



# East African Health Platform

*Fostering Stronger Ties For Better Health in East Africa*

## HEALTH NEWS-CAP EAST AFRICA

6<sup>th</sup> – 12<sup>th</sup> April 2019

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## Rwanda: Govt to Vaccinate Front-Line Health-Workers against Ebola

06<sup>th</sup> April 2019

By World Health Organization (Geneva)



Health workers practice proper donning of protective gear during the training on vaccination against Ebola.

Kigali — The Ministry of Health with support from the World Health Organization and other partners will launch vaccination of health care and frontline health workers to

prevent them against the Ebola Virus Disease (EVD) in case they have to deal with patients contaminated by the virus. The activity begins on Monday, April 15, 2019 in Rubavu and other districts in high risk zone located near borders with the Democratic Republic of Congo.

This latest outbreak of Ebola is affecting North-Eastern provinces of the Democratic Republic of Congo (DRC) which border Uganda, Burundi, Rwanda and South Sudan. Potential high risk factors for transmission of Ebola virus disease (EVD) at the national and regional levels include the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and displacement of Congolese refugees to neighbouring countries. Based on this context, the public health risk was assessed to be high at the national and regional levels.

Therefore, as part of the ongoing efforts to prevent its population as well as other people living in Rwanda from contaminating the Ebola Virus, the Ministry of Health decided to vaccinate health care and frontline workers in health facilities at the border with the current DRC Ebola outbreak, as well as to plan for ring vaccination to vaccinate those who are most likely to be infected in the event of Ebola case.

About 7,949 health care workers and frontline workers are the potential population for vaccination health workers that will be targeted from the health facilities near the border with the DRC isolation Units/Ebola Treatment Unit, health facilities identified through risk assessment

with possibility of receiving many patients from the DRC.

The Rwandan Minister of Health, Dr. Diane Gashumba says that Ebola vaccine to frontline health care worker is a good move for EVD prevention and preparedness, "This Ebola Virus vaccine assures readiness as far as Ebola preparedness is concerned. The vaccine will not target the general population but the frontline health workers who may be at high risk in case of Ebola outbreak."

The districts in high risk zone of EVD targeted for vaccination include Nyarugenge, Gasabo, Kicukiro, Rubavu, Rutsiro, Nyamasheke, Musanze, Nyabihu, Burera, Gicumbi, Nyagatare, Karongi, Bugesera, Nyanza and Rusizi.

The yet-to-be-licensed rVSV-ZEBOV vaccine has proven to be highly protective against the Zaire strain of the Ebola virus in a major trial. It was used in the Ebola outbreak in Equateur province of DRC from May-July 2018.

Though not yet commercially licensed and as recommended by the Strategic Advisory Group of Experts on Immunization, the vaccine is being provided for "compassionate use" to efficiently tackle the ongoing Ebola Virus Disease in North Kivu province of DRC. More than 100,000 people have been vaccinated in DRC, neighbouring countries and other countries affected by Ebola in last years.

As part of Ebola Virus Disease preparedness, Rwanda has undertaken preparedness activities, including strengthening coordination at central level, community

awareness, identifying first responders and capacity building for case detection, management and infection prevention and control, risk communication and community engagement activities.

Likewise, Rwanda has undertaken to enhance monitoring and screening, especially at Ports of Entry (PoE) and at Refugee Camps, development of an Ebola Treatment Center (ETC) in Rubavu District; Training of front line health care staff in the 10 priority districts in safe EVD clinical techniques; 181Health Care Workers covering all healthcare facilities in the priority areas have now been trained in case management Standard Operating Procedures; reviewing of healthcare provision and surveillance at transit centres, district hospitals, Ebola Treatment Centre and Ports of Entries.

Ebola full simulation exercises were conducted in Kanombe Military Hospital, Gihundwe District hospital, Kamembe International Airport, and Rugerero Ebola treatment Centre to test Rwanda's preparedness in response to a confirmed case, which will include Emergency Operations Centre activation, testing surveillance, case management and labs.

## Uganda: Here is Recuperating Ugandan Speaker's Special Message to Kenyan Doctors

7<sup>th</sup> April, 2019

By Nairobi News (Nairobi)



*Ugandan Speaker of Parliament Rebecca Kadaga.*

Speaker of the Ugandan Parliament, Rebecca Kadaga, has thanked Kenyan doctors for attending to her, explaining that she is now feeling much better and will soon be discharged from the Aga Khan hospital in Nairobi.

In an audio message recorded from the hospital, where she has been receiving treatment since March 23, Kadaga also thanked all well-wishers for the support and prayers they have extended to her.

"I am glad to report that due to God's mercy and untiring efforts of doctors in Uganda and Kenya. I do now have a better bill of health," Kadaga said.

### **PUBLIC CONCERN**

The 62-year-old has also thanked President Yoweri Museveni for his concern and for taking time off his schedule to check on her in hospital.

She further urged the media not to distort facts when informing the public about her condition.

"Contrary to rumours in the press and social media, I'm neither in Spain nor in critical condition. Reporting facts on matters of public concern and holding onto the highest journalistic standards is a tenet I urge our media to uphold," she said.

## **Kenya: Sonko Orders Release of Patients Held in County Hospitals for Unpaid Medical Bills**

7<sup>th</sup> April, 2019

By Capital FM (Nairobi)

Nairobi — Governor Mike Sonko has ordered the immediate and unconditional release of all patients who have been unable to clear medical bills in Nairobi county hospitals.

Speaking while marking the Good Deeds Day at City Hall, Sonko said the county government will settle the pending bills of the patients.

"As a good gesture, I am directing my CECs of Health and Finance to devise ways of covering the costs of patients held at our medical facilities due to lack of fees. I am therefore ordering the immediate and non-conditional discharge of the patients at Mbagathi and at Mama Lucy Hospitals. The outstanding debt for all of them is just over Sh1 million," said Sonko.

A report by the Ministry of Health put the number of patients detained in various hospitals at 184 while 387 bodies have not

been released for burial for non-payment of almost Sh6 billion.

Sonko was officially named the Good Deeds Ambassador at the ceremony attended by Israel Ambassador to Kenya Noah Gal Gendler and the Global CEO of Good Deeds and Vice President of Vision Ventures Kaynan Rabino at Hilton Hotel Nairobi, on 9 February this year.

He promised to continue doing good and called for all Kenyans to do well to others in their own capacities.

"I believe that if people do good, speak good and think good; the circles of goodness will grow in the world. Let us speak and do good and as for me I promise to continue doing good as I have always done and that order is my gesture for today's honor," said Sonko.

## Tanzania: Universal Health Coverage in Focus at Mcl Health Camp

7<sup>th</sup> April, 2019

By The Citizen (Dar es Salaam)



Dar es Salaam — City residents yesterday turned up in large numbers for health checkups during the MwananchiAfyaCamp.

It came just a day before countries marked World Health Day, with a focus on access to healthcare in the form of Universal Health Coverage (UHC).

Experts from the Aga Khan Hospital Dar es Salaam, CCBRT, Tanzania Food and Nutrition Centre and Pharmacy Council camped at Leaders Club to offer free health education and medical consultations to city residents from morning to sunset yesterday.

Ms. Maimuna Samson, 40, a resident of Tegeta in Kinondoni District, Dar es Salaam, said she read about the health camp on social media and believed it was an opportunity to seek the advice of medics about her blood pressure problems that she has been facing over the years.

"You see, it's not easy visiting a doctor at a hospital and get such an opportunity to ask many questions. Besides, I don't have health



insurance so I find it difficult to pay for several visits to a doctor," she says.

"I have been advised about joining health insurance but I realised that I need to be formally employed to achieve that," she says.

'I really don't know if there are ways of getting health insurance. I think such camps are helpful for us to get knowledge on that aspect too," she told The Citizen as she stood behind several other Dar residents on a long queue for consultations at the camp which was also sponsored by CRBD Bank, KCB Bank and Liaison Group.

Ms. Samson was diagnosed with high blood pressure three years ago and she was put on lifelong medications.

As a petty trader, she says: "When I go to hospital, medical tests are so expensive, let alone seeing a doctor. I have to pay a lot of money if I go there regularly.'

She is not alone. In Tanzania, more than 60 per cent of people do not have health insurance, says a Policy Brief that was issued by Human Development Trust (HDT), one of the key advocacy organisations that teamed up to offer health education at the MwananchiAfyaCamp.

HDT advocacy officer Belinda Kijangwa said it was about time that Tanzanians got informed about the various ways they can join health insurance schemes.

