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Health Business

For the latest health industry news, insights and analysis

Pandemic exposes gaps in provision of care to critically ill

Also Inside

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Novo Nordisk Driving Change to defeat diabetes

Vinay Ransiwal, Novo Nordisk General Manager

Briefly explain who is Novo Nordisk?

Novo Nordisk is a leading health care company headquartered in Copenhagen Denmark. Our purpose is drive change to defeat diabetes and other serious chronic conditions such as obesity and rare blood and endocrine disorders. We do by pioneering scientific break throughs, expanding access to our medicines and working to prevent and ultimately cure diseases.

Novo Nordisk has more than 95 years' experience in innovation and manufacturing of insulin, this is in line with commitment to changing diabetes by availing quality insulin which improves patient's lives. At least half of the world's insulin is from NN of which 28M patients depend on it across 175 countries.

When did NN start its operations in sub-Saharan Africa (Middle Africa)

Nairobi Kenya is the headquarters of Novo Nordisk Middle Africa affiliate and our journey has been progressive as well as equally rewarding. Our work in the region started in the early 2000s covering few countries like Ghana, Nigeria, Sudan, Kenya, Mauritius and Zimbabwe. Currently the affiliate has expanded and we have employees based in 17 countries out of the 49-country expanse comprising the region.

The focus area is diabetes care and management through provision of affordable and quality insulin, training of health care providers and empowering of patients and community on diabetes through awareness creation, screening and education. As a company our purpose is to drive change to defeat diabetes and other serious chronic diseases such as obesity and rare blood and endocrine disorders. We work in partnership to develop scalable and sustainable solutions that increase access to diabetes care

Driven by our purpose to defeat diabetes we have two flagship projects, Changing Diabetes in Children (CDiC) and the Base of Pyramid (BOP). Through our strategic partnerships these projects bring all elements of necessary diabetes care closer to the people living with diabetes who need it while building capacity for the diagnosis and treatment of type 1 & type 2 diabetes at the community and country level. These elements include patient education, access to quality care by trained healthcare professionals, best practice sharing, increased awareness of diabetes through screening and early diagnosis, stable and affordable supply of insulin and strengthening existing healthcare systems. To achieve this, public-private partnerships are key.

As Kenya joins other countries in marking the World Diabetes Day on November 14, how is Novo Nordisk assisting in the fight against the disease?

