very few parents have managed to transfer their children to other places to proceed with learning. Majority of the children here have so far dropped out of school altogether. Our girls have also become victims of circumstances. Some have been impregnated and forced into early marriages. I believe this can be solved only if our schools in Boni Forest will be reopened," said Mr. Dokota.

The Boni villages have more than 500 learners but only 280 pupils have been transferred to a safer learning zone at the Mokowe Arid Zone Primary School in Lamu West to proceed with learning.

NAÏVE

An elder, Barissa Musa, noted that many young girls in Boni Forest are naïve and are being taken advantage of by men who impregnate them and then dump them, creating an extra burden on their parents.

"There are so many of us here who have our pregnant daughters in our houses as we speak. We can't really blame the kids. I mean, an idle mind is the devil's workshop. They are supposed to be in school as their peers but because of the security situation here, they haven't set foot in a classroom for five years. Anything is expected at that point," said Mr. Musa.

DRUG PEDDLERS

The Boni are also worried that their children might end up in the hands of drug peddlers and other criminals who take advantage of their illiteracy to use them as agents of the illegal trade.

They want the government to intervene and have the schools re-opened so as to save their young generation from perishing.

"The state of education in our villages continues to deteriorate. Teachers fled while our schools remain closed. We need urgent intervention so that our schools are reopened to enable our children to learn," said Mr. Abdalla Yusuf.

Kenya: Aga Khan Hospital Opens Sh9.3 Billion Facility in Dar es Salaam

13th March, 2019

By The Nation (Nairobi)

The Aga Khan Development Network (AFDN) last weekend opened phase two expansion of the Aga Khan Hospital in Dar es Salaam, Tanzania, which is expected to provide services to over one million patients annually.

The facility, first opened in 1964, was expanded from a 32 bed facility to a 74 bed hospital in 2000. The second phase expansion cost \$92.5 million (about Sh9.3 billion) with a 170- bed tertiary and teaching hospital.

Funding for the hospital's growth was in the form of a 70 percent long term concessionary loan from Agence Française de Development (AFD) and 30 percent was sourced as a grant from the Aga Khan Development Network.

The second phase of the health facility is expected to provide advance clinical programmes in cardiology, oncology, neuro sciences, critical care and maternal and child health.

Speaking during the opening, Princess Zahra Aga Khan said it will enable patients across Tanzania to access affordable and quality healthcare at their doorstep.

"We are delighted to have constructed this facility and expand the Aga Khan Hospital. However, the real value of the project lies in its clinical programme which will supplement the government of Tanzania's and work with the health public system in developing a robust capacity that will see many Tanzanians receive advanced training in the institution," she said.

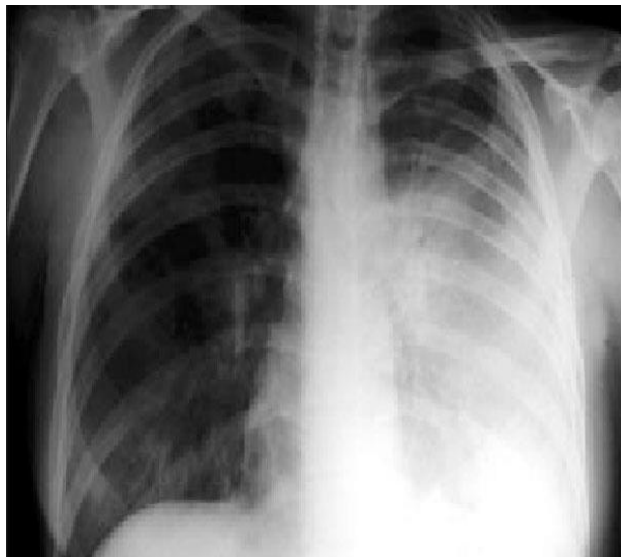
Tanzanian Prime Minister Kassim Majaliwa said Dar es Salaam was closer to reaching its target of a total of 2,500 beds-- thanks to the expansion and that the facility would also help in reversing medical tourism in the country.

"Congestion and lack of technological advances have been the biggest contributor to medical tourism in the country and so we hope that Aga Khan Hospital Tanzania can cure this," he said.

Uganda: Pneumonic Plague Outbreak Kills One

14th March, 2019

By The Monitor (Kampala)



Chest Radiograph of Patient With primary pneumonic plague

In Summary

- Mr. Andrew Kajoyingi, the Resident District Commissioner, said communities should clear the bushes around their homes to avoid the rodents from breeding.