"As we campaign for Universal Health Coverage, we aim not to leave anyone behind. There are many economic benefits of investing in this [Universal Health

Coverage]," she said as she spoke to journalists during the MwananchiAfyaCamp.

The World Health Organisation calls upon policymakers and other stakeholders to focus on UHC in ensuring that everyone can obtain the care they need, when they need it, right in the heart of the community.

Only about 30 per cent of all Tanzanians are enrolled on health insurance as per the latest Tanzania Demographic and Malaria Indicator Survey. The rest, the survey shows, have to pay directly from their pockets to access healthcare.

## Uganda: Blood Donation Drive Seeks to Collect 300,000 Units

7<sup>th</sup> April, 2019

By The Monitor (Kampala)



*Shortage. Pints of blood at the Uganda Blood Transfusion Services in Nakasero, Kampala. Shortage of blood has hindered service delivery countrywide.*

### In Summary

- Mr. Michael Makundane, the spokesperson of UBTS, told Sunday Monitor at the weekend that it is not true that the country lacks blood but is just affected by the low shelf life of the commodity.

To avert an impending blood shortage in the country, Uganda Blood Transfusion Services (UBTS) and Goldstar, an insurance company, have launched a joint campaign to raise about 300, 000 units of blood this year. The partnership is premised on the fact that health facilities, especially in the hard-to-reach areas continue to grapple with sporadic blood shortages that affect service delivery in hospitals and put patients' lives at risk.

Annually Uganda needs about 400,000 units of safe blood but only collects about 200,000.

Ms. Dorothy Kyeyune, the UBTS director, on Wednesday explained that the partnership with Goldstar would raise 300, 000 units of blood by June and this will be through blood donation campaigns and other avenues across the country.

"We need 1 per cent of our population but [we] can do with 300, 000 units per year as most of the blood needs are preventable. And malaria prevention through use of mosquito nets and spraying has reduced the need for blood for anaemia due to malaria," Ms. Kyeyune said.

Mr. Jay Sakaria, the business development manager of Goldstar, told Sunday Monitor on Friday that the joint blood donation campaign would avert blood shortage that gets worse during holidays. Mr. Sakaria said blood shortage at times

paralyses operations in some hospitals, forcing health workers to suspend key procedures that require blood transfusion.

"There are people out there who need blood but can't get it. We don't want to see a situation where people die because of lack of blood. You never know when you will need blood. This is why we are asking Ugandans to come out in big numbers and donate blood," he said. Mr. Sakaria added: "We have an acute need for blood across the country. We cannot get all the blood but as part of our CSR [Corporate Social Responsibility], we have decided to partner with UBTS to try our best to see that we get as much blood as possible."

The crisis Directors of different referral hospitals across the country told Sunday Monitor that they receive 50 to 60 units of blood, which is not enough for the big number of surgeries which require blood transfusion. In due course some hospitals spare the little blood for only pregnant women even as UBTS insists the country has enough blood.

A countrywide survey by this newspaper in January found that Masaka Regional Referral Hospital, Rakai District main hospital, Mubende Regional Referral Hospital and Jinja Regional Referral Hospital all have continued to suffer blood shortage. Other affected hospitals include St Mary's Hospital Lacor in Gulu District, Gulu Regional Referral Hospital, Mbale Regional Referral Hospital and Kibito Health Centre IV, which is the main facility for Bunyangabu District.

However, Mr. Michael Makundane, the spokesperson of UBTS, told Sunday Monitor



at the weekend that it is not true that the country lacks blood but is just affected by the low shelf life of the commodity. “You make it sound like we are not doing anything. You do not know, but we have enough blood already in the country. It is just because blood has a low shelf life, which is why it appears like there is no blood,” Mr. Makundane said.

Mr. John Kavuma, the deputy managing director of Goldstar, said blood donation drives are the only way to cover up the gaps. “Blood is one thing we cannot import from abroad but have to solicit it from among ourselves through good will. As an insurance company, we encourage all our customers countrywide to embrace the cause,” Mr. Kavuma said.

## Kenya: Olive Mugenda to Chair Kenyatta University Hospital Board

7<sup>th</sup> April, 2019

By The Nation (Nairobi)

### In Summary

- Prof Mugenda oversaw the construction of the hospital during her tenure as Kenyatta University Vice-Chancellor.
- The hospital is a parastatal under the Ministry of Health and will play a key role in research by lecturers and students at Kenyatta University.

President Uhuru Kenyatta has appointed Prof Olive Mugenda to chair the Kenyatta University Hospital board for three years.

In a gazette notice, the President also named Health Cabinet Secretary Sicily Kariuki, Kithinji Kiragu and Gladys Ogallo to the panel.

Prof Mugenda was instrumental in conceptualising the idea of the hospital and spearheaded the writing of the proposal which led to the financing of the hospital.

Prof Mugenda oversaw the construction of the hospital during her tenure as Kenyatta University Vice-Chancellor.

Following the appointment Prof Mugenda thanked President Kenyatta and promised to have the hospital opened as soon as possible and contribute to the government's healthcare agenda.

Prof Mugenda said she was delighted to be given the chance to complete the vision she had for the hospital particularly in the fight against cancer. She pointed out that the hospital was part of vision 2030 and she will endeavour to make it a centre of excellence in the region.

The hospital is a parastatal under the Ministry of Health and will play a key role in research by lecturers and students at Kenyatta University.

## Uganda: Cardiologist Scoops Top U.S. Award

7<sup>th</sup> April, 2019

By The Monitor (Kampala)

### In Summary

- Rheumatic heart disease is a complication of rheumatic fever in which the heart valves are damaged.

Kampala — A Ugandan doctor has been awarded a prestigious United States (US) award for his role in treatment of heart diseases.

Dr. Emmy Okello, an interventional cardiologist at the Uganda Heart Institute (UHI), has been recognised by the American College of Cardiology for advancing the field of Rheumatic heart disease and interventional cardiology in Uganda.

This was announced by Dr. John Omagino, the executive director of UHI on Friday.

At the institute, Dr. Okello performs percutaneous mitral Commissurotomy for patients with severe mitral stenosis.

Commissurotomy is an open-heart surgery that repairs a mitral valve that is narrowed from mitral valve stenosis.

Mitral stenosis is a narrowing of the mitral valve opening that blocks (obstructs) blood flow from the left atrium to the left ventricle.

His research on the burden, risk factors and outcome of rheumatic heart disease (RHD) in Uganda showed that there is big burden of the disease in the country, which is associated with high morbidity and mortality.

According to authorities at UHI, Dr. Okello's works have improved the diagnosis of acute rheumatic fever diagnosis and contributed to the reduction of morbidity and mortality

associated with RHD, the long term consequence of rheumatic fever.

The American College of Cardiology is currently the highest level of recognition in the field of cardiology globally.

Dr. Okello told Sunday Monitor that he was nominated by Prof Daniel Simon, a senior cardiologist in US, and seconded by several individual from Pan African Society of Cardiology, Dr. Omagino and other colleagues from Kenya and US.

In Uganda, he was the only person nominated for the coveted award and majority came from South America and Asia. "This achievement opens other chances for training of doctors in advanced cardiology medicine, research and other advanced clinical care studies for our nation," Dr. Okello said. "I have been a cardiologist since 2013 but the award of a fellow of American College of Cardiology is really the highest level of recognition in the field of Cardiovascular medicine. We deserve this award because as UHI, we have innovated a lot in advancing care for children and young adult with rheumatic heart disease not only for open heart surgeries but also intervention in pinhole surgeries to open damaged and close heart valves," he added

### **About RHD**

Rheumatic heart disease is a complication of rheumatic fever in which the heart valves are damaged. Rheumatic fever is an inflammatory disease that begins with strep throat. It can affect connective tissue throughout the body, especially in the heart, joints, brain and skin.

## Kenya: Several Admitted in Hospital after Drinking Milk from Anthrax-Infected Cow

8<sup>th</sup> April, 2019

By Nairobi News (Nairobi)

More than 22 people from Tegat Village in Molo have been admitted in hospital in Elburgon after consuming milk from a cow suspected to have been infected with anthrax.

According to Elburgon assistant commissioner, Naftali Korir, at least 18 of these victims were treated at Nyayo Hospital in Elburgon and later discharged.

At the same time, Mr. Korir has cautioned area residents against eating meat or drinking milk from animals which have not been inspected by health officers.

### **Anthrax Cases**

Nakuru County minister in charge of Agriculture Dr. Immaculate Njuthe Maina has confirmed that at least one case of anthrax was reported in Elburgon.