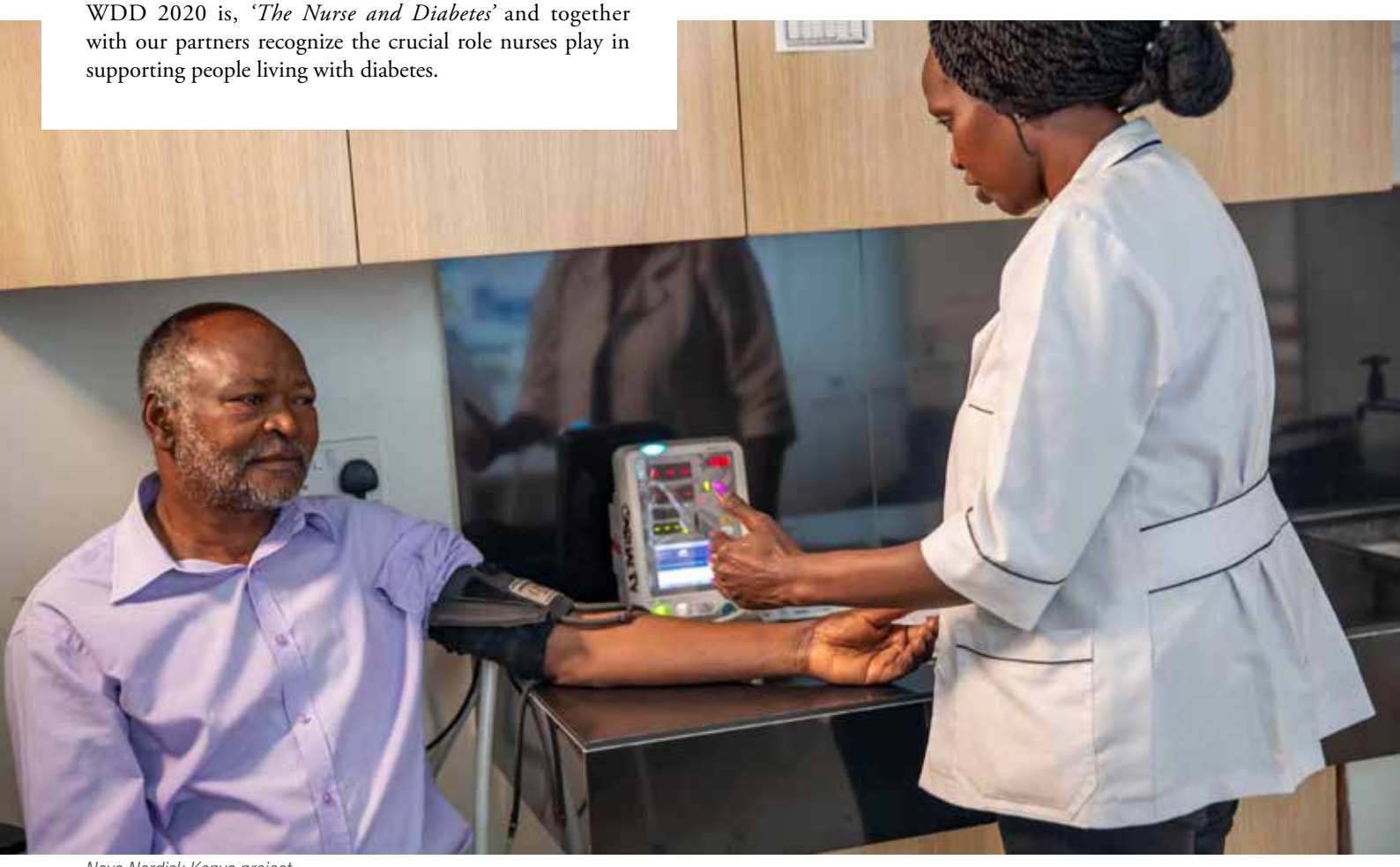
With our partners we are having activities in driving awareness and screening for diabetes. These activities include webinars, round table meetings with health journalists, diabetes walks, participation in diabetes symposiums,diabetes conferences/workshops among others. The theme of the WDD 2020 is, '*The Nurse and Diabetes*' and together with our partners recognize the crucial role nurses play in supporting people living with diabetes.

What is the role of NN in the provision of insulin in the country?

We work closely with our partners in the supply chain to ensure that we have optimal stock of insulin in the country to avoid any disruptions to the patients. Through our projects we work in partnership to increase the accessibility of the commodity and at an affordable price both in the private and public sector. The beneficiaries in the CDIC project get insulin at no cost.

What are some of the achievements has Novo Nordisk achieved in the fight against diabetes in Kenya?

Referring to the elements of necessary diabetes care I had alluded to in the earlier question, we have together with our partners worked together to elevate diabetes in the NCD agenda in the country. We have worked with our partners towards a comprehensive diabetes care with the objective of improving the health outcomes for the patients living with diabetes. We have achieved to avail quality affordable insulin through supply chain optimization in the BoP project.



Novo Nordisk Kenya project

Novo Nordisk Kenya project

Any challenges in the fight against diabetes?

- Low levels of awareness of diabetes among the general population
- Late diagnosis and complications of diabetes
- Healthcare cost associated with the management of diabetes.
- Double burden of disease i.e. the rise of communicable and non-communicable diseases in the country considering the current state we are in with the COVID-19 pandemic

Vinay Ransiwal, Novo Nordisk General Manager

What are some of Novo Nordisk's proposed future—if any— in the fight against diabetes in Kenya?

Continued partnership with our existing and potential partners toget closer to the patients and continue improving Access to Care by expanding patients access to insulin and strengthen capacity to treat diabetes. We will continue with our flagship project and also increase our scope of partnership to increase our reachto close the gap as well as reach more undiagnosed patients. Diagnosis and proper management of diabetes at an early age is crucial for prevention complications. Our activities will focus on prevention aimed at bending the curve of diabetes, access and affordability and innovation to improve patients' lives until we defeat diabetes.

Editor's Note

Editorial Guidelines

- We are here to serve an audience of industry insiders.
  - Our goal is to be the first place they turn when they need information and analysis.
- We are an independent business news monitor. Editorial will remain independent.
  - We will be transparent with our audience. We will disclose sponsorship relationships.
  - We won't trade advertising for editorial coverage. Sponsors will not be able to dictate editorial decisions.
  - Advertising will be clearly distinguished as such.
  - Non-published content will not be shared or discussed outside the company.
  - We won't invest directly in public companies that we cover.
- We will engage directly with our audience and within the industry.
- We will be accountable for our coverage.
  - We will explain and clarify our coverage.
  - We will admit and correct mistakes immediately.
- We will find and link to the best sources of information available.
  - We will give credit where it is due.
- We are platform agnostic.
  - We will be where our audience is - online, email, twitter, or in-person.