Zombo — An outbreak of the pneumonic plague infection has left one dead in Zombo District, health officials have confirmed.

The disease had been wiped out four years ago, according to a source from the Uganda

Virus Institute regional centre in Arua, where four people were reported dead.

The Ministry of Health confirmed two cases of pneumonic plague patients, who were recently admitted to the district referral hospital before a lady, Ms. Jennifer Ngamita, succumbed to the disease.

The Public Health consultant from the Ministry of Health, Dr. George Openjtho, has now camped in the district.

He said blood samples taken from Ms. Ngamita tested positive.

Efforts

"We are still monitoring the situation of another patient because we want to do enough sensitisation in the communities to prevent further spread," he said on Tuesday.

The disease is believed to have spread from the neighbouring DR Congo, where there is little surveillance and a broken health system.

Preliminary investigations by the health team, indicate that the deceased attended the burial of her relatives in DR Congo, who were suspected to have died of the disease.

Ministry of Health has already dispatched emergency drugs.

The District Health Officer, Mr. Sam Ajoga, said they are starting a massive vaccination programme in the communities because the plague, if not contained early, can have devastating effects.

He said people should report early symptoms such as flu that presents itself in a period of three to seven days.

Recently, during the re-equipping of the Uganda Virus Research Institute in Arua, the assistant District Health Officer for Arua, who had been engaged in the fight against the plague in Arua and Zombo, Mr Manasse Anziku, said: "We had a difficult time treating plague in the communities. The last cases of plague were reported three years ago.

This modern laboratory will help us in having quick diagnosis and management of any type of virus when it is detected earlier in the laboratory. We used to send the samples to Entebbe, which usually took long for results to reach us."

Solutions

Mr. Andrew Kajoyingi, the Resident District Commissioner, said communities should clear the bushes around their homes to avoid the rodents from breeding.

"People should practice good hygiene. Even the food they leave should be covered because rats like eating food left-overs which humans consume after. This would cause more problems when not kept properly," he said.

BACKGROUND

According to World Health Organisation, Plague is an infectious disease caused by the bacteria *Yersinia pestis*, a zoonotic bacteria, usually found in small mammals and their fleas.

It is transmitted between animals from their fleas. Humans can be contaminated by the bite of infected fleas, through direct contact with infected materials or by inhalation.

Pneumonic plague, the first signs of illness are fever, headache, weakness and rapidly developing pneumonia with shortness of breath, chest pain, cough and sometimes bloody or watery sputum.

The statistics of 2008 from neighbouring Arua health office indicate that 90 cases were recorded with 17 deaths.

During the dry seasons, plague outbreak was recorded annually in the district.

Kenya: Appeal Made for Drugs Required After Kidney Transplant Catered By NHIF

14th March, 2019

By Capital FM (Nairobi)



NHIF currently covers half a million for kidney transplants, but Ngige says this would be better if they went ahead to cater for the drugs

Nairobi — As Kenya joins the rest of the world in marking World's Kidney Day, the big challenge still remains the affordability of costly drugs required by the patients who have undergone kidney transplant.

After a successful transplant, a patient is kept under lifetime medication so as to keep the new kidney healthy and prevent the body from fighting the new organ.

Dr. John Ngigi the Head of Renal Unit at the Kenyatta National Hospital on Thursday told Capital FM News that the National Health Insurance Fund (NHIF) should now consider catering for the drugs required after the transplant, since they are quite expensive with their cost ranging between Sh45,000 to 50,000 a month.

NHIF currently covers half a million for kidney transplants, but Ngige says this would be better if they went ahead to cater for the drugs.

"It would be good if NHIF continues paying for the drugs because if they don't do that, those people who have done transplants... their kidneys will fail and they come back to dialysis," said Ngigi.

Despite transplants being the best solution for kidney diseases, Dr. Ngigi says patients still opt for dialysis.

According to Ngigi, the success of kidney transplant is 95 per cent; however the costly maintenance drugs have discouraged patients.

"NHIF is paying half a million for transplant, at the same time it's fully paying for dialysis; this has forced people to prefer dialysis

because even after the transplant, they will still need money for drugs," he said.

He said that about 155 people seek dialysis services twice a week at the Kenyatta National Hospital, with those with chronic cases visiting daily.