On January 1, 2019, three people were admitted at Chuka County Referral Hospital in Tharaka-Nithi County in serious condition, after feasting on meat from a cow suspected to have been infected with anthrax.

## Kenya: #MaternalNegligenceKE - Doctors' Union Attacks Woman Who Revealed Mistreatment during labor

9<sup>th</sup> April, 2019

By Nairobi News (Nairobi)



*Mothers at Pumwani Maternity Hospital prepare to leave the facility*

The giant doctors' union has poked holes into the story of a Kenya woman who claimed she was mistreated by doctors and nurses when she went to give birth at an unidentified hospital.

The woman, who goes by the name Mama Boo Boo (@ChantellePetit) on Twitter, shared her story on Monday and Tuesday claiming that she was mistreated by doctors and nurses, something that resulted in fistula and other complications.

Her narration on Twitter shocked many Kenyans who asked other women to be extra-cautious while in maternity rooms.

"For those who don't know my story (a thread): I gave birth on the 1st of January 2019 to a beautiful baby girl completely unaware of what the following days had in store for us both. Both Boo Boo and I had complications for a whole month," started Mama Boo Boo.

She goes on to say that when she arrived at the hospital she found that her gynecologist was on leave and that there were only two available specialists.

### **No Wasting Time**

According to her, they wanted to take her to the emergency room for examinations to find out whether she was in labor but she refused because she knew that she was in labor and "did not want to waste time".

It is then that she picked a quarrel with the receptionist who according to her realized she was indeed in labor.

This version of her story, however, got the Kenya Medical Practitioners Pharmacists and Dentists Union (KMPDU) poking holes into her account.

"How did a receptionist realise that you were in labor? labor is a diagnosis of examination by a qualified medical professional. Kenyans must limit cases of medical drama in order that we can discuss quality care delivery genuinely," KMPDU stated as it retweeted her tweet.

However, the KMPDU tweet was pulled down 30 minutes later.

From the receptionist desk, the victim claims she was then taken to the maternity ward on the sixth floor of the hospital.

The doctor then went to her bed and examined her private parts with the aim of finding out how far she had dilated.

She said that the worst part of it all is that the doctors just "put their fingers in the

private parts (with gloves) & depending on how many fingers can fit, they get an estimate of how many cms a woman has dilated."

### **Women with Their Own Doctors**

She said that she was also shocked that on the fateful day a number of women had also visited the facility to give birth. There were about 80 but 20 had their own doctors, she said.

This means that 60 women were in the same facility and were expecting the two available doctors to assist them in delivering their babies.

She said that her deposit was paid and file opened about an hour and a half later and that she was later informed that she could have to wait for over five hours for the delivery to take place.

Reason? The hospital had only two operational theatres.

She said what hurt her most is that she had to wait for that long even after she was told that her case was an emergency.

The woman said that she suffered in pain as she waited for her turn to give birth.

"The pain was unbearable. I begged for an epidural countless times but I couldn't get one. My family took turns comforting me in the delivery room until my sister who volunteered to be in the room with me arrived," she said.

She sadly narrates that all that time the doctor only kept walking into where she was

sleeping then "stick his fingers into her private parts to check dilation."

### **Correct Fistula**

The doctor went on doing it until her private parts became so painful to an extent that she asked the doctor to stop. In the end she gave birth but had to undergo three painful and expensive surgeries to correct a fistula condition she picked up during birth.

Read the full thread below:

For those who don't know my story (a thread):

I gave birth on the 1st of January 2019 to a beautiful baby girl completely unaware of what the following days had in store for us both.

## **Kenya: Aga Khan Hospital's Roysambu Clinic to Offer Dialysis Services**

9<sup>th</sup> April, 2019

By The Nation (Nairobi)



*Aga Khan University Hospital CEO Shawn Bolouki (left) and Minet Kenya MD Sammy Muthui (right) tour the dialysis centre in Roysambu after the official opening on April 8, 2019.*

Residents of Roysambu in Nairobi can now easily access medical and dialysis services after the Aga Khan University Hospital opened a new centre at the Jewel Complex building.

Minet Kenya Managing Director Sammy Muthui was the chief guest at the opening ceremony held on Monday.

Speaking at the event, the hospital's Chief Executive Officer Shawn Bolouki said they are committed to continue playing a leading role in the fight against non-communicable diseases.

"Aga Khan University Hospital continues to be at the forefront in the fight against non-communicable diseases in the region," said Mr. Bolouki.

### **Kidney Disease**

He said statistics indicate that four million Kenyans are suffering from one form of kidney disease.

He added that there is need for the decentralisation of dialysis services to allow easy access for residents whose homes are far from the major hospitals.

"Official data shows that about four million Kenyans have some form of kidney ailment. Even with this increasing number of patients, access to dialysis services is still concentrated in major hospitals with limited

access for other patients. There is therefore the need to decentralise the service to the community level," said Mr. Bolouki.

### **Outpatient Centre**

He said the Aga Khan Hospital has established 47 outpatient centres in the region, with Roysambu being the first to offer renal dialysis.

"We are confident that this centre will have an impact in enabling access to dialysis services in Nairobi and its environs," said Mr. Bolouki.

Last year the Accreditation Committee of the College of American Pathologists (CAP) awarded the hospital global recognition for the excellent services provided by its laboratory.

The award marked an important milestone for the hospital, which was also the first to be awarded the prestigious ISO 9001:2000 (now ISO 9001:2008) certification by the International Organisation for Standardisation.

### **Pet Scan**

The hospital also became the first in the region to install a PET Scan, which patients with National Hospital Insurance Fund (NHIF) cover can access.

Mr. Bolouki reaffirmed the hospital's commitment to providing quality services, including healthcare and medical education.

"As the hospital celebrates 60 years of taking care of families in East Africa, it continues to affirm its commitment to achieving its vision

as the leading teaching and tertiary healthcare institution in sub-Saharan Africa," he said.

On his part, Mr. Muthui lauded the hospital's outpatient expansion plans and urged other healthcare insurers to consider developing and financing wellness programmes to boost health standards.

### **Insurance**

He indicated that Minet is currently in the process of developing a payment plan for insurance cover that will help contributors get treatment for non-communicable diseases.

"Currently Minet Kenya Health Insurance is working on developing plans to finance the treatment of chronic and non-communicable diseases in the country," said Mr. Muthui.

Out of approximately 45 million Kenyans, only nine million, or 20 percent, have some form of medical insurance.

Of those insured, 88 percent are covered by NHIF.

## **Kenya: Man Hacks to Death Medical Student at Eldoret Hospital**

9<sup>th</sup> April, 2019

By The Nation (Nairobi)

A man has hacked to death a medical student at the Moi Teaching and Referral Hospital in broad daylight.



The Moi University School of Medicine student was doing her practicals on Tuesday at the hospital when she was attacked near the accident and emergency wing.

Eyewitnesses said the man hacked the woman on the head and then slit her throat.

The attacker is said to have concealed the weapons in a gunny bag when he gained entry into the hospital.

After the attack he tried fleeing the scene but was apprehended by members of the public.

The man, whose identity has not yet been revealed, was rescued by police from the mob that wanted to lynch him.

He has been admitted to the same hospital.

Police cordoned off the murder scene as hundreds of people milled around the area but they have not yet established the motive of the attack.

## Tanzania: State on Measures to Contain Pregnancies in Schools- Minister

9<sup>th</sup> April, 2019

By Tanzania Daily News (Dar es Salaam)



The government will continue to take measures which control early pregnancies in the students' population to ensure that all of them complete their studies without any hindrance.

Hinting on that the Deputy Minister of Education, Science and Technology William Ole Nasha warned the public, before the National Assembly, here yesterday that anyone who would be proved to have impregnated a school girl would be severely punished.

That was in his response to a question by AshaJuma (Special Seat-CCM), where he was however, quick to point out that lack of cooperation from families involved has remained a stumbling block towards fighting the menace.

In her question, the Member of Parliament sought to know the government's strategy on curbing the increase of girls, who are dropping out of school as a result of becoming pregnant.

In the rejoinder, the Deputy Minister further explained that the government made amendments of the Education Act No. 25 of 1978 in order to curb the increase of girls dropping out of schools as a result of early pregnancies.

Following the amendments of 2016, he said, whoever found guilty of impregnating a Primary School pupil or Secondary student was liable to 30 years imprisonment.

Apart from availability of the law, the Deputy Minister pointed out that the State has continued to take different measures to contain the situation, including building them dormitories, where the ones forced to walk are accommodated.