There is need to urgently improve critical care

2020 has wrought many challenges, especially for the health sector, exposing gaps in provision of care to Kenyans. The Coronavirus pandemic has demonstrated the need to improve critical care.

As the coronavirus crisis continues to wreak havoc in the country, the need for accessible, critical care support services has never been more acute. However, even before the pandemic, Kenya's critical care system was already failing to meet people's needs.

The pandemic has exposed the mismatch between needs and available care, in particular specialist care and the workforce needed to run it.

Available data shows (see cover story) that only a few hospitals in the country provide critical care, with people in the rural areas highly disadvantaged and forced to travel long distances to access the services. Counties are facing critical ICU bed shortages along with personnel shortages.

While the country has increased the number of ICU beds since March, lack of human resource is a major hindrance towards access to service delivery.

From the early days of the pandemic, the availability of ICU beds — and hospitals' ability to treat people who need life-support equipment like ventilators to breathe — has been an important benchmark for whether the devolved health systems can handle outbreaks.

Our ability to care for critically ill patients in intensive care units (ICUs) has been thrust into focus during the COVID-19 pandemic. Ventilators and 'surge capacity' have become common topics of conversation.

The Ministry of Health indicated that Kenya had only 189 ventilators countrywide as of June 2020 to treat critical care COVID-19 patients.

The challenge of COVID-19 remains, and a peak of admissions to ICUs in Kenya remains a certainty. We need to prepare for this by investing more heavily in the staff and infrastructure that ICUs require.

In order to ensure that we can provide critical care to our patients, those suffering from Covid-19 and other diagnoses, the country needs to invest in the staffing and infrastructure to provide it.HB

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Health Business invites our readers to react and send feedback on our stories and coverage. The magazine welcomes your feedback on our social media platforms or through an email to the editor. Beginning in the next issue, we will sample and publish some of our audience views. Health Business is committed to fulfilling our audience needs.

Contents

Train more nurses to provide support to people living with Diabetes, govt told

By David Kipkorir

The NCD Alliance has asked the Kenyan government to honor its commitment to recognize and advance the role of nurses in diabetes prevention, treatment and care as the globe grapples with COVID-19.

Commemorating the World Diabetes Day 2020 last month, the Alliance is urged both county, national governments and healthcare organisations to invest in the recruitment and training of more nurses so that they can provide the best possible support to people living with diabetes.

This year's theme was 'Nurses: Make the Difference for Diabetes'.

The NCD Alliance recognized that nurses are at the heart of the country's healthcare and vital in supporting people living with diabetes and other chronic conditions.

The areas the alliance want the Kenyan government to tackle include quality nursing education, investment in the recruitment and retention of nurses and maximizing the contribution of nurses in providing preventative and primary care among others.

Diabetes is a lifelong condition that develops when the body does not make enough insulin or is not able to use the insulin produced effectively or both.

The Ministry of Health (MOH) records indicates that between 2 per cent to 5 per cent of Kenyans are living with Diabetes. In Kenya, 60 per cent of the adult population living with diabetes remains undiagnosed. The majority have type 2 diabetes and resides in urban areas and are of working age.

Meanwhile, the World Health Organisation (WHO) in conjunction with the International Diabetes Federation (IDF) has called for an investment in education and training for nurses as Coronavirus Disease 2019 (COVID-19) is set to increase the burden of diabetes disease in Kenya.

IDF urged the global health community to increase the number of nurses trained and employed by 8 per cent a year to overcome alarming shortfalls in the profession by 2030.

The UN Health agency estimates that the prevalence of diabetes in Kenya at 3.3 per cent and predicts a rise to 4.5 per cent by 2025. However, it says two-thirds of diabetics may be undiagnosed.

It also estimates that the total investment required to achieve the targets outlined in the Social Development Goals (SDGs) by 2030 stand at 3.9 trillion USD – 40 per cent of which should be dedicated to remunerating the health workforce.

Recently, the Ministry of Health (MOH) revealed that most of patients who died from COVID-19 had diabetes, hypertension or both.

