



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

23rd- 29th March 2019

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World Health Organisation

SPECIAL NEWS RELEASE

Diseases cost the African Region \$2.4 trillion a year, says WHO

WHO launches an investment case to achieve SDGs and universal health coverage in Africa.



Praia, Cabo Verde, 27 March 2019 – The World Health Organization (WHO) estimates that nearly 630 million years of healthy life were lost in 2015 due to the diseases afflicting the population across its 47 Member States in Africa, now amounting to a loss of more than 2.4 trillion international dollars (\$) from the region's gross domestic product value annually.

Non-communicable diseases have overtaken infectious diseases as the largest drain on productivity, accounting for 37 per cent of the disease burden. Other culprits for lost healthy years are communicable and parasitic diseases; maternal, neonatal and nutrition-related conditions; and injuries.

Around 47%, or \$ 796 billion, of this lost productivity value could be avoided in 2030 if the Sustainable Development Goals related to these health conditions are achieved, WHO found.

“Four years into the implementation of countries’ efforts towards achieving UHC, current average expenditure on health in the Region falls short of this expectation,” the WHO Regional Director for Africa, Dr. Matshidiso Moeti, writes in the foreword to *A Heavy Burden: The Productivity Cost of Illness in Africa*, which was launched during the second WHO Africa Health Forum this week in Cabo Verde.

As a target of Sustainable Development Goal 3, universal health coverage would require countries in the WHO African Region to spend, on average, at least \$ 271 per capita per year on health, or 7.5% of the region's gross domestic product.

According to United Nations Conference on Trade and Development estimates, attaining the 17 Sustainable Development Goals will require spending ranging from \$ 1.5 trillion to \$ 2.5 trillion per year until 2030, or up to \$ 37.5 trillion. Low-income countries will need an additional \$ 671 billion dollars (\$ 76 per capita on average) until 2030 to attain the health-related Sustainable Development Goals (SDG).

To achieve the health-related SDG targets, countries must invest adequately in the development of resilient national and local health systems to effectively, affordably and efficiently deliver the integrated packages of

proven cost-effective interventions contained in relevant programmatic global strategies and plans to target populations in need.

The findings of the WHO study on disease burden suggest that health systems strengthening should focus on rich as well as poor countries and on all ages as well as on the specific disease categories.

Five countries (the Democratic Republic of the Congo, Ethiopia, Nigeria, South Africa and the United Republic of Tanzania) accounted for almost 50% of the total years lost in healthy life (or DALYs) accrued in the WHO African Region.

The unpredictability of public revenues combined with mounting debt pressure is limiting the potential fiscal space that can be made available for health. Private financing sources have filled the gap, but either with out-of-pocket expenses that result in financial hardship or insufficient voluntary private health insurance that is not effective in extending service coverage to those that need it.

As the report emphasizes, achieving the Sustainable Development Goals by 2030, including the target of universal health coverage, will require political will and greater focus on government-led planning and financing for health. It will also necessitate greater outlays from public revenue, reforms to raise additional revenue and strategic purchasing mechanisms. And it will require that people usually left behind be put at the centre of health financing reform.

“This report illustrates how achievement of the critical health SDG targets, including universal health coverage, would contribute to poverty eradication efforts on a large scale, reduce disparities in lifespan, tackle social exclusion and promote political stability and economic development in the WHO African Region,” explains Grace Kabaniha, Health Economist in the WHO Regional Office for Africa. “It also provides much-needed evidence that ministries of health can use in dialogue on resource allocation with ministries of finance. It adds to the body of evidence showing that health is a strategic investment for development.”

Note to editors: The report uses international dollars. An international dollar is a hypothetical unit of currency that has the same purchasing power that the US dollar has in the United States.

East Africa: Businesses Demand More Say On EAC Agenda to Promote Investment

25th March, 2019

By The East African (Nairobi)



A delegate speaks during the opening day of the Africa CEO Forum at the Kigali Convention Center in Rwanda on March 25, 2019. Business leaders say protectionism is impeding efforts by firms to invest in the region.

In Summary

- Business leaders say protectionism and differences between politicians are impeding efforts by companies to invest in the region.
- They also urge EAC partner states to relax labour laws and abolish work permits.

Business leaders in the East Africa Community (EAC) say protectionism and differences between politicians are impeding efforts by companies to invest in the region.

Tanzanian business magnate Ali Mufuruki accused politicians of failing to push policies that promote investment in the region.

"We have never had the discussion on why there isn't a single billion-dollar company in East Africa. If we have that conversation, people will start to ask whether it is going to be a Tanzanian or a Rwandan company. We need to be honest with each other and ask what we really want from this union," Mr. Mufuruki told the Africa CEO Forum in Kigali.

Saying he had found difficulty in hiring workers in the region, he urged the EAC partner states to relax labour laws and abolish work permits.

He asked politicians to let the business community--which is driven by profit and growth--to lead EAC integration.

"If business leaders are allowed in the rooms where policies are made, then business can be put at the forefront and we will make more progress," he said.

Open skies

His message was echoed by RwandAir chief executive officer Yvonne Makolo, who said that the lack of an open skies policy has continued to make air travel expensive for most people in the region and on the continent.

She told the delegates that whereas most countries had paid lip service to the Single African Air Transport Market (SAATM), the reality is that most countries continue to put limitations on airlines from other African countries.

"Protectionism is still big, with governments refusing to open up their skies. When that is resolved, then we shall see more

frequencies of different airlines within the region and airfares will go down as demand goes up. This will drive tourism and trade, and so it is very frustrating to see resistance among some African countries," she said.

The African Union in 2018 launched the SAATM to open up the continent's skies, with 23 countries committing to the pact. But it still remains unimplemented.

Joshua Oigara, KCB Group CEO, said that the EAC is difficult market: "Sometimes we make steps forward as the business community, but sometimes you don't know where the Community is going. Countries give out different messages," he said.

EAC: Launch of Call for Papers for the East African Journal of Science, Technology and Innovation

27th March 2019

By EAC

EAST AFRICAN SCIENCE AND TECHNOLOGY COMMISSION

LAUNCH OF CALL FOR PAPERS FOR THE EAST AFRICAN JOURNAL OF SCIENCE, TECHNOLOGY AND INNOVATION

The East African Journal of Science, Technology and Innovation (EAJSTI) will launch its first call for papers for publication on 3rd April, 2019 in Kampala Uganda.

EAJSTI is designed as a multidisciplinary, open access and peer review journal, publishing original research of relevance to the East African Community (EAC) region,

covering basic and applied research in science, technology and innovation.

The goal of the Journal is *to enhance, advance and disseminate scientific, technological and innovative knowledge that supports regional socio-economic development*. The objectives of the journal include:

1. Supporting the development of evidence based policies;
2. Providing an avenue for disseminating scientific research and technological findings to researchers, professionals, industry and other stakeholders in the EAC and beyond;
3. Increasing the number and quality of scientific publications from the EAC Partner States;
4. Advancing and opening up the new frontiers for further research in science, technology and innovation domains;
5. Enhancing visibility of the regional scientific and technological research, and;
6. Promoting international recognition of local researchers and professionals.

It is anticipated that EAJSTI will, among other things, provide a strong forum, linkage and network for exchange of scientific knowledge, technology and innovations that are being generated from Universities, Research Institutions and Industry in East Africa and globally. The EAJSTI will further enhance the sharing of knowledge to its readership as it continues to increase and develop a rich database of research output in science, technology and innovation in a

wide thematic area. Given the scarcity of regular and reliable scientific journals in production within the East African region, the EAJSTI will fill this gap and void which is created by the of absence of research outputs available from well recognized and reputable peer-reviewed journals. The EAJSTI will endeavour to support the world-renowned scientists, upcoming scientists and graduate students from both the East African region and globally to continue to publish scientific outputs, new technologies, and innovations.