"In addition, counseling services are provided to students where counseling guidelines have been prepared. Similarly, various training on life skills, health education and reproduction are provided to students," he added.

However, he allayed fears of the legislators that students impregnated in the course of their studies, would not be allowed to proceed, hinting that the government has set up a system where their equal education would be promoted.

"For example a total of 10,000 students, including 6,000 female students have graduated through adult education.

The government has also continued to support technical education.

Therefore, when a student gets impregnated it is not the end of her journey.

No Tanzanian will be denied an access to education for whatever reason," he directed.

## Uganda: Doctors Shun Hospitals for Lecturing Over Poor Pay

9<sup>th</sup> April, 2019

By The Monitor (Kampala)



*A doctor attends to a patient at Mulago National Referral Hospital. Some doctors have abandoned hospitals to teach in universities where their remuneration is better.*

### In Summary

- In 2017, a rift between medical doctors and government on their salary and working conditions led to a strike.

Kampala, Doctors have abandoned hospitals to teach in universities where their remuneration is double what they earn.

The Uganda Medical Association (UMA) leadership is concerned that salary inequalities in public service have forced their senior colleagues to abandon medical work in hospitals to teach in universities.

According to Dr. Ekwaro Obuku, the UMA president, the most affected hospitals include Mulago and Lira. For instance, a senior consultant in the Ministry of Health earns Shs4.5m monthly while a staff at Makerere University with the same qualifications takes home Shs9.1m.

"Doctors are leaving hospitals to universities where they pay better. Very many consultants left Mulago and joined Makerere. Most consultants have now left Lira Hospital to teach at Lira University.

Dr. Stephen Obbo, the Director Lira Regional Hospital, confirmed yesterday that he had lost some of his staff to Lira University.

He said they had agreed with the university to continue sharing staff since the students will be trained at the hospital.

The challenge is already being witnessed in nursing and midwifery colleges where nurses have also abandoned hospitals to work in training colleges where they earn better wages.

Last year, more than 900 medical interns in public hospitals across the country went on strike over delayed allowances and chronic lack of medical supplies.

The interns, who include nurses, doctors, midwives, dentists and pharmacists, said they continue to face the same challenges

worsened by the heavy workload in their respective hospitals of training.

In 2017, a rift between medical doctors and government on their salary and working conditions led to a strike.

President Museveni then directed the Ministry of Public Service and Finance to ensure that the pay of doctors is competitive.

## Tanzania: Cancer Causing Pathogens Found in Kampala, Arusha Slum Groundwater

9<sup>th</sup> April, 2019

By The East African (Nairobi)



*Children fetching water overflowing near a polluted sewage at Mathare slums in Nairobi on December 29, 2015. Research has found deadly viruses in slum water.*

### In Summary

- The study found that most groundwater in the two slums contains traces of herpes virus, poxvirus and papilloma virus.

- Cancer is one of the top killer diseases in East Africa, blamed for nearly 100,000 deaths every year.

Researchers from IHE Delft Institute for Water Education alongside their peers from local universities in Uganda and Tanzania have found traces of 25 harmful viruses in surface water in the slums of Kampala and Arusha.

Some of the 25 different DNA virus families pose health risks to residents.

The study whose findings were presented at the Assembly of the European Geosciences Union (EGU) on Monday in Vienna found that most groundwater in the two slums-- Bwaise in Kampala, Unga Limited and Sombetini in Arusha--contained traces of herpes viruses, poxviruses, and most importantly and papilloma-virus.

The latter could be one of the causes of different types of cancers in the region.

"To our knowledge, these viruses have never been found in groundwater before on such a large scale, perhaps because there has never been an in-depth analysis," said Dr. Jan Willem Foppen, one of the lead researchers who is a hydrologist. The institute is based in Netherlands.

Cancer is one of the lead killer diseases in the East African region, consuming nearly 100,000 lives every year.

According to the latest report by the International Agency for Research on Cancer (IARC), 32,617 new cases of cancer were reported in Uganda last year, 21,829 of them fatal.

In the same period, Kenya recorded 47,887 new cancer cases and 32,987 died. It was a similar trend in Tanzania where 42,060 new cases were recorded with 28,610 deaths.

## Concerns

Scientists have therefore expressed concerns that the widespread use of groundwater in the slums for cooking, cleaning and bathing may worsen the health situation of residents in the region.

In the two year study, the scientists analysed water samples from different sources including surface water (river, drain), spring water, dug wells and piezometers (groundwater from specific depth) in the three countries.

"We discovered 25 different DNA virus families, of which 14 families are from above ground hosts that include frogs, mice, rats, cows, horses, monkeys, and humans," said Foppen.

Of the human disease causing pathogens found in the water samples, herpes virus and poxviruses can lead to various types of skin infections, while the papilloma virus can lead to incurable diseases such as cervical cancer, laryngeal cancer and mouth cancer.

According to Foppen, "this could be just a tip of the iceberg," he said. "With the method we applied, we have not found all viruses, instead, we found the most abundant ones." The next step, said the scientists, is to elucidate the infectivity of the virus particles.

"Let's do something about sanitation, let's improve sources of drinking water, and identify (new) pathways with local

communities towards more sustainability," he said.

## Kenya: Exploding Health Costs Driving Citizens into Poverty

9<sup>th</sup> April, 2019

By Radio France Internationale

Exploding health costs have become an issue of grave concern in Kenya, where an estimated one million people are driven into poverty every year due to unaffordable medical bills. And Zimbabwe is to start paying compensation to thousands of white farmers who lost their land under Robert Mugabe.

Hospital bills are said to have worsened in the Kenya where close to one-third of the population (17.4 million inhabitants out of 59.7) live with Sh92.4 (8 euros) per day, according to 2018 World Bank data.

The Daily Nation reports on the nightmare of a once happy mother and businesswoman whose life was turned upside down by a simple cough.

Diana Mwalili told the Nairobi-based newspaper how she spent all she had trying to treat her daughter's poorly-diagnosed condition which worsened from a mere flu to spinal infection and then to brain damage, which has made it impossible for her to sit up, stand, walk or feed herself.

### Hospital prisons

Aggrey Ombeki who authored the report also raises another case gone viral on social media in the Kenyan capital -- that of a patient whose family is grappling with a

medical bill worth 16,000 euros that must be paid before she is released from hospital. "She is basically a prisoner until they can clear the debt," Ombeki found out.

The Daily Nation's correspondent says a lawmaker's bill compelling hospitals to discharge patients who cannot pay, is still being debated in parliament. "The sad and painful state of affairs is that more and more families are being forced to sell land, houses and even cars to get relatives and at times bodies released from hospitals," he says.

### Keep your jobless at home

Renewed xenophobic attacks against Africans immigrants continue to dominate comments in the South African papers two weeks after sporadic outbreaks of violence in sensitive suburbs of Durban and Johannesburg.

The Sowetan reports that 105 people including five babies fled to local police stations when unemployed youths in their neighborhoods kicked down their doors at 2 am.

In related news the Citizen relays calls by South Africa's Small Business Development Minister Lindiwe Zulu on foreign governments to stop undocumented nationals from crossing into the country. Zulu spoke during a crisis meeting with African ambassadors on Sunday.

Several commentators aren't convinced by President Cyril Ramaphosa's argument that the violence was being spread by people with criminal intent.



The Johannesburg Star warns that the government is trapped in the mantra of arguing that the problem is purely "criminal as if that renders it less serious."

Thabisi Hoeane a Political Science professor at Rhodes University who penned the article urges the government to call xenophobia by what it really is, so that it can be defeated.

Zimbabwe's White Farmers see light at the end of the tunnel

Zimbabwe is to start paying compensation this year to thousands of white farmers who lost land under former president Robert Mugabe's land reform.

Zimbabwe's state-owned Herald publishes a government statement announcing that \$18 million earmarked for the scheme, with full compensation to be paid later.

In South Africa, Mail and Guardian points out that the package is for improvements the former farm owners made to the land - and not for the land seized from 4,000 of the country's 4,500 white farmers to correct what Mugabe called "colonial-era land ownership disparities".

Critics blame the evictions for a collapse in agricultural production that forced Africa's one-time bread basket to become dependent on imported food to feed its population, according to the newspaper.

South Africa's Times Live reports that President Emmerson Mnangagwa sees the paying of compensation to the White commercial farmers, as key to mending ties with the West.

The Johannesburg-based Citizen says the farmers in Zimbabwe accepted the offer of interim payments under a two-year international legal initiative.

Am I really rich?