It warned those with the conditions to exercise caution.

The MOH director-general of at MOH Dr. Patrick Amoth has been quoted saying that chances of dying from COVID-19 if one has both diabetes and hypertension are very high unlike if one has only one of the conditions.

The director-general observed that fewer people living with HIV/AIDS in Kenya had died from COVID-19 due to the anti-retroviral drugs they are taking, which helped boost their immunity.

Recent statistics show that just over half a million adults were living with diabetes in Kenya in 2019. About 40 per cent were unaware of their condition. Deaths from cancer are estimated at 7 per cent while cardiovascular diseases account for 13 per cent. HB

KNH launches microbiology laboratory to expand pathogen identification capability

By Samwel Doe Ouma | *@samweldoe*

Dr Mercy Mwangangi CAS MoH and Dr Evanson N. Kamuri CEO KNH cuts a ribbon to launch the new KNH microbiology laboratory

Jacqueline Karachi, Biomerieux Kenya, Area Business Manager Central Eastern Africa

Kenya's biggest publicly funded hospital-Kenyatta National Hospital (KNH) –launched a newly equipped microbiology laboratory able to carry out rapid pathogen identification and Antibiotic Susceptibility Testing -ID/AST.

According to Dr Loice Achieng, Infectious Diseases Specialist and head of Antimicrobial Stewardship Committee, KNH, physicians' lack of knowledge on local susceptibility patterns has been cited as one of the top causes of Antimicrobial resistance (AMR).

"There is lack of adequate diagnostics microbiology in the country not very many laboratories in Kenya have adequate culture techniques to help in detecting and identifying infectious processes," Dr Achieng said.

Dr Achieng told Health Business that the newly installed microbiology laboratory fully equipped with ID/AST will help in microbial identification, Infection control and expected to provide solutions towards AMR in Kenya.

She added that ID/AST would help in Antimicrobial-resistant data generation and sharing so that hospitals can share data on resistant and likely organisms.

"If a patient with a resistant microbial is treated in this hospital, leave and goes to another hospital that doesn't know their history, it means that the other hospital will be exposed to the resistant gene and cannot protect its other patients," Dr Achieng explained.

She added that "The other hospital will also not think of appropriate antibiotic to treat the resistant gene, so the aim of microbiology labs now will be to enable data sharing on resistant microbial across hospitals and the country to have a database that will tell

where the patient is coming from and the likely organisms that they have to help in developing AMR prevention guidelines for different institutions."

The spread of antimicrobial resistance (AMR) is creating a new generation of 'superbugs' that cannot be treated with existing medicines. Leaving AMR unchecked has financial implication and also impacts global health, food sustainability and security, environment, and socio-economic development.

Speaking at the event Maurice Buliva, PATH International, said that the KNH microbiology laboratory, supported by the Fleming Fund, will help in culturing specific bacteria, conducting susceptibility testing, and managing data.

"The Fleming Fund has invested in both human and animal laboratory capacity building by supporting training, data management systems, laboratory equipment and biosafety through five partners namely Kenya Medical Research Institute (KEMRI), University of Nairobi (UON), Agha Khan University hospital, International Livestock Research Institute (ILRI) and Washington State University," Mr. Buliva said.

He added that the project aims at equipping laboratories to pinpoint where the resistance problems are through automation.

So far, the grant has helped in upgrading six human health laboratories at Thika Level five, Machakos level five, Jaramogi Odinga Teaching and Referral hospital, Coast Provincial General Hospital, Moi Teaching and Referral Hospital and Kenyatta National Hospital.

According to Jacqueline Karachi, Biomerieux Kenya area Business manager Central Eastern Africa, BioMerieux, the world leader in the field of in-vitro diagnostics, measuring and monitoring microbial use is an important component of efforts to control the emergence of antimicrobial resistance (AMR).

She said that Biomerieux has collaborated with all sectors looking into AMR and through Fleming Fund-UKAID/DFID, will install base of equipment in Kenya linked to AMR.

"The newly launched KNH Microbiology laboratory has been equipped with a mass Spectrometry System for rapid pathogen identification, the VITEK MS, an automated blood culture machine BACT ALERT VIRTUO and VITEK 2 for both identification and antibiotic susceptibility testing," Jacqueline said.