The journal will invite articles in the areas of: Agriculture; Food Security and Rural Development; Natural Resources and Environmental Management; Health and Wellbeing Science; Infrastructure; Energy and Industrial Development, and; Information Communication Technology. The journal has been established through collaboration between the East African Science and Technology Commission (EASTECO), the Inter-University Council for East Africa (IUCEA), and the Nelson Mandela African Institute for Science and Technology (NM-AIST). The call for papers will be published in major newspapers in Partner States, and on the websites of the partnering institutions.

The launch will be preceded by inauguration of the editorial board, which comprises senior scientists from academia, research institutions and the industry. The ceremony will be attended by senior officers from Ministries of East African Community Affairs (MEACAs) in the Partner States, Ministry of Science Technology and Innovation of Uganda, members of the EASTECO Governing Board, and other stakeholders in

Science, technology and innovation ecosystem in the region.

Note to Editors:

The East African Science and Technology Commission (EASTECO) is a semi-autonomous institution of the East African Community (EAC), mandated to coordinate and promote the development, management and application of Science and Technology in Partner States to support regional integration and socio-economic development. Among other responsibilities, the commission promotes the exchange and utilization of scientific information, and supports the dissemination of research and development findings in Partner States. This is in line with the Treaty for the Establishment of the East African Community which recognizes the fundamental role of science and technology in economic development and stipulates, in the Chapter 16, Article 103, that the community shall promote cooperation in the development and application of science and technology within the Partner States. Article 80, on industrial development further reinforces the need for development of science and technology to accelerate socio-economic development in the community

Tanzania: Concern As 70 People Die Daily From TB

23rd March, 2019

By The Citizen (Dar es Salaam)



Health Minister Ms. Ummu Mwalimu.

In Summary

- At least 70 people die each day due to TB in Tanzania, according to health Minister Ms. Ummu Mwalimu. The number is an average of three people per hour.
- Dar es Salaam — At least 70 people die every day from Tuberculosis (TB) in Tanzania, according to the Health Minister Ms. Ummu Mwalimu. The number is an average of three people per hour.

Visiting a Dar es Salaam-based hospital on Saturday, March 23, 2019 as part of this year's World TB Day (WTBD) commemoration Ms. Mwalimu further pointed out that Tanzania was among the 30 countries in the World reportedly to have the highest TB prevalence.

"The World Health Organization (WHO) statistics indicate that at least 154, 000 Tanzanians get infected with the disease every year," said Ms. Mwalimu.

Furthermore, Ms. Mwalimu revealed that the government in 2018 had managed to reach and treat at least 75,845 TB patients compared to 62,180 reached in the previous year, surpassing the target imposed by the African Union Commission that requires Member States to reach and treat 74,200 TB patients per year.

"TB patient who is not under medication can infect at least 10 to 20 people per year. Therefore, more efforts are required to reach and treat more TB patients in order to prevent further transmission of the disease in the country," said Ms. Mwalimu.

Kenya: Donholm, Nyayo Estate On High Cholera Alert After Two Cases Confirmed in City

23rd March, 2019

By Nairobi News (Nairobi)

Nairobi County has increased surveillance for cholera after two patients tested positive for the disease.

The two are said to have been "imported cases", as they had travelled from Baringo, where there is an outbreak of the infectious disease due to lack of water caused by drought.

About 18 other people are suspected to have the disease after going to hospital complaining of stomach problems and diarrhoea.

Some of the areas on high alert are Donholm, Nyayo Estate, Tassia, Avenue 1-3, Pipeline, South B and the surrounding areas,

including Mlolongo (Great Wall) in Machakos County.

REACTIVATE TREATMENT UNITS

As a result, county health officials have requested referral hospitals in the city to reactivate their cholera treatment units following confirmation of a cholera outbreak.

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

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

She further advised the medical superintendents to "treat all suspected cases of cholera as cholera cases."

Cholera is a bacterial disease usually spread through contaminated water. It causes severe diarrhoea and dehydration. Left untreated, it can be fatal in a matter of hours, even in previously healthy people.

It is caused by consuming food or water contaminated with a bacteria called *Vibrio cholera*.

PRIVATE SCHOOLS

In the current situation, two private city schools early this week wrote to parents advising them to monitor what their children

eat after three pupils from one of the schools were suspected to have cholera.

"As a precautionary measure, any child with stomach complaints should be tested for cholera among other tests," the letters said.

Parents with children in Riara and Makini received "public health alert" letters from the schools notifying them of the outbreak.

In a letter seen by the Saturday Nation, Riara said that the county director of public health confirmed that they issued an alert for a suspected outbreak of cholera in parts of Embakasi.

Rwanda: Survey - 20 Percent of Tuberculosis Patients Don't Go to Hospital

By The NewTimes
24th March 2019



Dr. Jeannine Condo, Director General of Rwanda Biomedical Centre.

The Ministry of Health has urged Rwandans to undertake screening for tuberculosis at

the earliest opportunity, in order to get early treatment and reduce chances of acquiring preventable deaths associated with the disease.

Officials were speaking in Kamonyi District in Rukomo Sector, on the occasion of celebrating World Tuberculosis Day that was observed on March 22.

Dr. Jeannine Condo, Director General of Rwanda Biomedical Centre, said that though much has been done, there is still a long way to go to achieve the set target of reducing TB-related deaths by 90% and new incidence by 80% by 2035.

"We still have 20% of TB patients who don't go to hospital for treatment and they end up infecting others in their communities. We still have TB patients who don't take their drugs as prescribed, and they don't heal," she said.

Dr. Jules Mugabo, representing World Health Organisation, commended the effort by government to eradicate TB but added that this was also a time to reflect on what can be done to reach targets set on the global and national level.

TB in children

"More efforts are needed in TB screening, testing and treating among children. There is need to increase budgetary allocation to take care of TB patients in order to eradicate it. Besides, more modern machines to screen and test for TB have to be decentralised to health centres," he said.

World Health Organisation will assist government in implementing these programmes, he said.

Patrick Migambi, the Manager of Tuberculosis Division at Rwanda Biomedical Centre, said every year, around 6,000 people test positive for TB and 99% among them start immediate treatment.

About 88% of those under treatment heal while 8 per cent of them die. Up to 3% of them do not heal, and they are put under new treatment, while two per cent don't undergo treatment at all.

TB prevalence is higher among children under 15 because of their weak immune system; it is also high among prisoners and the elderly, he said.

After two weeks of treatment, a TB patient ceases to be infectious, but this does not mean that someone has healed.

Jean d'Amour Uwimana, a resident of Kamonyi, suffered Tuberculosis when he was a taxi moto rider in Kigali. He had cough for two weeks and after, he started to have high fever.

He searched for medication from pharmacies but things got worse, he was getting weaker by the day and he decided to return to Kamonyi, because he could no longer work.

"When I got home, my relatives and neighbours said I had been poisoned while others would gossip around the village that I had HIV. I was too weak to even go to the health centre for checkup," he said.

He weighed 40 kilogrammes, down from 60. One day, a Community Health Worker in his village checked on him at home and encouraged him to go to the hospital the following day.

"We went together to Kamonyi Health Centre and they first tested me for HIV and the result was negative, then they tested for TB. After two days, they called the CHW to tell her that the result was positive," he said.

He said that he took medication according to prescription and now he is healed.

"I'm very grateful to the CHW who helped me during this hard time of sickness, to the Government of Rwanda, which made TB treatment available and free, as well as the health workers who take care of patients every day," he said.

"I would advise all people with symptoms like prolonged cough to go to hospital, you never know it could be TB. It is dangerous but the good news is that it is treatable," he said.