Already the National Health Insurance Fund card is catering for dialysis at least two days a week which has come as a relief to kidney patients who couldn't afford.

Kenyans have however been urged to get diagnosed and seek early treatment, at a time when the kidney burden stands at 5 Million countrywide, with about 4,300 Kenyans currently on dialysis.

According to statistics, the global burden now stands at 850 Million and 2.4 Million people die daily worldwide from kidney related diseases.

Major causes of kidney diseases are said to be high blood pressure and diabetes.

Kenya: Exposed - Blood Pressure Drugs Linked to Cancer Still on Sale in City Chemists

14th March, 2019

By Nairobi News (Nairobi)



Daily hypertensive drugs linked to cancer are still being dispensed in chemists with no warning to the public, the Nation has learnt.

Chemists in Nairobi are still stocked with the drugs, and the only question asked to a buyer is: "How many pills do you need?"

The pills retail at Sh2 to Sh5 in nine pharmacies in Nairobi that the Nation visited.

NO PRESCRIPTION NEEDED

The sellers do not ask for a prescription, or which of the two available dosages -- 25mg and 50mg -- the patient needs. A patient is expected to stick to the dosage prescribed, unless ordered otherwise by a doctor.

When asked if there was any cause for concern about the medication, one seller said that HCTZ "is the best that there is in the market for hypertension".

On January 14, the Pharmacy and Poisons Board posted a statement on its website and shared it with healthcare providers.

It was about hypertension drugs containing hydrochlorothiazide (HCTZ), a chemical linked to skin cancer.

In July 2018, the board also issued a statement on an ingredient called valsartan used in generic medicines to treat high blood pressure. Valsartan is no longer under patent.

Dr. Christabel Khaemba, a board official, said in the statement that certain products with valsartan should be tested for "an impurity".

While the Kenyan wording did not specify the impurities, the situation was different in the US.

ORGANIC CHEMICALS

Medicine with the chemical was recalled by the Food and Drug Administration. It said the drugs contained one or both of two organic chemicals: N-nitrosodimethylamine (NDMA) and N-nitrosodiethylamine (NDEA).

NDMA is a by-product of industrial processes while NDEA is used to make liquid rocket fuel. The latter is also a by-product of pesticide manufacturing.

The World Health Organisation says NDMA is a potent carcinogen. Both are classified as cancer-causing agents.

For this reason, they should not be found in any blood pressure medication.

Other brands of hypertensive medications -- such as Losartan and amlodipine -- have been recalled but are still sold to Kenyans.

EFFECTS OF DRUGS

The statements on HCTZ by Director of Information and Pharmacovigilance Stephen Kimathi also recommended that healthcare workers inform patients about the effects of the drug.

However, pharmacists do not seem to know what to do since the statement did not offer any guidance.

Mr. Elo Mapelu, a long-serving pharmacist, said he stopped dispensing the drugs immediately the statement was issued.

"The circular was in our WhatsApp and Facebook groups," he said. But three other pharmacists said they only "stumbled on the information early this week".

Pharmaceutical Association of Kenya chairman Eric Gichane said he stopped stocking the medicines, but added that he is still waiting for communication on what to do with the remaining stock.

Tanzania: Survivor of Bloody Killing Calls for Medical Treatment Support

15th March, 2019

By Tanzania Daily News (Dar es Salaam)



A SURVIVOR of the bloody killing of more than 30 people in Rufiji, Kibiti and Mkuranga districts in 2017 has appealed to members of the public to support him to get medical treatment.

Mr. Michael Buchayandi (32), who is a leader of Rondo Hamlet in Mangwi Village, survived the killing along with his wife, four children and other relatives, but lost his sight after one of his eyes was hit by a bullet and hit on the head with a club to the detriment of the other eye.

According to him, it was only by God's grace that he survived death on that day because the attackers thought they had finished him.

"The incident occurred on June 27, 2017 and it was claimed to have targeted only leaders for the chairperson and village executive officer of Mangwi were also brutally killed on the same day," he said in the presence of the Deputy Minister for Energy.

He recounted how the attackers broke into his house at about 11pm, while everyone had already gone to bed and harassed him and his family.

Mr. Buchayandi pointed out that his wife had only given birth a few days before, but they forced her to take all children, including the newly born baby, out in the cold without any clothes on.

His wife Selina Mponyi (30) pointed out that the attackers directed her and the rest of the villagers to lie down facing the ground, while others left with her husband.