She explained that VITEK MS is part of BioMérieux's comprehensive and complementary range of ID/AST solutions for Microbiology . Together, VITEK MS for identification and VITEK 2 for antimicrobial susceptibility testing will provide seamless integration and the flexibility needed to optimize laboratory workflow and support appropriate antimicrobial treatment decisions.

The equipment will assist infection control specialists to analyze potential outbreak scenarios on-site within minutes after cultivation. It will also help clinicians charged with caring for patients with infection, clearly drive therapeutic decision-making.

Bob Kayiera, Product & Application Specialist at BioMérieux, explained that microbiology system will offer simple, rapid, safe and reliable identification of medically important pathogens, providing clinicians with actionable results to better manage infections.

The major benefit of VITEK MS is fast turn-around-times (TAT) required to provide actionable results for timely infection control decisions.

"The combination of VITEK MS and VITEK 2 provides confidence in reporting results with speed and accuracy for routine diagnoses, unusual or resistant organisms, or critical clinical situations," he said adding, "VITEK MS does rapid identification in a minute while BACT ALERT VIRTUO does detection in less than two hours."

BioMérieux provides diagnostic solutions -systems, reagents and software- that determine the source of disease and contamination to improve patient health and ensure consumer safety. Its products are used for diagnosis of infectious diseases, detecting microorganisms in agri-food, pharmaceutical and cosmetic products. HB

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ILRI Launches One Health Research, Education and Outreach Centre in Africa- OHRECA

By Samwel Doe Ouma | *@samweldoe*

The global animal health research group-International Livestock Research Institute (ILRI) -has established a One Health research, education and Outreach Centre in Africa (OHRECA) in Kenya's capital, Nairobi, to enhance the health of human, animals and the environment in the continent.

According to Dr Bernard Bett, Team leader OHRECA, the centre funded by the German Federal Ministry for Economic Cooperation and Development (BMZ), will develop capacity and support One Health network initiatives across Africa by developing pathways from research evidence to government policies to practices on the ground.

"The One Health Centre is much needed in Africa because it will support applied operational research, build capacity on One Health, diseases control, surveillance and responses on one health initiatives," Benard Bett said in a webinar ahead of its launch in Nairobi.

"Through ILRI's well-established and on-going research for development activities in emerging infectious diseases, controlling neglected zoonoses, food safety and reducing antimicrobial resistance (AMR), OHRECA will link national and international stakeholders to build capacity, through research, education and outreach by drawing on the state-of-the-art research facilities of several centre's of excellence operating within ILRI," he added.

These state of the art facilities include ILRI's Mazingira Centre, whose work is focusing on the environment and climate change at the livestock interface. The CGIAR Antimicrobial Resistance Hub, research for development partnership that is reducing agriculture-associated AMR. The Biosciences eastern and central Africa Hub, a platform that is increasing access to affordable world-class research facilities for capacity building, training and development, he further explained.

'One Health' is a collaborative, multi-sectoral and transdisciplinary approach that works at the regional, national and global levels to achieve optimal health for humans, animals and their shared environment. The One Health approach is particularly relevant in food safety, combating AMR and controlling zoonoses.

According to Dr John Kiiru, senior scientist at the Kenya Medical Research Institute (KEMRI) and representing the recognition of the threat of emerging and re-emerging zoonoses led to the realization that zoonotic diseases require horizontal approach as opposed to the vertical approach we offer today.

He adds that Kenya's Ministry of Health is keen on expanding and fostering One Health approach by strengthening monitoring and response to zoonotic disease risks via a multisectoral and transdisciplinary collaboration.

"OHRECA will open avenues for exploring knowledge on zoonoses," he said.

The One Health Research, Education and Outreach Centre in Africa -OHRECA- launched at ILRI on the 22 October 2020 at a time when COVID-19 has disrupted the world leading to the loss of life and crippling of the global economy.

The current pandemic highlights the threat posed by zoonotic diseases and the need to apply a One Health approach because the health of people is interconnected to the health of animals and their shared environment. HB

Kenyans warned against irrational use of antimicrobials

By Pauline Achieng' Tom | *@pauline_tom*

Kenyans are warned against the use of antibiotics unless prescribed by a physician, while healthcare practitioners challenged to only prescribe antibiotics based on diagnostic evidence.

Speaking at an event mark this years' World Antimicrobial Awareness Week at Kenyatta National Hospital (KNH), Ministry of Health director of Public health, Dr Francis Kuria urged members of the public and physicians to always ensure prudent use of antibiotics as misuse can cause antibiotic resistance.