Tuberculosis is the tenth leading cause of death worldwide, and since 2011, it has been the leading cause of death from a single infectious agent ranking above HIV/AIDS.

Most of these deaths could be prevented with early diagnosis and appropriate treatment.

Treatment success rate globally is at 82 per cent.

Kenya: MPs Now Support Bid to Halt Doctors' Training in Cuba

25th March, 2019

By The Nation (Nairobi)



Dr. Hamisi Ali Juma allegedly committed suicide in Cuba. The Kenya Medical Practitioners, Pharmacists and Dentists Union has called for immediate termination of the doctors training programme

In Summary

- Ministry put to task over well-being of Kenyans ahead of facing House team.
- Health committee questions decision to have medics study course that is available locally in foreign land.
- Following the death of Dr. Ali Juma, the ministry sent a team of officials to Cuba to assess the situation and document the challenges the trainees are facing.

The Health ministry is preparing to appear before a parliamentary committee, for the second time in a week, as pressure to bring back Kenyan doctors from Cuba mounts.

Some members of the National Assembly committee on Health have thrown their weight behind doctors by asking the ministry to consider relocating 48 doctors on an exchange programme if it is unable to take care of them.

MURKY

Amid rising complaints that the doctors pursuing a postgraduate diploma in family medicine live and study in deplorable conditions, which may have led to the death of one of the students, Dr. Ali Juma, MPs now want to know why it was important to ship the doctors to Cuba to study a course that is being offered by a local university.

The MPs argued that the conditions in Cuba may not be conducive for the doctors' studies.

The committee on Thursday last week summoned Ministry of Health officials to shed light on the living conditions, stipend and salary disbursement as well as the doctors' general well-being in Cuba.

"Why didn't you consider training them at Moi Teaching and Referral Hospital (MTRH) Eldoret where family medicine is also offered?" asked Matungulu MP Stephen Mule.

The government, in its efforts to build human resource capacity in health, signed an MoU with Cuba for the exchange of specialists for service delivery and skills transfer.

But the death of Dr. Juma exposed the soft underbelly of the government-sponsored

programme, leaving MPs with more questions even as the Health ministry through the Principal Secretary Susan Mochache tried to wiggle their way out of the murky situation.

Following the death, the ministry sent a team of officials to Cuba to assess the situation and document the challenges the trainees are facing. The team led by Chief Administrative Secretary Rashid Asman, left on Wednesday and is expected to be back in a week's time.

DISCIPLINARY

The team will present its findings to Cabinet Secretary Sicily Kariuki on March 30.

"We put together an expert team because we would like to understand the challenges the doctors may be facing," Ms. Mochache explained.

The doctors (including Dr. Juma), who have been in Cuba for seven months, had written to Health committee chairperson Sabina Chege, saying, it was no longer tenable to continue with the programme given the logistical challenges they endure. It is not clear whether the complaints were addressed.

"A number of promises were made, including timely remittance of the allowances and arranging own accommodation by the end of February by the ministry. However, none of these pledges were actualized and our projections of what lies ahead in terms of academic programmes and accommodation seem to

be shrouded with uncertainty," reads the letter.

Whereas the ministry has defended itself saying no doctor was coerced to go to Cuba, the trainees claim they boarded the flight and continued stay on the programme due to threats from the government.

"We were then made to board the plane with threats that whoever does not do this should write his/her name on a list that was provided and would face undisclosed tough disciplinary actions by his/her county," says the letter that was signed by the doctors.

VOLUNTARY

Ms. Mochache told the Health team that the counties where they worked nominated the doctors, and that they left for Cuba voluntarily.

Whereas the duration of the course is two years and four months, the PS defended the ministry, saying, any doctor who felt unable to complete the course was free to terminate the programme and come home.

"The government sends many students abroad. Since the scholarship study was on voluntary travel, any doctor who was not ready to go was not coerced. We have not also received any other formal request from any student saying they want to come back home," Ms. Mochache said.

She added that since the beginning of the programme, only one student's scholarship was terminated after they came back for treatment and found not fit to go back to the Caribbean country.

According to Ms. Mochache, all communication to the doctors was done both in Kenya and an orientation on life in Cuba to prepare them conducted.

Uganda: Businessman Donates Health Centre to District

26th March, 2019

By The Monitor (Kampala)



Launched. Mr. Kavuuuya (left) and Dr. Rugunda (right) at the opening of the health centre in Rukungiri District on Saturday.

In Summary

Justification. The real estate developer says the facility is to bring services closer to the people

Rukungiri — A businessman has donated a health centre III to Kebisoni Town Council in Rukungiri District in an effort to improve community access to health care.

Mr. Ben Mugisha Kavuuuya, a rancher, real estate developer and chairperson of the

Legacy Group, named the facility 'The Kavuuuya Memorial Health Centre III' in memory of his late father Yerimiya Kavuuuya.

The health centre was opened by Prime Minister Ruhakana Rugunda on Saturday in Rwankoma Cell and will serve about 10,000 people.

Mr. Kavuuuya said his father, who died of a heart attack in 1987 at the age of 67, would probably have lived longer if there was such a health facility in the area.

"I thank my parents for being hardworking and leaving us with property. My father died of cardiac arrest on the way to Nyakibale Hospital. If there was such a facility and a medical officer in this area, he would have live one or two more years," he said.

He added: "God has fulfilled my dream (of establishing health facility in this area). I thank Him for giving me life and blessing me to put smile on faces of one or two people."

Cost

The centre was established on an acre piece of land at a cost of Shs150 million. Electricity has already been connected to the facility and Mr. Kavuuuya said he will embark on constructing a maternity ward, which will have 20 beds and a labour suit.

The Director General of Health Services, Dr. Henry Mwebesa, said the facility has been built on the standard designs of the Ministry of Health.

"We have taken it up because as a ministry, we have the responsibility of establishing a

health centre III in every town council," Dr. Mwebesa said.

He added the ministry will equip it with drugs, deploy there 19 staff and equipment.

"Through the district local government starting next financial year, we shall budget for these such that it starts functioning normally," Dr. Mwebesa said.

The district chairperson, Mr. Andrewson Katebire, and the area MP, Ms. Paula Turyahikayo, hailed Mr. Kavuuuya for supporting government in providing health services in the area.

Dr. Rugunda also hailed the businessman and urged other people to help to give a hand in addressing community challenges.

He said as a result of government interventions and help from such individuals, infant and maternal mortality rates have reduced.

"I thank Ben for providing land and excellent facility for the good of the people. Your contribution is going to improve maternal and child health in this community. We lose women (during delivery) because of lack of proper health facilities and because of women's preference to deliver from homes. I urge you to go to health facilities because if you get complications, midwives will try to save your life," Dr. Rugunda said. He added that facility should be used to fight the growing problem of non-communicable diseases such as diabetes, cancer and blood pressure.

"Health is made from home and only repaired in hospital. Let us eat well and prevent diseases from our homes so that we go to hospital only when we need to repair life," Dr. Rugunda said.

The Prime Minister added that government is working on establishing a district hospital.

Mr. Kavuuuya, who has another home in Lyantonde District, also built a health centre II in Kabatema, Kariiro Sub-county in 2010 at cost of Shs100 million. It was established to address emergence health complications in the community.