And a stunning revelation by Nigerian billionaire Aliko Dangote is causing a buzz in the press.

Dangote says he withdrew \$10 million from a bank just to look at it.

Uganda's Daily Monitor reports that Africa's richest man, sparked an outburst of laughter in Abidjan at the weekend when he explained how he put the money in the boot of his car and brought it into his room to make sure it was real, before taking it back to the bank the next day.

The manufacturing tycoon, who was speaking at a Mo Ibrahim forum in the Ivorian capital, had this advice for young African entrepreneurs. "Don't get carried away by the first flush of success", he said.

## Uganda: Envoy Urges Health Ministry to End Dependence on Donors

10<sup>th</sup> April, 2019

By The Monitor (Kampala)





*Mothers stranded at Biguli Health Centre II in Kamwenge District due to lack of drugs at the facility in 2017. Some drugs are provided by external donors*

### **In Summary**

- Dr. Jane Ruth Aceng, the Health minister, said the government is currently exploring ways of implementing sustainable healthcare financing mechanisms.

Kampala — Belgium ambassador to Uganda Hugo Verbist has asked government to explore an alternative funding mechanism for the health sector to reduce dependence on external donors.

Mr. Verbist said with the rising population, there is a need to increase domestic financing of the health sector.

"Universal health coverage (UHC) is not only for the Ministry of Health but it relies on all

the other stakeholders. For UHC to become a reality, multi-sectoral action is required. Alternative mechanisms of funding need to be explored to reduce dependence on external donors," Mr. Verbist said yesterday.

"We are happy that in 2016, the Ministry of Health adopted the health financing strategy. A strategy identifies ways of how additional resources can be mobilized and existing resources more efficiently used," he added.

The ambassador was speaking during celebrations to mark the World Health Day in Kiira Municipality, Wakiso District.

### **Efforts**

Dr. Jane Ruth Aceng, the Health minister, said the government is currently exploring ways of implementing sustainable healthcare financing mechanisms.

"The attainment of the UHC goal in any country requires a functional health financing system. The Ministry of Health developed a health financing strategy to facilitate attainment of UHC through availing the required resources for delivery of essential package for services," Dr. Aceng said.

Meanwhile, the minister said Entebbe Hospital is to be renovated and upgraded to a regional referral hospital given the big population of Wakiso District.

The district chairperson, Mr. Matia Lwanga Bwanika, requested for three hospitals.

"That hospital has been there, you cannot be given what has been there. Imagine there is

an accident, we do not have any ambulance in Wakiso. Someone gets an accident in Matunga, by the time they reach Entebbe, will they be having blood? There is a need to decongest hospitals such as Kiruddu," Mr. Lwanga said.

## Uganda Commemorates World Health Day with a Call for a Multisectoral Approach towards Universal Health Coverage

10<sup>th</sup> April, 2019

By World Health Organization (Geneva)



Uganda commemorated the World Health Day (WHD) under the national theme Multisectoral Action to Universal Health Coverage, with a strong appeal to all sectors to contribute to its attainment.

"For us to achieve UHC we shall need a concerted effort and commitment of all sectors," said Dr. Jane Ruth Aceng, Uganda's Minister of Health who was the guest of honour at the commemoration held at Kira Municipal Grounds in Wakiso district. She

informed the audience that UHC is the responsibility of every sector including the education, finance, agriculture, security sectors and others.

Relating to World Health Organization's (WHO) global theme, "Universal health coverage: everyone, everywhere", Dr. Aceng noted that in many countries including Uganda, UHC can be a matter of life and death especially for the poor, the vulnerable and added that it can also mean the difference between financial survival and destitution.

Dr. Aceng emphasized the importance of Primary Health Care (PHC) in the prevention of diseases, noting that PHC greatly reduces expenditure on health as it promotes the prevention of diseases. In that regard, her take-home message for the public was "exercise regularly, eat healthy, avoid harmful consumption of alcohol and drug abuse and seek medical attention when feeling unwell."

Echoing the same sentiments, the WHO Representative in Uganda, Dr. Yonas Tegegn Woldemariam said that progress towards health-related development goals can only be attained if action is taken by everyone within and outside the health sector. Strengthening PHC, he added, is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being.

Dr. Yonas emphasized that PHC is the cornerstone of a sustainable health system that can ably deliver UHC noting that "WHO's global strategic vision for UHC is to get one billion more people to benefit from

quality health services and financial protection by 2023”.

The Belgian Ambassador to Uganda, H.E Hugo Verbist who represented the European Union at the function urged other sectors such as Education and Finance to play a central role in the attainment of UHC in Uganda. “For UHC to become a reality, the involvement of all players is required,” he said.

### **Breakfast Meeting**

Prior to the national event, there was a high-level breakfast meeting as part of WHD commemoration at which prominent personalities in government, parliament, academia, civil society and public health among others underscored the need for a stronger collaboration UHC.

The highlight was a keynote address delivered by Professor Francis Omaswa the Executive Director at the African Centre for Global Health and Social Transformation (ACHEST) and a former Director of Human Resources for Health at WHO headquarters. In his address titled “Intersectoral Collaboration for UHC Professor Omaswa emphasized the importance of social, economic, physical, environmental determinants and individual characteristics and behaviours in determining one’s health status.

He reminded the audience about a popular radio announcement he used to make while serving as Director General of Health Services in Uganda that encapsulates the essence of UHC - “Health begins at home and is only repaired in the health facilities when it breaks down.”

Prof Omaswa stressed that widespread education of community members, especially women is key in addressing the determinants of health and ensuring that individuals make decisions that do not compromise their own health and social wellbeing.

He further pointed out that achieving UHC through multi-sectoral action in Uganda is possible if the existing intersectoral coordination and governance structures are strengthened including integrating budgets so that sectors work towards shared goals like good health.

Overall it was clear from the keynote address that achieving UHC in Uganda heavily depend on the political commitment to health as a social goal guided by the moral campus of strong social values of equity. While decrying the low levels of public health expenditure as shown by the declining per capita public health expenditure, Prof Omasswa emphasized the need to invest in PHC and community-based services.

At the national commemoration, students demonstrated their understanding of UHC through poems and songs while implementing partners depicted their contribution through exhibitions. As usual, there were free medical services such as blood donation, HIV testing, TB and NCDs screening among other.

### **Kenya: 7,900 Clinics Operating Illegally in Nairobi, Committee Reports**

10<sup>th</sup> April, 2019

By The Nation (Nairobi)



### In Summary

- A report by the Nairobi County Assembly's Health Services committee revealed that out of the 9,043 health facilities across the county, only 1,079 were registered and licensed to operate.
- This means that a whopping 7,964 health facilities are in business illegally and that most Nairobi residents, especially those in informal settlements, could be getting health services from 'quacks'.
- Minority whip Peter Imwatok faulted the committee and the Executive, saying they had not taken any actions to safeguard the lives of Nairobi residents.
- City Hall's Health Services executive Mohamed Dagane explained that the county's role is to inspect health facilities after proprietor's make requests.

At least 7,900 health facilities in Nairobi County are not registered or licensed and are

therefore operating illegally, a report has revealed.

The report by the Nairobi County Assembly's Health Services committee, tabled before the House on Wednesday, revealed that out of the 9,043 health facilities across the county, only 1,079 were registered and licensed to operate.

This means that a whopping 7,964 health facilities are in business illegally and that most Nairobi residents, especially those in informal settlements, could be getting health services from 'quacks'.

### Shutdown

The report resulted from concerns raised by MCAs Francis Ngesa and Joseph Wambugu, who said they were perturbed by the increase in the number of illegal health facilities in the city.

The MCAs' concerns followed the death of a Dandora activist Caroline Mwatha which police said was because of a botched abortion at New Njiru Clinic in Dandora Ward.

"City Hall launched a crackdown on health facilities in collaboration with regulatory boards and councils in the country between December 5 and 7, 2018, inspecting 147 health facilities," said committee chair and Roysambu MCA Peter Warutere.

"Facilities that did not comply with health requirements were closed."

### No Action



However, minority whip Peter Imwatok faulted the committee and the Executive, saying they had not taken any actions to safeguard the lives of Nairobi residents.

He said the unlicensed health facilities were not closed as soon as possible.

"This report simply means that out of every 10 health facilities that Nairobi residents visit, eight are likely to be unlicensed, putting lives at risk. I expected the Executive to have closed all the unregistered clinics but to date they are still operating."

The Makongeni Ward MCA called on the committee to take the matter seriously and ensure all city health facilities are safe.