She pointed out that a few minutes later they heard some gunshots and thought it was her husband they had killed. They heard of the gunshots again coming from neighbouring houses.

After the fracas, Ms. Mponyi went to neighbouring families to seek help, but found none in the houses.

The next day, she and other villagers carried out a search to look for her husband, but found him, the village chairperson and the village executive officer lying in a bush covered by blood all over their bodies.

She narrated that the other two leaders had already died, but her husband was still breathing. Some initiatives were taken to rush him to a nearby hospital and later he was transferred to Muhimbili National Hospital.

"He was attended to, but could not see again because one of the gunshots had destroyed his right eye and the remaining one could not see. We went to Mnazi Mmoja Hospital and they told us there was no possibility for him to see again," she noted.

Ms. Mponyi noted that they went to CCBRT and were directed to go to Kibaha hospital, but to regain his sight it would cost 4.7m/-.

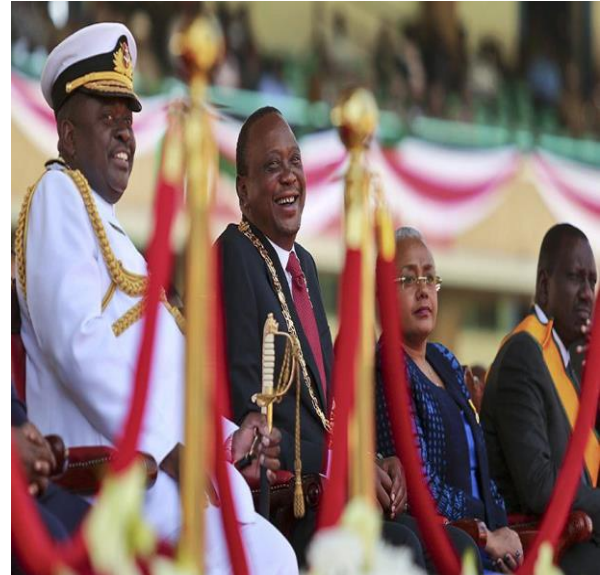
"We are thankful for the support we have been receiving from government and other ordinary people throughout the time. All I hope is for my husband to see again and resume to his work," she said.

The deputy minister noted that several initiatives had been conducted to help the family, including a campaign to raise funds for the construction of a house because their previous one was set on fire by the attackers.

Kenya: Safe Access to Abortion Crucial to Reducing Maternal Mortality in Kenya

14th March, 2019

By Human Rights Watch (Washington, DC)



Kenya's President Uhuru Kenyatta, center, and his wife Margaret, center-right, attend a ceremony to mark Jamhuri (Republic) Day at Kasarani stadium in Nairobi, Kenya, Tuesday, Dec. 12, 2017.

Five years ago, Kenya's First Lady, Margaret Kenyatta, launched the "Beyond Zero" campaign to eradicate preventable maternal and child mortality in Kenya. The initiative has drawn support and criticism in equal measure from Kenyans, and it has earned this criticism by ignoring a crucial aspect of women's health - access to safe abortion.

A charity half marathon last weekend to mobilize resources for the campaign was met with wide-ranging criticism from Kenyans. Activists infiltrated part of the run to stage an anti-corruption protest, arguing that corruption and government failure to prosecute officials implicated in these crimes are the main factors behind Kenya's failing health sector. Other critics say that the first lady's campaign is diverting much-needed resources from the public health system.

Notwithstanding any merits of the "Beyond Zero" campaign, a key issue the campaign has ignored is the urgent problem of unsafe abortion, a leading cause of preventable death and harm for Kenyan women and girls. A 2018 study showed that treatment for complications of unsafe abortion costs public health facilities substantial financial and human resources - an estimated US\$533 million in 2016.

While the government acknowledges unsafe abortions drive Kenya's already high mortality rate higher at enormous financial cost, the abortion law remains restrictive allowing termination only where, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger. In December 2013, the Director of Medical Services without explanation withdrew the

2012 "Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion," and put a ban on training in safe abortion for health care providers. No new guidelines have been issued since.

"Beyond Zero" is a high-profile campaign that could mobilize support for these guidelines to be instituted. The campaign could also prompt the government to address the root causes of unsafe abortions which include high rates of teenage pregnancy, lack of access to modern methods of contraception, and lack of access to age-appropriate, comprehensive reproductive health education for girls and young women. A comprehensive approach to sexual and reproductive health is needed to stop the unnecessary deaths of women and girls in Kenya, and if Kenyatta wants to save women and girls, she should put her star power behind this effort.