District appeal

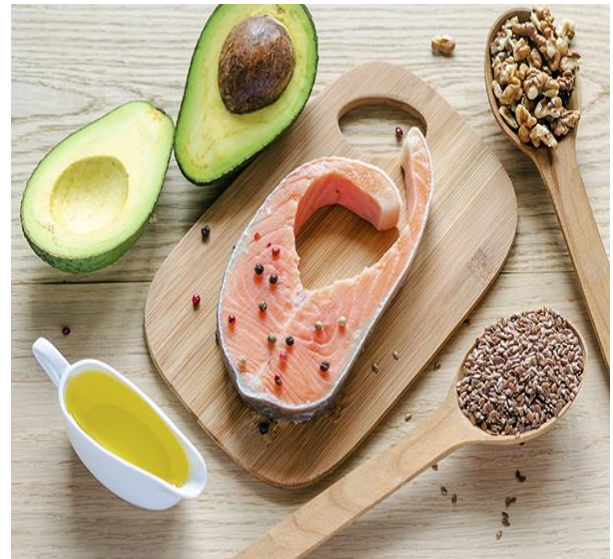
Demand for hospital. The District Health Officer, Dr. Kasiima Mucunguzi, in a separate interview, urged government to expedite the process of setting up a district hospital because many people cannot afford the cost of treatment in private hospitals.

Dr. Mucunguzi said health worker staffing is at 69.5 per cent, of which government offers accommodation for only 10 per cent.

Tanzania: Basic Facts to Understanding Healthy Dietary Fats

26th March, 2019

By Tanzania Daily News (Dar es Salaam)



FOR years we've been told that eating fat will add inches to our waistline, raise cholesterol, and cause a myriad of health problems. But now we know that not all fat is the same. While bad fats can wreck your diet and increase your risk of certain diseases, good fats can protect your brain and heart.

In fact, healthy fats are vital to your physical and emotional health and by understanding the difference between good and bad fats and how to include more healthy fat in your diet; you can improve your mood, boost your energy and well-being, and even lose weight. Note that fat is an essential nutrient for our bodies which provides energy and helps our guts in absorbing certain vitamins from foods.

There's still this misconception that eating fat of any kind is bad since it will lead to heart attacks, or weight gain discouraging people from eating healthy fats. Research has shown that unsaturated fats are good for you. These fats come mostly from plant sources. Cooking oils that are liquid at room

temperature, such as canola, peanut, safflower, soybean, and olive oil, contain mostly unsaturated fat.

Nuts, seeds and avocados are also good sources. Fatty fish such as salmon, sardines, and herring are rich in unsaturated fats, too. Studies have also found that replacing saturated fats in your diet with unsaturated fats can reduce your risk of heart disease by about the same amount as cholesterol-lowering drugs.

People should actively make unsaturated fats a part of their diet. Low-fat diets have the same effect on body weight gain or weight loss as higher-fat diets, or higher-protein diets do. We need a certain amount of fat in our diets to stay healthy. Fats provide needed energy in the form of calories.

Fats help our bodies absorb important vitamins called fat-soluble vitamins including vitamins A, D and E. Fats also make foods more flavorful and help us feel full. They are especially important for infants and toddlers, because dietary fat contributes to proper growth and development.

Problems arise, though, if we eat too much fat since dietary fats have more than twice as many calories per gram as either proteins or carbohydrates like sugar and starch. Excess calories, of course, can pack on the pounds and raise your risk for diabetes, cancer and other conditions.

Eating the "wrong" kinds of fats can trigger additional health hazards since some fats are better for our bodies than others, therefore we should really aim to eat the right types of

fats. Unsaturated fats are considered "good" fats and are sometimes listed as "monounsaturated" and "polyunsaturated" fat on Nutrition Facts labels. These can promote health if eaten in the right amounts.

They are generally liquid at room temperature and are known as oils. You'll find healthful unsaturated fats in fish, nuts and most vegetable oils, including canola, corn, olive and safflower oils. The so-called "bad" fats are saturated and trans-fats. They tend to be solid at room temperature. Solid fats include butter, meat fats, stick margarine, shortening, and coconut and palm oils.

They're often found in chocolates, baked goods and deep-fried and processed foods. When we eat too many solid fats, we put our bodies at risk. These fats tend to raise total blood cholesterol, as well as the part of cholesterol known as low-density lipoprotein (LDL), cholesterol and when those cholesterol levels are too high, it's a risk factor for cardiovascular disease.

Note that when there's too much cholesterol in the blood, the excess can get trapped in artery walls and build up. The buildup can develop into atherosclerosis, or hardening of the arteries, which can lead to coronary heart disease. Experts say that the total fat intake for adults ages 19 and older should be 20 percent to 35 percent of the calories eaten each day.

For children ages 4 to 18, it should be 25 percent to 35 percent, but instead of obsessively counting fat grams, aim for a diet rich in a variety of vegetables, fruit, nuts, and

beans, with two or more weekly servings of fatty fish, moderate amounts of dairy, small amounts of red meat, and only occasional fried or processed meals.

This might mean replacing fried chicken with grilled chicken, swapping out some of the red meat you eat with other sources of protein such as fish, chicken, or beans, or using olive oil rather than butter. Following a **HYPERLINK**

"<https://www.helpguide.org/articles/diets/the-mediterranean-diet.htm>" Mediterranean diet can also help ensure you're getting enough good fats in your diet and limiting the bad ones.

Try to eliminate trans-fats from your diet and limit your intake of saturated fats by replacing some of the red meat you eat with beans, nuts, poultry, and fish, and switching from whole milk dairy to lower fat versions. But don't make the mistake of replacing saturated fat with refined carbohydrates and sugary foods.

Eat omega-3 fats every day by including a variety of fish sources as well as plant sources such as walnuts, ground flax seeds, flaxseed oil, canola oil, and soybean oil. Try Cooking with olive oil, eat more avocados and dress your own salad. Since commercial salad dressings are often high in unhealthy fat or added sugars.

Create your own healthy dressings with olive, flaxseed, or sesame oils. Remember, good fats are essential for general health so choose wisely, store safely, consume fresh (by buying in small quantities) and your health will greatly prosper! Monitoring your body fats will help you attain optimum

wellbeing and fertility. Note that good fats and excellent health and fertility go hand in hand.

Tanzania: Researchers Advise for Link With Health Experts to Achieve SDGs

26th March, 2019

By Tanzania Daily News (Dar es Salaam)



ACADEMICIANS and Researchers in East Africa have advised for a link with health service providers on research work to improve and strengthen healthcare systems, if the bloc seriously wants to achieve Sustainable Development Goals (SDGs) in health sector.

The professionals made the call in Dar es Salaam yesterday in a meeting attended by various health stakeholders from East African member states, organised to explore opportunities which can utilise the collaborative strengths of the academics, healthcare providers and policymakers to address national health goals towards the

attainment of the United Nations' SDG in low and income countries.

The symposium was organised by the Aga Khan University Medical College, East Africa in collaboration with the Association and Academic Health Centres International with the theme that ran as 'Driving the Health Agenda for Sustainable Future in Low and Middle income countries'.

Speaking during the symposium, Tanzania Chief Medical Officer, Prof Mohammad Kambi challenged academic institutions on how to access health databases to increase collaboration and partnership between their governments and higher learning institutions, for more evidence based approach toward research and learning.

"It is vital to strengthen the existing relationship between the Ministry of Health and academic institutions to set strategic plans and programmes of health related initiatives in the region," he said.

On his side, the Aga Khan University Tanzania Dean of Medical College, Prof Robert Armstrong challenged universities working in tertiary care facilities within the bloc to take a central place in providing necessary leadership and face challenges by reversing them in the vicious cycle of adversity and ill-health.

"While commendable progress has been witnessed under the United Nations Millennium Development Goals (MDGs) period, a lot still remains to be done for the achievement of the SDGs," he added.

Prof Armstrong further advised that health providers in low and middle income countries are expected to provide necessary data and affordable solutions to address health challenges through research and capacity building.

According to the Aga Khan University Associate Dean of Research, Prof William Macharia, the event also addressed possible solutions by providing strategic avenue in the development of critical discourses in the current global health agenda, and ways in which systems in East Africa bloc could utilise the models to push for their health system improvements.