In his response, Mr. Warutere said his team was up to task and would work with the Executive to ensure unlicensed and unregistered health facilities were shut down.

### **County Role**

City Hall's Health Services executive Mohamed Dagane explained that the county's role is to inspect health facilities upon requests by proprietors.

The proprietors must be accredited to operate medical institutions by the respective regulatory boards and must have valid practising licences.

It is the regulatory boards that ensure compliance with regulations, Mr. Dagane said, adding that the inspection of medical facilities is only done once for the purpose of registration.

The regulators include the Kenya Medical Practitioners and Dentist Board, the Nursing Council of Kenya, Clinical Officers Council, the Laboratory and Radiology boards and the Pharmacy and Poisons Board.

Nevertheless, Mr. Dagane said they had collaborated with the Ministry of Health and the regulators to train five health inspectors whose mandate would be to inspect all facilities to enhance patients' safety and care.

"The officers are in the process of being gazetted as joint health inspectors," he said, adding that others were on the ground for verification and corrective measures in terms of compliance.

## **Tanzania: 'Our Supply of Essential Drugs Surpasses WHO Proposed Level'**

10<sup>th</sup> April, 2019

By Tanzania Daily News (Dar es Salaam)



TANZANIA has improved availability of essential medicines in the country's health

facilities above the World Health Organisation (WHO) recommended level.

Health, Community Development, Gender, Elderly and Children Minister Ummu Mwalimu said the government has improved access to essential medicines through provision of more drugs in the health facilities at the district level.

Ms. Mwalimu, speaking during her tour of Njombe Designated Referral Hospital on Monday to witness the provision of health services, said the government has continually improved availability of medicines to wananchi.

Accompanied by the Ministry's Permanent Secretary, Dr. Zainabu Chaula and other executives, the minister said the government has provided 312 essential medicines, exceeding the WHO recommended list of 300 drugs.

"We have in place a system to collect information from dispensary, health centre and hospital levels, enabling the government to establish the health facilities' actual demand and consumption of drugs," she said.

Ms. Mwalimu dismissed as unfounded rumours that health facilities were lacking essential drugs, assuring that citizens were easily accessing them from hospitals.

"We must be fair to President John Magufuli...he has done a lot in the health sector by improving the availability of medicines. When we say we have increased medicine availability, it means drugs can be easily accessed even at private facilities," she insisted.

She named the prioritised medicines as antibiotics, antimalarial, anti-inflammatory and medicines for non-communicable diseases.

Dr. Chaula said that plans were underway to submit the health insurance bill that will allow all citizens to have health insurance cover, urging the health personnel to encourage patients to join health insurance schemes for guaranteed medical services.

"I call upon all health personnel here to encourage patients who go for medical treatment to join the National Health Insurance Fund," she advised.

The Medical Officer incharge at the Hospital, Dr. Winfred Kyambile said the hospital has improved the services, thanks to increasing revenues to fund the service delivery.

He said medicine availability has boosted the hospital revenues as well. Dr. Kyambile noted previously the hospital used to collect 12m/- monthly but to date the revenue collection has increased to between 90m/- and 100m/-. He said part of the revenue was used to improve the health services at the hospital.

Meanwhile, President John Magufuli is today expected to lay the foundation stone for construction of Njombe Regional Referral Hospital. The president arrived in Njombe yesterday for a three-day official tour of the region.

## Uganda: Scrap 'Inhuman' Laws On STDs, Court Urged

10<sup>th</sup> April, 2019

By The Monitor (Kampala)





### In Summary

- The petitioner, through their lawyers of Dalumba Advocates, now wants court to declare sections 2, 3, 4, 5 and 8 of the Act unconstitutional.
- They also want court to direct the Uganda Law Reform Commission to undertake a study and make recommendations on the relevance of the law on venereal diseases in a free and democratic society.

Kampala — The Constitutional Court has been asked to scrap laws that dehumanise people diagnosed with sexually transmitted diseases under the Venereal Diseases Act of 1977.

Section 4 of the Venereal Diseases Act demands that a person who is suffering or has recently suffered from a sexually transmitted disease (STD) shall name the person who infected him or her.

The law prescribes a fine not exceeding Shs2,000 or a prison sentence not exceeding

six months or both for anyone who contravenes the law.

Some of the venereal diseases include HIV/Aids, gonorrhea, genital warts, human papillomavirus and syphilis.

But Centre for Health, Human Rights and Development, a civil society organisation (CSO), says the law contravenes the right to privacy.

"Your petitioner (Centre for Health, Human Rights and Development) avers that the requirement for forced disclosure in Section 4 (1) of the Venereal Diseases Act, contravenes the right to privacy guaranteed under Article 27 (1) (a) and 27 (2) of the Constitution," reads in part the documents filed in court yesterday.

"Your petitioner contends that the requirement for forced disclosure in any law is not an acceptable and demonstrably justifiable limitation in a free and democratic society," the petition adds.

The CSO further contends that the law is degrading as it allows for involuntary treatment and examination of a person suffering or suspected to be suffering from a sexually transmitted disease.

This, it says, is done in guise of public health concerns yet it undermines the human rights guaranteed under articles 21 (1), 23 (1), 24, 27 (1) (a), 28 (1), 42 and 44 (a) and (c) of the Constitution.

The petitioner cites Section 5 of the Venereal Diseases Act that gives powers to a medical officer to order for detention of any person in a hospital that they think in their opinion

has a sexually transmitted disease. The detention is aimed at having the suspected sick person treated first before he or she can be left to re-join the community.

"Your petitioner contends that the authorisation of detention of a patient in a hospital in Section 5 contravenes the right to personal liberty guaranteed under Article 23 (1) of the Constitution," the petitioner asserts

The other provisions of this law being challenged in court as being unconstitutional is Section 2, which empowers a medical officer to direct any person for examination of any person suspected to be carrying the disease.

"Your petitioner contends that the authorisation of forceful medical examination without full and informed consent in Section 2 of the venereal Diseases Act, contravenes the right to privacy, bodily integrity, security of a person, health and freedom from non-discrimination guaranteed under Articles 8 A (1), 21 (2), 45 and Objectives X1V b and XX of the National Objectives and Directives Principles of State Policy of the Constitution," the petitioner claims.

The Attorney General has been listed as the sole defendant in the petition.

Further in their petition, the CSO avers that if the identified provisions of the Act are implemented in their current form, they may not only limit access to health care services but will also promote stigma and discrimination against people suffering from sexually transmitted diseases.

Appeal. The petitioner, through their lawyers of Dalumba Advocates, now wants court to declare sections 2, 3, 4, 5 and 8 of the Act unconstitutional.

They also want court to direct the Uganda Law Reform Commission to undertake a study and make recommendations on the relevance of the law on venereal diseases in a free and democratic society.

## Kenya: Baby's Hand, Foot Amputated After BCG Vaccination

11<sup>th</sup> April, 2019

By The Nation (Nairobi)



### In Summary

- At Kihara, the doctors ran some tests but assured them that the vaccination could not have caused the complications.
- They were referred to Kiambu Level Five Hospital. The referral sheet indicated that the baby was diagnosed with neonatal sepsis.

Mr. Peter Gitonga and his wife Leah Waithira are angry and disappointed parents.

Their two-month-old baby is in pain after his hand and foot were amputated, a situation they say was occasioned by possible medical negligence.

Doctors at Kenyatta National Hospital (KNH) were forced to carry partial foot (at the ankle) and arm (at the wrist) amputations on baby Austin Njoroge following complications developed after a BCG vaccination.

Ms. Waithira, a first-time mother, delivered through caesarean section on February 7 this year at Kihara Hospital in Kiambu. She was discharged three days later.

### **Immunized**

The doctors advised her to return the following morning so that the infant could get BCG and polio vaccinations. The BCG jab was administered in his left hand and the polio one orally.

But Ms. Waithira says that when she returned home, she noticed that the baby was uncomfortable: he had difficulty in breathing, was crying a lot and had refused to breastfeed.

At midday, she noticed that the spot on the upper-left arm where the BCG jab was administered had become cold and numb, but she did not take it seriously.

As time went the baby showed signs of being unwell, and at around 9pm she and her husband took the baby to a local clinic but were referred to Kihara Hospital.

### **Medical Tests**

At Kihara, the doctors ran some tests but assured them that the vaccination could not have caused the complications.

"The doctor pricked a finger on the left hand but there was no blood. He used the same needle to prick a toe on the right foot. After the test, he informed us that the sugar level was too low, and that the baby was dehydrated. He insisted that he be admitted," Ms. Waithira told the Nation in an interview at their home in Ndenderu village in Kiambaa.