Uganda: Concern As HIV Cases Soar in Oil-Rich Districts

15th March, 2019

By The Monitor (Kampala)



Hoima — Communities in Hoima and Kikuube districts where commercially viable oil resources have been discovered are grappling with the HIV/Aids pandemic.

According to statistics from the Hoima District health information office, the two districts have registered new HIV infections over the last three years.

In 2012, Hoima alone registered 1,689 new HIV infections. In 2017, the new infections rose to 3,004 and last year, the district recorded 286 new infections.

As a way of intervention, the China National Offshore Oil Corporation (CNOOC) Uganda, has contracted Kitara Development Initiative (KITADI) to implement a HIV mitigation strategy in its area of operation.

Intervention

District health officials are undertaking HIV counselling and testing sessions, condom distribution, establishing condom banks in trading centres and distributing information and education materials about HIV.

"We are sensitising the communities to avoid contracting HIV and live healthy lives so that they remain productive. Health and safety is crucial in our operations" said Ms. Aminah Bukenya, the CNOOC Uganda's senior public relations supervisor.

She said CNOOC Uganda Ltd has observed an influx of people in the area as a result of oil and gas operations.

"As a responsible company, we are sensitising the people about HIV and

advising them on mitigation measures" Bukenya said.

The sensitisation outreaches are being conducted in Buhuka, Kyangwali, Butoole, Kaseeta and Kabaale parishes in Kikuube District.

"The local community needs protection from HIV and other illnesses. We have many new comers here. If there are those who have come with diseases, we are at risk," Mr. Origino Ngamita, the Buhuka Parish chairperson, said during a recent community sensitisation outreach at Nsonga Landing Site.

The oil industry has attracted expatriate workers, emigrants and businessmen to the formerly remote areas on the shores of Lake Albert.

Tanzania: 62 Kidney Dialysis Machines for Delivery Tomorrow

15th March, 2019

By Tanzania Daily News (Dar es Salaam)



IN what certainly represents a major breakthrough for people suffering from kidney complications, the government is expected to receive, tomorrow, 62 new kidney dialysis machines from the government of Saudi Arabia that will be distributed to zonal and regional hospitals countrywide.

Currently, the country has 42 machines, according to the Deputy Minister for Health, Community Development, Gender, Elderly and Children, Dr. Faustine Ndugulile. This means, that, in all, the country will have 104 machines at the various health facilities.

Dialysis machines are used to filter a patient's blood to remove excess water and waste products when the kidneys are damaged, dysfunctional, or missing. The dialysis machine represents an artificial kidney.

Speaking at a news conference yesterday, Dr. Ndugulile said the government was putting all measures in place for reducing the cost of treating people suffering from kidney complications.

He was speaking to remind Tanzanians on the importance of frequent health check-ups as the country joined the rest of the world to commemorate World Kidney Day (WKD), which is marked on March 14 every year. This year's theme is 'Kidney Health for Everyone Everywhere'.

Despite the growing burden of kidney diseases worldwide, kidney health disparity and inequity are still widespread. Globally, chronic kidney diseases (CKD) cause at least 2.4 million deaths per year and are now the sixth fastest growing cause of death.

According to Dr. Onesmo Kisanga, a kidney specialist at the Muhimbili National Hospital (MNH), a team of experts is currently conducting a study to establish the number of people suffering from kidney complications in the country.

Transplantation is considered the most cost-effective treatment of CKD. However, it has high set up costs with regards to infrastructure and requires highly specialised teams, availability of organ donors and cannot be done without dialysis backup.

According to Dr. Ndugulile, a single dialysis in Tanzania costs 250,000/-, meaning that a patient can spend up to 1m/- per week. However, he explained that the country had so far reduced referrals for India to treat kidney complications.

Initially, a person who was referred to India for kidney transplantation spent between 80m/- and 100m/-, but now a patient who receives the same treatment at MNH or Benjamin Mkapa Hospital (BMH) which are currently offering kidney transplantation surgery, spends only 21m/-.

"Until now, 42 patients have been successfully operated, out of which 38 were treated at MNH and four others were operated at BMH; if they were to be referred to India, 4.2bn/- would have been spent but the total cost in Tanzania was only 800m/-," he said.