"The event also focused on identifying existing national health systems models in the region, highlighting successful models internationally and exploring strategies to improve the collaborative environment within the East African Community," said Prof Macharia.

On his part, the Associate Dean Medical College, Aga Khan University Tanzania, Dr. Hussein Kidanto said the government of Tanzania has already employed different strategies to ensure that the country achieves its health police (2011-2012) goals in the areas of primary healthcare, Non-Communicable Diseases, women and child health, nutrition and HIV/ AIDS as well as infectious diseases.

Tanzania: Dar Conference to Address Health Financing

26th March, 2019

By The Citizen (Dar es Salaam)



In Summary

- The 7th East African Health and Scientific Conference & International Health Exhibition and Trade Fair will address challenges facing the sector

Dar es Salaam — Health financing will be among the major topics that will dominate the 7th East African Health and Scientific Conference opening in Dar es Salaam tomorrow, Wednesday, March 27, 2019.

Delegates from the partner states as well as the development partners will deliberate on how to mobilise more resources for the key social sector.

Financing of health delivery systems is seen as one of the major challenges facing the East African Community (EAC) region, both as a bloc and individual countries.

The EAC, which is organizing the conference through the East African Health Research Commission (EAHRC) is concerned due to the dwindling financial resources particularly from donors.

The reduced budget, both from the development partners and the partner states, has seen the EAC scale down its operations, especially on projects such as health which largely depend on foreign aid.

Analysts contend that sustained health financing was critical for reaching universal health coverage and can be realised mainly in raising funds or using available funds more equitably.

In order to ensure, the question of financial resources is fully addressed, the conference will bring in the key officials from the ministry of Finance from the six EAC partner states.

Others will be those from the ministries of Health, Science and Technology, Higher Education, Members of Parliaments from the National Assemblies and representatives of the EAC organs and institutions.

Delegates from the development partners who traditionally contribute over 50 per cent of the annual budget of the Community, health researchers and scientists will also be in attendance.

The conference at the Julius Nyerere International Convention Centre (JNICC) will also witness the official launch of various health programmes in the region, among them the digital health project and young health scientist's forum.

Uganda: Minister Calls for More Effort in Fight Against TB

26th March, 2019

By The Monitor (Kampala)



Affected. Tuberculosis patients wear masks at Gulu Referral Hospital during world Tuberculosis Day in Gulu District, in 2015.

In Summary

"Uganda remains among the 30 high burden HIV/ TB countries in the entire world. TB still causes significant mobility and mortality in the world, especially in our own country. It is really a concern for all of us," Joyce Moriku Kaducu, minister of State for Primary Healthcare

Ntungamo — The minister of State for Primary Healthcare, Dr. Joyce Moriku Kaducu, has called for more efforts in the fight against tuberculosis (TB).

Speaking during celebrations to mark World TB Day at Ruhaama Sub-county headquarters in Ntungamo District on Sunday, Dr. Kaducu said the disease prevalence rate in the country is worrying.

She said the TB surveillance conducted between 2013 and 2015 put the prevalence rate at 253 per 100,000 people, adding that 8,6000 new TB cases were reported in 2017.

"Uganda remains among the 30 high burden HIV/ TB countries in the entire world. TB still causes significant mobility and mortality in the world, especially in our own country. It is really a concern for all of us," Dr. Kaducu said.

The minister added that whereas TB kills 14,000 people every year in the country, there is significant progress in the fight against the disease, with at least 64 per cent of patients accessing drugs. This, she said, has reduced the incidence to 201 per 100,000 people.

Appeal

"It is time for Uganda to end TB and the slogan is 'It Starts with me'. This is possible with your support," Dr. Kaducu said.

She said world political leaders recognise TB as a public health threat and speaking about it in international assemblies and national parliaments will contribute greatly to its elimination.

Ntungamo has the highest multi-drug resistant TB cases in the country, with at least 50 registered in the district every year.

Dr. Edward Bitarakwate, the chief party of USAID- RHITES project, said Ntungamo has more TB cases than any other district in western Uganda. The district Woman MP, Ms. Beatrice Rwakimari, said the increasing cases of drug resistant TB are due to poor

adherence to treatment, with many patients not minding about finishing the drug dosage.

"This is a disease that can be reduced and eradicated if we follow all the steps as patients," Ms. Rwakimari said.

Former Rukungiri Woman MP Winfred Masiko, who represented the Parliamentary Forum on Tuberculosis, asked government to honour its commitment to fight TB. She said government needs to equip hospitals with drugs, recruit more staff and provide the necessary support to health workers.

South Sudan: Nonprofit Helps Many Blind to See Again

27th March, 2019

By Voice of America (Washington, DC)

A U.S.-based nonprofit is helping many blind South Sudanese see again by hiring a local doctor to perform surgeries on hundreds of patients in the Jonglei State capital Bor.

Sixty-year-old Mary Ayak Thie lost her vision about three years ago. Ayak said after the doctor removed cataracts from her eyes, her vision returned.

"Before the operation, everything was dark and I could not see, but now it is better. I can see my food; I can go the bathroom, by myself. So I thank the doctor who has helped me see again," she told VOA's "South Sudan in Focus."

Dr. Santino Malang was hired by Partners in Compassionate Care to perform the operations in Bor this week.

"We have screened over 6,000 patients ... and we have done over 172 cataracts as we speak," Malang told VOA. "I feel good because somebody was blind, and can see after the operation, and is able to walk again alone by themselves, it makes both the patients and me happy.

Patient Mach Athem, 50, said he, too, can see again after successful surgery by Malang.

"If God has brought the doctor to come and help us, all someone like me can say is 'thank you.' I was in a difficult condition, depending on someone else for everything," Athem told "South Sudan in Focus."

Athem, Ayak and other patients say they are learning to be self-reliant now that they can see again.

Unfortunately, Malang says, not all patients can have their sight restored.

"People with glaucoma, people with corneal scarring, we are not able to restore their sight. So what happens? We just tell them we can't do it and we counsel them. So it is hard for them and we feel bad, but there is nothing more we can do," Malang told VOA.

Deng Ajak Jongkuch, executive director for Partners in Compassionate Care, said the eye operations began last week and will continue until April 2. He said there was a real need for this type of surgery in Bor.

"We do this work because of the vulnerability of elderly people. They don't have money to go to Juba, Kenya or Uganda for care. And cataract surgery is a simple 15-minute operation, but untreated, a cataract

can destroy somebody's life. Most patients must have someone to help them, guide them to showers, to the bathroom, to bed and to food. But after the operation, they become independent and that's very rewarding," Jongkuch told VOA.

Each surgery costs about \$100, far cheaper than just about anywhere else in the world for the same operation. Partners will spend about \$50,000 to perform operations in Bor but will extend the surgeries to other areas of Jonglei if the nonprofit receives more donations, Jongkuch said.

"The need for cataract surgeries is huge. We will never finish everybody. I wish we could help the eye center in Bor here. We have a cataracts surgeon; Abraham Tong is in Bor here but he is not doing surgeries because there is no support," Jongkuch told South Sudan in Focus.

He said they hope to go to Pibor, Ayod and Akobo, as well as the other side of the Nile River.

In November, Partners in Compassionate Care successfully operated on more than 150 patients suffering from either cataracts or the eye disease trachoma. Ajak said he has gone back to the U.S. to ask donors for more money. He hopes the South Sudanese-American community will help.

The nonprofit was formed in 2004 in the Midwestern state of Michigan by American David Bowman for the purpose of providing humanitarian health care to South Sudan.

Uganda: Busoga Hospitals Hit By Scarcity of Family Planning Items

27th March, 2019

By The Monitor (Kampala)



The director of Jinja Regional Referral Hospital, Dr. Edward Nkurunziza, said they usually experience stock-outs of family planning commodities before the next delivery.