The following day the mother noticed that part of the affected hand had turned dark blue. She alerted a nurse who advised her to notify the doctor on duty.

But by midday the discolouration had disappeared, heaving a sigh of relief.

Then, come 2pm, the discolouration recurred, this time also appearing on the right foot.

### **SEPSIS**

Before they carried out further tests to establish whether the baby was bleeding internally, the parents were referred to Kiambu Level Five Hospital.

The referral sheet, dated February 13, indicated that the baby was diagnosed with "neonatal sepsis". They were again referred to Kenyatta National Hospital.

In the referral sheet, the Kihara doctors indicted that "currently child is alert, looks dehydrated", and had been referred to [a] "paediatric surgeon ... and possible amputation".

At KNH, where the baby was admitted for one and a half months, the affected hand and foot swell.

### Questions Linger

After the swellings burst, the limbs began rotting, leaving amputation as the only option to prevent further infection.

Although the doctors tried to convince the couple that the vaccination was not to blame, they believe it is and keep asking why their baby did not develop any problems on his left foot, from which doctors at the Kiambu hospital also drew blood.

Kiambu Health Executive Mary Kamau on Wednesday said she had not been informed about the matter but would comment after talking to the relevant people.

## Tanzania - Health Ministry Cautions over Existence of Dengue Fever

11<sup>th</sup> April, 2019

By The Citizen (Dar es Salaam)



### In Summary

- The Ministry of Health, Community Development, Gender, the Elderly and Children has finally admitted the existence of dengue fever in the country while Dar es Salaam Region has been mentioned to have over 200 diagnosed patients.

Dar es Salaam — The Ministry of Health, Community Development, Gender, the Elderly and Children has finally admitted about the existence of dengue fever disease in the country, whereby Dar es Salaam Region has been said to have over 200 diagnosed patients.

Speaking with The Citizen early this week, the Deputy Minister in the ministry, Dr. Faustine Ndugulile, said Dar es Salaam and Tanga regions had been found to have the disease.

"Dengue fever is here. We have started diagnosing some people, who suffered from the disease in Dar and Tanga regions. However, we are yet to receive any death as so far we have at least 200 patients in Dar es Salaam, but nobody who has seriously been affected.

"So, I would like to advise health service providers to test patients, who, if diagnosed with the disease, should be provided with proper treatment," said Dr. Ndugulile.

He added, "Over 70 per cent of fevers that we have is not malaria as we have also UTI and typhoid fevers caused by viruses and dengue fever is also caused by a virus. It exists within Tanzania.

"And what we are doing now is to strengthen tracking systems and to have correct statistics in both public and private hospitals."

However, Dr. Ndugulile has called upon residents of the regions to take precautions including covering pools of water with soil and protecting against mosquito bites.

## Tanzania: Cag Report Uncovers Financial Flaws in NHIF to the Tune of Billions of Shillings

11<sup>th</sup> April, 2019

By The Citizen (Dar es Salaam)



### In Summary

- *The report, unveiled in Dodoma on Wednesday April 10, said the reimbursement of funds claimed from NHIF showed irregularities which NHIF must now work on.*

Dar es Salaam — The National Health Insurance Fund (NHIF) made "ghost"

payments amounting to Sh2.6 billion, the Controller and Auditor General (CAG) report has established.

The report, unveiled on Wednesday, April 10 in Dodoma, says the reimbursement of funds claimed from NHIF showed that seven regional secretariat offices incurred losses amounting over Sh290 million due to improper filling of claims submitted to NHIF and thus contravening with Sec. 27(2) of NHIF Act, 1999.

"Comparably, I have noted that the losses from rejected claims has decreased from Sh343 million to Sh292 million from financial year 2016/17 to 2017/18 respectively. The entities involved have also slightly decreased from 9 to 7," reads the CAG report.

According to the CAG, the management of the respective regional secretariat and hospitals do not closely supervise and ensure that the claim forms are duly and responsibly filled, warning that this may jeopardise service delivery at the expense of rejected claims.

"As a consequence, improper filling of NHIF claim forms has led to a rejection of claims aggregating to Sh292 million implying that the questioned entities suffered a loss to the tune of the rejected claims," says the CAG.

The CAG also found incorrect prices applied on claims and payment to medical facilities for non-contributing members of NHIF.

However, the CAG identified claims lodged to NHIF which used higher rates than those approved.

"From a sample of four medical facilities, namely, the Muhimbili National Hospital, TMJ Hospital, Report of Public Authorities and other Bodies 2017/2018 15 Regency Hospital Medical Clinic and KCMC, I noted overpayments of Sh141.61 million from the overpriced claims," said the CAG.

Further, the CAG says he identified payments totaling Sh4.80 billion made by NHIF to medical facilities for non-contributing members contrary to the principles of health insurance.

"The above noted anomalies might have occasioned significant financial loss to the Fund given the number of medical facilities working with it. I recommend that the management of NHIF strengthen controls over claims by ensuring automation of claims approval process in the long run and increase sensitivity of the process in the meantime," he said.

Further, the CAG found significant claims from ineligible child dependents. He says there were paid claims amounting to Sh13.99 billion for medical services provided to dependent children who had attained the age of 18.

"This is contrary to the NHIF's Act which limits the age of a dependent child to below 18 years old. The loss of funds due to such payments implies the reduction of resources available to NHIF for other development activities. I recommend that the NHIF's management update its database to identify over-aged child dependents and institute controls that will ensure that they are no longer covered by the insurance," said the CAG.

At NHIF, the CAG says, he noted there were a total of 100,032 active NHIF cards that received medical services with claims totaling to Sh3.61 billion while their principal members had not made any contributions.

"I identified 149,939 over-age dependents with claims totaling to Sh14.81 billion; there were 156 cards that were registered more than 20 times usage in a particular month and 132 cards that registered activities in at least two different geographical regions on the same day," reads part of the report.

"I also identified 682 cards of principal members with more than five active cards of dependents ranging from 7 to 18 dependents; and I identified a total of 181,335 instances of expired cards that are still active and found a total of 1,232 Report of Public Authorities and other Bodies 2017/2018 97 expired cards that were used to receive medical services with claims totaling to Sh. 31.06 million," reads further the report.

## Uganda: Health Workers Lay Down Tools over Lack of Water at Health Centre

11<sup>th</sup> April, 2019

By The Monitor (Kampala)





*Maternity ward at Kakingol health centre III in Moroto District*

### **In Summary**

- In September last, after a public outcry about the same issue, a team from the ministry of water led by the Assistant Commissioner Internal Audit, Mr. Charles Oryema visited Kakingol Health Centre III and promised to provide clean within three months, but not action has ever taken place.

Moroto — Medical personnel attached to Kakingol Health Centre III in Katikiekile Sub County, Moroto District on Monday laid down their tools protesting lack of clean water at the facility, leaving patients helpless.

Ms. Grace Angolere, one of the health workers said for the last two years, they have been sharing water with animals, putting their lives in danger.

"There is no water at the health facility, sometimes we send patients to go and fetch water from the river which is two kilometres from here, to be able to clean the health centre," she said.

Ms. Angolere added that sometimes in the maternity ward, mothers after delivering, they just cover blood with sand because of lack of water to clean the ward.

Ms. Betty Aketch, another nurse said they will only return to work when water is connected to the health facility.

"Life at Kakingol health centre is difficult, we survive on dirty water that we share with animals and even getting that water it's very difficult because of the long distance," she said.

Mr. Timothy Okiror, the health in charge at Kakingol said they were using rain water but because of the prolonged draught, all water tanks have dried up.

"Patients and more especially expectant mothers come with water from their homes, but it's still not enough," he said.

Mr. Michael Akol, the area LCIII chairperson said: "Despite our efforts to report the matter to relevant authorities, no action has been taken."

The Moroto District Health Officer, Mr. Andrew Ilukol, said the staff have the right to access clean water and they were right to lay down tools to save their lives.

"We have talked about this issue and its now beyond us. Much as we (the medical people)

are trying our best to treat people, we can't do much without clean water," he said.

In September last, after a public outcry about the same issue, a team from the ministry of water led by the Assistant Commissioner Internal Audit, Mr. Charles Oryema visited Kakingol Health Centre III and promised to provide clean within three months, but not action has ever taken place.

## Tanzania: Promoting Maternal Health through Moral Support

12<sup>th</sup> April, 2019

By Tanzania Daily News (Dar es Salaam)



Material and moral support are vital for every pregnant woman. Whether the support is from the baby's father, house help, relative or anyone within reach, it is of paramount importance that this service be availed during pregnancy, labour and taking care of the new born.