This means that, by carrying out transplantation at local medical facilities, the government saved over 3bn/-. According to Dr. Kisanga, the country has only 14 kidney specialists and that five others are expected

to be deployed in the country after accomplishing their studies.

Kenya Steps Up Efforts to Fight the Global Fake Drugs Menace

15th March, 2019

By The Nation (Nairobi)



The Pharmacy and Poisons Board CEO Fred Siyoi (centre) and CWAG AAP Board Member Markus Green when they announced plans to use mobile phone technology in bid to end the scourge of counterfeit medicines in Kenya.

Doctors have raised the alarm over substandard drugs in the market that are killing thousands of people globally every year.

According to a paper published in the American Journal of Tropical Medicine and Hygiene, doctors called for concerted effort to combat a "pandemic of bad drugs that kill 250,000 children a year" after taking shoddy or outright fake drugs intended to treat malaria and pneumonia alone.

QUARANTINE

The paper that was published on Monday revealed that tests have identified fake and ineffective copies of drugs, including those for malaria, cardiovascular and cancer diseases, as well as antibiotics.

It also revealed that many fakes have been found to contain everything from printer ink and paint to arsenic material.

However, according to Pharmacy and Poisons Board CEO Fred Siyoi, only antibiotics occasionally fail tests in the Kenyan market over poor storage, but not for being phoney.

"If antibiotics are not stored well, they go bad. All our antimalarials usually pass the quality test," Dr. Siyoi said.

The board's post-marketing surveillance, which is done after every three months, has never unveiled fake cancer drugs, he said.

Various technologies

Dr. Siyoi said that 80 per cent of drugs in the Kenyan market are imported from India and China.

"Whenever there is a shortage of drugs in the country, people take advantage to fill the gap, which can be harmful to the lives of Kenyans, but with the strategies we have come up with, the gaps are closed," he said.

"We have deployed various technologies such as the spectrometer (the portable device that scans medicines for active ingredients). If there is no active ingredient,

we seize, quarantine or destroy the drugs and issue an alert."

FALSIFIED

Falsified and substandard medicines lead to poisoning, untreated and resistant diseases, treatment failure and early death.

The board has come up with a mobile-based innovation that identifies whether or not a drug is genuine. It has created a unique code to help identify the quality of medicines, be they imported or locally made, and track their movement across the country.

The health safety code will be available for Kenyans at chemists, clinics and other health facilities.

"Patients will be able to tell if it is genuine paracetamol, its side-effects, the pharmacy that dispensed it, and whether it is registered using the unique identifier number and code," he said.

Dr. Siyoi said that the board had instituted measures to deal with an influx of fake drugs, including GPS mapping of registered pharmacies, incorporating new technologies such as online licensing and reporting, having drug inspectors at ports of entry and carrying out product registration and evaluation to check all drugs entering the market.

This is on top of regular checks on manufacturing sites, and working with the Anti-Counterfeits Agency, the Directorate of Criminal Investigations, Interpol and the World Health Organisation.

However, a study that the Kenya Medical Research Institute read at the 9th Annual Scientific and Health Conference last month noted that there is substandard amoxicillin in the market.

The study sampled 24 brands of the drug -- an oral suspension antibiotic -- 11 of which failed the quality test. And yet the drug is prescribed in almost all health facilities for bacterial infections.

SUPERVISE

Dr. Lucia Keter, the co-principal investigator in the study, said that all the brands that failed to meet standards were imported from India, while the locally manufactured ones passed the test.

The study, done to determine the quality of amoxicillin in selected private retail pharmacies within Nairobi County, selected many brands and only subjected 24 to analysis.

"Overall, 46 per cent were of poor quality," Dr. Keter said.

"Our findings highlight the need for regular post-market surveillance to inform on the situation of antibiotic quality in the Kenyan market," the study suggests.

Doctors have since called for the WHO drug surveillance programme and an update to the UN's sustainable development goals in which governments would ensure that at least 90 per cent of medicines in their countries are of high quality.

Fake drugs are a major driver of disease resistance, which fuels the rise of superbugs.

"This is an urgent public health issue and we need to take action," the study published in the American Journal says.

Up to 10 per cent of drugs in low and middle income countries are of poor quality or

outright fakes. Poor-quality drugs cost economies up to \$200 billion (Sh20 trillion) a year and contribute to the increasing peril of disease resistance.

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