In Summary

- Dr. Katamba, said the scarcity in public facilities has caused low uptake in some districts, noting that some women prefer injectable methods of contraception due to their durability and convenience followed by condoms, pills and implants.

Jinja — Hospitals in Busoga Sub-region have been hit by a stock-out of family planning items.

The kits include implant jadella, sayana press, depo-provera, emergency

contraceptives, pills, male and female condoms, microgynon, injectable, implanon NXT and IUDs.

A visit to Bukatube Health Centre II in Mayuge District revealed that for the past five months, the hospital has been suffering scarcity.

Ms. Sofia Kyakuwa, a nursing officer at the facility, said: "We have spent about five months without condoms and injectables yet we are in a trading centre with increased demand."

"We only have sayana press, which is also not enough because we receive 80 of them a month instead of 120," she added.

Ms. Kyakuwa said cases of rape and defilement are rampant in the area which makes the lack of emergency contraceptives risky.

The director of Bugiri Hospital, Dr. Stephen Isabirye, said the supply of contraceptives was constant; however, items such as jadella are out of stock.

"We have been having scarcity of Jadella for almost a year, Sayana Press, Injectaplan and emergency contraceptives for almost two months and have asked patients to buy them from the open market," he said.

Female condoms shunned

Dr. Isabirye said despite having a high stock of female condoms people have continued to shun them in Bugiri.

Ms. Li Ilian Nabalyango, a midwife at Kamuli General Hospital, said since the year begun, the facility has been experiencing stock-outs of female and male condoms, sayana press, implanon and microgynon.

"I urge the government to ensure consistent distribution of family planning commodities to curb rampant stock-outs and provide women with a variety of choices.

"Implanon and sayana press are on high demand but are sometimes out of stock, prompting us to engage Marie Stopes," she said.

The director of Jinja Regional Referral Hospital, Dr. Edward Nkurunziza, said they usually experience stock-outs of family planning commodities before the next delivery.

The director Iganga General Hospital, Dr. Charles Wako, said the shortage of some supplies for the past month affected service delivery.

A survey implemented by Jhpieogo, an international non-profit health organisation, indicates that some hospitals have endured stock-outs of commodities such as implants and IUDs due to high demand.

Government blamed

The Jhpieogo project coordinator, Dr. Allan Katamba Semakula, attributed stock-outs to government's failure to maintain its commitment to the funding.

Dr. Katamba, said the scarcity in public facilities has caused low uptake in some

districts, noting that some women prefer injectable methods of contraception due to their durability and convenience followed by condoms, pills and implants.

The spokesperson of National Medical Store, Mr. Dan Kimosho, said: "Let me check and get back. I am out of the country and have to check."

Kenya: NHIF Reform Critical to Affordable Health for All in Kenya

27th March, 2019

By Inter Press Service



Cabinet Secretary Sicily Kariuki pushing hard for UHC in Kenya. Credit: MOH Kenya

Nairobi, Kenya — Consider this. One million Kenyans fall into poverty every year due to catastrophic out of pocket health expenditures.

For the almost four in every five Kenyans who lack access to medical insurance, the fear that they are just an accident or serious illness away from destitution.

Ill health is easily the most destructive wrecking-ball to any country's plans for sustainable development, which validates President Uhuru Kenyatta's commitment to deliver Universal Health Coverage (UHC) by 2022, as part of his Big Four development agenda.

The number of Kenyans who continue to suffer from communicable diseases such as HIV/AIDS, malaria and TB, as well as the increasing burden of non-communicable diseases like diabetes, cancer and hypertension, present formidable challenges to the country.

Among the poorest in Kenya, only 3% have health insurance, which is provided by the National Hospital Insurance Fund (NHIF). Among the wealthiest, many who also have private cover, this rises to 42%, indicating again that the poorest are at risk of being left behind even further, and do not have an appropriate safety-net to fall back on.

Investing in UHC is: 1) a moral obligation - it is not acceptable that some members of society should face death, disability, ill health or impoverishment for reasons that could be addressed at limited cost; and 2) a very smart investment - prevention of malnutrition and ill health will have enormous benefits in terms of longer and more productive lives, higher earnings, and averted care costs.

But delivering quality affordable healthcare for all comes at a cost. And this cost should certainly not be carried by those who cannot afford it.

The delivery of UHC requires robust financing structures. When people have to pay most of the cost for health services out of their own pockets, the poor are often unable to obtain many of the services they need, and even the rich may be exposed to financial hardship in the event of severe or long-term illness. Pooling funds from compulsory funding sources (such as mandatory insurance contributions) can minimise the financial risks of illness across a population.

Health Cabinet Secretary Sicily Kariuki recently unveiled a team of experts to spearhead radical reforms at the NHIF. This new initiative will build on past efforts at reforming NHIF, which were only partially implemented. The team will analyse the financial sustainability of NHIF, oversee legal and regulatory reforms among other propose organisational reforms to reposition NHIF as a national social health insurance provider and ensure its accountability and transparency.

The realization of UHC in Kenya will only be achieved if the Government of Kenya will increase its budget allocation towards health and lead solid health system strengthening initiatives - as for example the NHIF reform - to increase efficiency, effectiveness and accountability within the health sector.

The health system strengthening initiatives currently on their way in Kenya are critical, yet exciting, and require "all hands-on deck" and much collaboration.

The Government of Kenya can count on the support of the World Bank, and United Nations family as its development partners.

Within the United Nations Development Assistance Framework (UNDAF) 2018-2022 for example, the human capital development pillar (which includes health) is receiving the largest share of human and financial resources - and rightly so, as we recognise the importance of supporting the Country to realise the vision of UHC by 2022.

The World Banks' Transforming Health Systems for Universal Care Project for Kenya is improving utilization and quality of primary health care services with a focus on reproductive, maternal, new-born, child, and adolescent health services. Supporting health financing reforms is a key component of this project. Under the recently approved Kenya Social and Economic inclusion Project (with US\$ 250 million IDA credit and US\$ 70 million of DFID grant), the Bank is supporting the Government to systematically enrol and register National Safety Net Program beneficiaries in the NHIF through an established referral mechanism.

The Government of Kenya is aligning forces as well with the private sector. Through the United Nations's SDG Partnership Platform, the Government has already been identifying and scaling up transformative primary health care partnerships through galvanising support from the private and philanthropic sectors.

The successful delivery of the NHIF reform will demonstrate Kenya's ability to efficiently pool revenues to cover for a healthcare package with essential services for all Kenyans, at all ages. This again will enhance confidence to join and invest in NHIF and create opportunities within the health sector to develop new partnership models for the

delivery of care which all will help the Country to make rapid strides towards the realization of UHC.

Kenya can lead the way in realising Universal Health Coverage - and we stand with Kenya to "Deliver as one" and leave no one behind.

Siddharth Chatterjee is the UN Resident Coordinator to Kenya.

Felipe Jaramillo is the World Bank country director for Eritrea, Kenya, Rwanda and Uganda, based in Nairobi

Kenya: 9 Hospitals Under Probe for Detaining Patients

28th March, 2019

By Nairobi News (Nairobi)

The Ministry of Health has formed a special team to probe nine hospitals over cases of patients being detained for failing to pay their bills.

The investigations, which will also look into the detention of bodies over mortuary fees, will be carried out by a technical team set up by the Health Principal Secretary Susan Mochache and is expected to make recommendations within 10 days.

The hospitals being probed include Kenyatta National Hospital, Moi Teaching and Referral Hospital, the Nairobi Hospital, the Aga Khan University Hospital, Mater Hospital, National Spinal Injury Hospital, Mathari National Teaching Referral Hospital, Nairobi Women's Hospital, and Nairobi West Hospital.