Though pregnancy usually brings with it euphoria and in most cases celebrations among married couples as they become

expectant of finally having their bundle of joy, it can be an emotional rollercoaster.

And, for some women, it can feel like the longest nine months of their lives. On the other hand, caring for a new born baby can be exhausting and takes its toll on relationships.

Helping to meet the new mum's physical and mental health needs is important for the health of the woman, the new born baby and your relationship.

The Founder of Mommyz Pride Tanzania, Modester Msemwa, has recently launched an online campaign to support expectant and breastfeeding mothers who live in vulnerable conditions.

The campaign dubbed 'Cheko la Mama' literally meaning 'mother's smile' will provide support such as delivery packs, breastfeeding skills, nutrition and coaching in life skills.

Modester, a mother of one, revealed that the idea was conceived based on her line of work which saw her realise that some women cannot afford to buy delivery kits that will ensure safe delivery and good health.

"We have identified that maternal mortality is a major issue for women, especially those living in vulnerable conditions, because they cannot afford delivery kits. So through this campaign, we will distribute the vital kits and also support those who are breastfeeding," she said.

She explained that the campaign will be sustained beyond 2019 and the Foundation

will embark on other programmes meant to support women such as insurance and various trainings in course of the year.

She called upon individuals and other organisations to partner the organisation for wider coverage and saving more lives.

According to her, the project was initiated based on the belief that a balanced world is a better world and therefore, women must have good health for them to contribute in towards development.

Modester said that currently, the Foundation does not get any financial support or sponsorship from any organisation for the project but receive a range of items, they distribute to help new born babies, from well-wishers they get online.

"We are running this campaign on Instagram in which we are asking people to donate used baby items. Perhaps you have piles of new or barely used items that were given as a gift that your child grew out too soon or that simply didn't fit your lifestyle," she said.

She added that when a baby comes into this world, it unfortunately doesn't come with a suitcase full of everything it will need.

"I call upon people to donate baby items to help new parents provide a warm, properly equipped home for the newest addition to their family," she said.

The organisation receives a number of items including towels, washcloths, baby bathtubs, bibs, diaper bags and backpacks, just but to mention a few.

Expounding further she said breastfeeding gives children the healthiest start in life and is one of the simplest, smartest and most cost-effective ways we have of ensuring that all children survive and thrive.

"There are also millions of women who face greater barriers to breastfeeding; they need strong family and community support to manage the demands of providing for their families and breastfeeding their babies," said Modester.

She said that providing support was the right thing to do for both the baby and the mother; breastfeeding prevents infant death, childhood illnesses and non-communicable diseases, while supporting brain development and promoting maternal health.

According to UNICEF, virtually every mother can breastfeed, if given appropriate support, advice and encouragement, as well as practical assistance to resolve any problem.

Studies have shown that early skin to skin contact between mothers and babies, frequent and unrestricted breast feeding to ensure continued production of milk and help with positioning and attaching the baby increases the chances of breast feeding being successful.

She said as their focus is also on parenting, they will provide entrepreneurship training to mothers for them to be able to raise their kids well.

# Africa: Commitment to Community Health Workers is Essential for Achieving Universal Health Coverage

12<sup>th</sup> April, 2019

By AllAfrica

The atmosphere was electric last month at the African Health Agenda International Conference in Kigali, Rwanda, sparked by a renewed sense of commitment to community health with the African launch of the World Health Organization (WHO) community health guidelines. Placing community health at the center of the Universal Health Coverage (UHC) movement is a global commitment to equity in ensuring that women, men and children living in rural and hard-to-reach areas have access to quality, primary health care (PHC) services first, disrupting the status quo of the last few decades.

When governments invest in national quality community health programs, they make a commitment to prioritize the care of their most rural populations. Importantly, they also make a commitment to support community health workers (CHWs) as formal members of the workforce and provide necessary training, supervision and payment to allow them to deliver quality PHC services to their communities.

As the WHO community health guidelines and evidence from the past several decades indicate, there are several quality components that must be strengthened to support optimal performance for CHWs. Ethiopia and Liberia, as champions in the community health movement, serve as

examples in building CHW programs that drive high-quality performance by focusing on five core systems drivers: skills, supervision, salaries, strategy and supplies.

**Skills:** In Ethiopia, lauded for the rapid expansion, coverage and comprehensiveness of its community health program, there is a renewed commitment to strengthening and revitalizing the Health Extension Worker (HEW) Program. The Ministry of Health is up-skilling HEWs (Ethiopia's CHWs) to augment the level of care they can provide at the community level.

By recognizing the value of the HEWs in improving delivery of PHC services to their own communities, the Ministry has identified an opportunity to upgrade the careers of HEWs from level III to level IV and expand upon the set of services they deliver. Currently, nearly 60 percent of HEWs have been upgraded to level IV among the more than 39,000 HEWs. Level IV certification means training the HEWs in new services, such as prevention and control of non-communicable diseases and neglected tropical diseases. This will support Ethiopia's UHC goals by offering a more comprehensive set of health care services for rural populations.

Committing to training HEWs in a new set of responsibilities requires investment in the corresponding support systems as well. Ethiopia is working with partners to optimize the health extension program by accelerating the career development of HEWs, upgrading health posts and improving basic utilities. The Ministry of Health is also strengthening and digitizing the curriculum

and training systems that will support HEWs as they expand their skillset.

**Supervision:** In Liberia, the National Community Health Assistant (CHA) Program continues to progress toward full national coverage. The program is currently at 70 percent scale, serving rural communities in 14 of Liberia's 15 counties. The National CHA Program has deployed over 3,000 CHAs (Liberia's CHWs) and nurse supervisors to provide integrated community-based PHC services to Liberia's hardest-to-reach communities, many of which have never had access to care. In Liberia, supporting CHAs means ensuring they have access to regular supportive supervision services. A cadre of 327 clinical supervisors spends 80 percent of their time in the field providing mentorship and supervision opportunities to CHAs, while also tightly linking them and their patients to facilities. Clinical supervisors are trained to coach and monitor the CHAs and provide ongoing refresher trainings and mentorship. Supportive supervision has been key to improving CHA performance and job satisfaction.

**Salaries:** In both Ethiopia and Liberia, a critical feature of their programs is remuneration, an evidence-based method for improving CHW satisfaction, motivation, retention and performance. It is also a recognition of the moral obligation to provide the right to work for rural populations and an opportunity for female economic empowerment. It's impossible to support health workers without also supporting their payment. Adequate financing backed by political commitment has been necessary to ensure that Liberia's and Ethiopia's CHW cadres are recognized as paid health workers.

**Strategies:** Both Liberia and Ethiopia developed comprehensive, costed strategies and mobilized diverse resources for program execution. Liberia's program, for example, was informed by detailed costing and analysis, robust stakeholder engagement and Ministry of Health leadership to transform a fragmented patchwork of programs into a critical PHC component. The country's strategy of mobilizing significant, multiyear funding commitments to drive scale - even before the program's policy was finalized - enabled strong coordination across government, donors, partners and communities.

In Ethiopia, the Health Extension Program was conceived as a flagship government program to deepen community health care access and embed HEWs within the formal health system. The high-level political support for the Health Extension Program led to buy-in across ministries and necessary budgetary allocations.

**Supplies:** Strong community health programs require standardized preventive and curative supplies for CHW and clinical supervisors. Supply chain is a key component of Ethiopia's and Liberia's programs, with significant investments in "last-mile" or "last-10-kilometer" distribution. Both countries recognize that strengthening the supply chain for community health cadres means strengthening the overall PHC supply chain, particularly the PHC facilities used for referrals.

In Ethiopia, a current focus for strengthening the HEW Program is strengthening the health posts, with emphasis on improving supply chain and decreasing stock-outs. In Liberia, the National CHA Program has a

standardized list of commodities and supplies to support CHAs in providing life-saving services in their communities. Each month, these supplies travel from the supply chain warehouse in the capital, Monrovia.

From there, a local supply chain team works to deliver these supplies, including zinc, oral rehydration solution, amoxicillin and treatment for malaria, to the clinical supervisor who then ensures these reach the

CHA each month. In the coming months as the world defines its commitment to UHC, keeping CHWs central to the movement will be critical to achieve equitable UHC. It's not enough to commit to CHWs as delivery agents for community-based PHC services, governments and partners must recognize them as individuals that deserve access to strong support systems to enable them to deliver quality care to their communities.

### UP-COMING EVENTS:

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