DETENTION CLAIMS

According to the PS, the ministry had to authenticate the detention claims and work on ways to provide solutions to such scenarios not to happen in the future.

"The team will establish the policies and mechanisms in place to deal with emergency admissions and patients who are unable to meet their bills at the time of discharge," Mochache said.

This comes days after Citizen TV revealed exposed how some 20 women were detained at the Kenyatta National Hospital on Monday.

Uganda: 30 People Hospitalised Following Measles Outbreak

28th March, 2019

By The Monitor (Kampala)

In Summary

- He said they have started a measles immunisation campaign in the district. The Kagadi District Health Officer, Mr. James Olwo, on Tuesday said samples from patients which were recently sent to the virus research institute in Kampala for further analysis tested positive for measles.

Kagadi — More than 30 people especially children have been hospitalised following measles outbreak in Kagadi District.

The measles outbreak has been reported in Rugashali and Mabale sub-counties.

Ms. Naster Tumwine, a medical worker at a local clinic in Rugashali town, said the

affected parishes include Rugashali, Yerudani, Buhumuro and Ndeeba.

"It has been reported that the epidemic has been spread by students studying at Rugashali Secondary School but hailing from Bukyinda-Kyangwali in Kikuube District. We have so far registered at least 30 patients here," Ms. Tumwine said.

She added that the patients are responding to medication but the number is increasing daily.

Mr. Medias Mutume Kakwavu, the female councillor for Ndeeba Sub-county said residents have resorted to use of local medicines.

"We have confirmed the increasing numbers of measles patients. This is because these people could have missed immunisation during childhood. We are using cow dung and mushrooms to treat the disease. The government should come in and immunise the children," Mr. Mutume added.

The Kagadi District secretary for health, Mr. John Alibankoha, told Daily Monitor on Tuesday that the outbreak is spreading to other areas.

"I monitored the outpatient departments of several health centres and found out that most of the registers have measles patients," Mr. Alibankoha said.

He said they have started a measles immunisation campaign in the district. The Kagadi District Health Officer, Mr. James Olwo, on Tuesday said samples from patients which were recently sent to the

virus research institute in Kampala for further analysis tested positive for measles.

"We are waiting for the Ministry of Health to organise mass immunization because it is not only here," Mr. Olwo said.

About measles

Measles is a highly contagious, serious disease caused by a virus.

Signs and symptoms. The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus, and lasts four to seven days. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a rash erupts, usually on the face and upper neck. Over about three days, the rash spreads, eventually reaching the hands and feet. The rash lasts for five to six days, and then fades. On average, the rash occurs 14 days after exposure to the virus (within a range of seven to 18 days).

Statistics. Before the introduction of measles vaccine in 1963 and widespread vaccination, major epidemics occurred approximately every 2-3 years and measles caused an estimated 2.6 million deaths each year. Approximately 110 000 people died from measles in 2017 - mostly children under the age of five years.

Uganda: Government Has Title for Lubowa Hospital Land - Muhakanizi

28th March, 2019

By The Monitor (Kampala)

Kampala — Government fully owns the land in Lubowa, Wakiso District, where an International Specialised Hospital is to be constructed, the Permanent Secretary in the ministry of Finance has said.

Speaking at a press conference in Kampala yesterday, Mr. Keith Muhakanizi said the title for the land is in the names of the Ministry of Health.

Mr. Muhakanizi said the land was legally acquired by government and given to the Joint Clinical Research Centre, a portion of which has been transferred to the MOH.

This is despite an ongoing dispute in the Land Division of the High Court where the family of the late Buganda prince, Yusuf Suuna Kiweewa, claims he was the lawful owner of the land, having obtained it pursuant to the 1900 Buganda agreement.

But Mr. Muhakanizi insisted that the land belongs to the government.

"Should there be issues on the land, government will sort it out. But for now, government has a firm title as confirmed by the Ministry of Health," he said.

Early this month, Parliament approved the construction of the specialized hospital amid opposition from a section of MPs.

Government seeks to borrow \$379.7m (Shs1.3 trillion) for the hospital, an amount sections of the public say is too expensive for the taxpayer.

Project cost

Mr. Muhakanizi said there is value for money, adding that the project cost is \$249m, inclusive of a 264-bed hospital, an 82-room budget hotel, a 500-seater conference hall, a health training school and staff housing.

"The additional \$129.81m represents the time value of money or interest cost of payment that government has to incur as a result of repaying FINASI-ROKO Construction over six years. This \$129.71m represents an effective interest of 6.49 per cent," he said.

Mr. Muhakanizi also said the hospital will be managed for eight years after construction by the International Specialised hospital of Uganda Ltd, which is owned FINASI International Group which is partnering with Pope John the 23rd Hospital in Baergamo.

In a March 25 notice of interest in disputed land to the managing director of Finasi-Roko Construction SPV Ltd, the administrators of the land state that their great grandfather, the late Omulangira Yusuf Suuna Kiweewa was the lawful owner of the land having obtained it pursuant to the 1900 Buganda agreement.

The notice was addressed to the managing Director of Finasi-Roko Construction SPV Limited and copied to the Attorney General.

Court documents show that in 2015, the administrators of the late Prince Suuna sued five companies jointly with the Attorney General over alleged perpetuation of fraud in connection with illegal acquisition of 1834.143-acre piece of land at Lubowa.

The complainants state that the late Prince nor the administration of his estate ever effected any transfer to the successive purported transferees, including the current registered owner of block 296 plot 2772.

The land case

In court, the Uganda Company Holdings Limited, the National Housing and Construction Corporation Ltd (NHCC), National Social Security Fund (NSSF), Mitchell Cotts Uganda Limited and Roofings Limited are accused of acquiring land through fraudulent registration.

It is alleged that the Uganda Company Holdings used forged documents to bring itself on the title and issued fraudulent title deeds to members of the public while NHCC allegedly obtained a title on an unsurveyed land and colluded with the registrars to be registered as a proprietor. Court documents indicate that NSSF purports to have bought 87 acres from NHCC in 2003 but it is currently claiming for 565 acres at Lubowa Estate.

It is alleged that Roofings Ltd purported to have purchased land measuring seven acres but ended up claiming large tracts to which it does not have a lawful title.

Mr. Robert Friday Kagoro, one of the lawyers in the case, said the case is pending hearing and determination by court.

Ugandans Welcome Male Pill

28th March, 2019

By The Monitor (Kampala)



Kampala — A male family planning pill that passed initial human safety tests in a study has excited Ugandans, a country with one of the fastest growing populations in the world.

The National Planning Authority data indicates that Uganda's population is growing at 3.3 per cent annually, making it the highest in East Africa and third in the world.

Kenya's growth rate stands at 2.5 per cent, Burundi (3.2 per cent), Tanzania (3.1 per cent) and Rwanda at 2.4 per cent.

At a medical conference in Seattle, US, early this week, a team of scientists revealed that they had developed a capsule that can suppress hormonal levels, thereby reducing the production of sperm and testosterone.

"The goal is to expand contraceptive options and create a menu of choices for men like we have for women. We are neglecting a major potential user population with the limited options currently available to men," Stephanie Page, a professor of medicine and co-senior investigator on the trial at the

University of Washington, was quoted by the Guardian newspaper as saying.

Another researcher on the team, Prof Christina Wang, was quoted by the BBC saying: "Our results suggest that this pill, which combines two hormonal activities in one, will decrease sperm production while preserving libido."

Such findings, Dr. Ekwaro Obuku, the president of Uganda Medical Association, said is good news and gives another option of how to control births.

"This pill expands options for planned parenting and diminishes the risk of side effects common in existing methods," Dr. Obuku said.

He, however, warned that "cultural aspects become important for acceptability of this men's pill".

"In patriarchal societies, men would less likely play this role effectively. Sensitisation of boys, young and older men would improve uptake," Dr. Obuku said yesterday.

Dr. Haruna Mwanje, a gynaecologist at Mulago hospital, was also optimistic that a pill that is swallowed once daily, is easy to adhere to. He particularly appealed to men to consider family planning seriously as a tool for family proper.

"It takes two to tangle and currently, it is mainly women who have been taking the lead in family planning," Dr. Mwanje said, adding "It is not that every time a man goes to have sex, he is looking for a child. Some do

it for pleasure and I think this pill is welcome."

Current methods

Currently, condom use, vasectomy, abstinence and withdrawal are the methods available for men.

Ms. Esther Namitala, a social worker, termed the innovation "brilliant". "It will speak to men who are hesitant or scared to go for the permanent method [vasectomy]. However, knowing most men's egos, it will require a lot of sensitisation for them to embrace the pills," Ms. Namitala said.

Mr. David Mwayafu, a scientist, said: "It will require a lot of sensitisation on the pro and cons of male pills. Every innovation is good if it's acceptable by the beneficiaries and has no side effects to the users."

Mr. Herbert Kafeero, an activist, also believes in massive sensitisation if the pill is to be embraced by men. According to a Family Planning Progress Report released three years ago, the demand for family planning is growing and from 2012 to 2016, 613,000 women requested for a modern contraceptive method for the first time. This demand for contraceptives prevented 595,000 unintended pregnancies in 2016, according the report.

About the pill

The pill is being tested by La BioMed and the University of Washington. Participants in the trial experienced mild side-effects such as decreased sex drive and erectile

dysfunction. The trial involved 40 healthy men and lasted for one month.

The drug works by blocking the production of hormones called LH and FSH that are needed to make sperms, according the Guardian.

Kenya: Pumwani Hospital to Launch First Human Milk Bank

29th March, 2019

By Capital FM (Nairobi)



The Pumwani Maternity Hospital is on Friday set to launch a human milk bank, expected to be a first of its kind in the country.

The initiative will help babies who cannot get breast milk from their mothers for reasons such as death, poor health or absence.

The bank is a joint initiative by the Ministry of Health and PATH, a US-based nonprofit health organization.

East Africa: EAC Ministers and Top Officials Convene in Kigali to Strategize

29th March 2019

By The New Times (Kigali)



East African Community (EAC) Council of Ministers and head of the body's organs will Friday convene in Kigali to brainstorm, plan and strategize on how better the bloc can deliver on its objectives and mandate.

At a retreat that will be held at the Kigali Convention Centre, the bloc's leadership will among other things review, discuss and adopt a report containing recommendations and the timeline of their implementation.

According to a programme, President Kagame, who is the current Chairperson of the six-nation bloc, is expected to open the retreat and deliver a keynote address.

With Rwanda as the current East African Community, the retreat presents an ideal opportunity to mobilize support and focus on key initiatives.

According to the retreat's concept note, the officials will seek ways to fast track the integration and cooperation on issues such as Customs Union and Common Market.

The officials will also review and seek to improve the financial and administrative management of the East African Community organs to increase efficiency and effectiveness.

The summit will also seek to include and involve more stakeholders in the integration process such as the private sector stakeholders who have often decried low involvement in multiple initiatives.

Among the topics likely to feature prominently at the retreat include the low involvement of private sector in integration initiatives, which players have often said has locked them out of opportunities.

Speaking at the recent Africa CEO Forum, Tanzanian businessman Ali Mufuruki lamented that most of the drivers in EAC integration have been political and not as business-oriented which has left little impact on businesses.

For instance, he questioned why there had been lots of efforts on initiatives such as political federation and monetary union and not on more impactful interventions such as movement of labour and skills.

Other missed opportunities in the bloc include slow progress by member countries to adopt Single African Air Market policy which has potential to increase performance of regional airlines.

The financing of the bloc by member countries is also likely to feature as there has been persistent complaints on delayed or defaulted contributions, which has affects the implementation of priority programmes.

According to the programme, the regional leaders are also expected to participate in Umuganda to be held on Saturday at Nyanza Genocide Memorial in Kicukiro District.

Kenya: Condoms Worth Sh10 Million Destroyed After Failing to Meet Quality Standards

29th March, 2019

By Capital FM (Nairobi)



The condoms destroyed were in two batches of Fiesta Stamina and Fiesta big black condoms which failed to comply with tests of freedom from holes and specification for thickness test, respectively

Fiesta brand of condoms valued at Sh10 million have been destroyed for failing to meet quality standards.

The condoms destroyed were in two batches of Fiesta Stamina and Fiesta big black condoms which failed to comply with tests of freedom from holes and specification for thickness test, respectively.

The exercise undertaken by Deep Kumar Tyagi Healthcare International Limited was overseen by the Pharmacy and Poisons Board.

In a statement, the board has cautioned members of the public and health workers including establishments like chemists and pharmacies to be vigilant and report any suspected poor-quality medicines and suspected drug reactions.

Kenya: Centric Air Ambulance Lands in Kenya's Emergency Medical Evacuation Industry

29th March, 2019

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Centric Air Ambulance Director Mr. Satwinder Reel and Centric Air Ambulance CFO Mr. Ismail Yakub during the Centric Business to Business launch held at the

Serena Hotel in Nairobi on the 26th of March 2019.

Nairobi — Centric Air Ambulance LTD has officially touched down in the Kenyan emergency medical evacuation business.

Centric Air Ambulance held its business to business launch at the Serena Hotel in Nairobi early this morning.

The event played host to insurance firms, NGO's, parastatals, hospitals and corporates in a bid to officially introduce Centric Air Ambulance into the market by creating awareness of the company and its service offering.

The launch was officiated by Centric Air Ambulance CEO Peter Nduati together with the whole Centric Air Ambulance senior management team.

Centric Air Ambulances aims to spread its wings across Africa and the globe by providing different emergency evacuation packages to its target audience.

Centric Air Ambulance manages all aspects of the medical transfer process by coordinating with the patient's physician, departing and receiving facilities and insurance provider.

The 24/7 communications center coupled with Centric's experienced flight crews provides real-time updates during emergency evacuations.

Centric Air Ambulance consist of qualified and professional staff who uphold professionalism and ethics in their practice.

Centric Air Ambulance LTD senior management consists of Dr. Steve Mainda as the Chairman, Peter Nduati as CEO, Betty Omune as COO, Jeremy Gitau as Chief Medical Officer and Wanjiku Njoroge as commercial manager among other senior management members.

Speaking during the launch Centric CEO spoke on the benefits of aeromedical evacuation services. "In the modern day we live in medical services are held dear to most of us, the need for quality and reliable medical services is on the rise.

It is with this in mind that Centric Air Ambulance comes into play. When distance, speed and patient condition are beyond the capabilities of a ground ambulance or commercial flights; aeromedical evacuation is the next best and only solution to saving lives.

Not only does it guarantee timely and professional emergency response it also

enables treatment and stabilization of patients on site and on transit. Said Nduati

Centric Air ambulance boasts an array of both fixed wing and rotor wing (Helicopter) aircrafts, all of which are accredited. Under the fixed wing aircrafts, Centric utilizes the Citation Sovereign 680, Citation Excel 560, Citation Bravo 550, King Air 350 and finally a King Air 200.

Under the Rotary Wing Centric Air Ambulance consists of 2 helicopters namely the H125 and the H145.

This brings the total number of aircrafts under the Centric Air Ambulance fleet to 7.

All aircrafts are fully equipped with the necessary medical equipment and technology required for emergency evacuation. Centric Air Ambulance provides rapid and compassionate aeromedical transport of patients who are critically ill or injured

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