"Azithromycin is one of the most commonly overused and misused antibiotics in Kenya as it the most sought out over the counter without prescriptions and also overused healthcare settings, its continued (mis)use is a major public health threat," said Dr Kuria.

Discovery of antibiotics was one of the most celebrated achievements of modern medicine in the 20th century. With the advent of 'Golden era of antibiotics', human life-expectancy has significantly increased by the cure of previously fatal infections.

However, almost half a century after the introduction of this ' arsenal of drugs', the emergence of stubborn, resistant microbes is the biggest threat we are facing right now.

Antimicrobial resistance is defined as a decrease in susceptibility of a microorganism to an antimicrobial agent to which it was previously sensitive.

The World Health Organization (WHO) stress that antimicrobial resistance(AMR) can make common infections harder to treat by accelerating the risk of disease spread, severe illness and death.

AMR occurs when bacteria, viruses, fungi or parasites change over time and no longer respond to medicines, posing a public health threat.

It occurs when there is an overuse or misuse of medicines in humans, livestock and agriculture. It can also occur as a result of poor access to clean water, sanitation and hygiene.

While the Pharmaceutical Society of Kenya (PSK) called for rational use of antibiotics urging pharmacists to uphold moral and professional obligations while performing their duties.

PSK says that inappropriate antibiotics prescriptions and dispensing have increased the risk of AMR and calls for the total implementation of antibiotics' guidelines.

In 2016 a study revealed that Kenya is experiencing high levels of antibiotic resistance, including high rates of resistance for respiratory, enteric and hospital-acquired infections, indicating that many available antimicrobial regimens such as penicillin and contrimoxalzole are unlikely to be effective against common infections.

Kenya Medical Association (KMA) President Dr Andrew Were Onyino said that there is an urgent need for a multisectoral approach to combat overuse and or misuse of AMR puts everyone at risk.

"Drugs are sold and dispensed inappropriately and health care practitioners have a crucial role to play," he said adding that "AMR awareness prevention and control efforts should begin at medical training levels."

Dr Ndinda Kusu, country project Director USAID Medicines Technology and Pharmaceutical Services(MTaPS), said that everyone has a responsibility to preserve efficiency and effectiveness of antimicrobials through rational use to protect our patients from multi drug-resistant infections and reduce hospital cost for people being treated for AMR strains thus reducing wastage of resources.

Prof. Titus Munyao Chair Department of Medicine University of Nairobi stressed on the need to intensify antimicrobial stewardship and laboratory in identifying the trends that will aid in prevention and control of resistance.

World Antimicrobial Awareness Week celebrated annually from 18th-24th November highlights growing AMR challenge and encourage best practices among the general public, health workers and policymakers to avoid the further emergence and spread of drug-resistant infections. HB

Novartis, Heart Centre and University of Nairobi Enterprises & Services (UNES) Join Forces to Transform Cardiovascular Care with Ultrasound device in Kenya

By Samwel Doe Ouma | *@samweldoe*

Novartis, University of Nairobi Enterprises & Services (UNES) Ltd and The Heart Centre have joined forces to improve prompt diagnosis of hart conditions in Kenya.

Through an initiative called Echo for life, the three institutions aim at training Physicians to accurately diagnose cardiac cases and provide Counties with the highest burden of heart diseases with Echocardiography diagnostic device, Butterfly iQ™ .

According to Racey Muchilwa, Head of Novartis sub-Saharan Africa region, the partnership will improve the accessibility of Echocardiography and also enhance cost-effective access to noninvasive cardiovascular imaging diagnosis in the country.

"There has never been a better time to collaborate to strengthen healthcare systems, broaden patient access and build physicians capacity as the world combats COVID-19," Racey Muchilwa said.

The over 30 Butterfly iQ™ ultrasound devices donated by Norvatis were handed to UNES and The Heart Centre to equip trained doctors who have no access to essential ultrasound equipment, particularly in rural areas across the country.

According to Dr Ephantus Maree, Ministry of Health, Head of Non-communicable Disease unit the enormous gaps in cardiovascular diagnostics makes most patients present themselves to facilities when their conditions have worsened.

Dr. Fred Bukachi, a cardiologist and Director at the Heart Centre. Show casing the 30 Butterfly iQT ultrasound devices

"The partnership is in line with the Universal Health Coverage (UHC) policy since it will improve access and affordability of cardiovascular diseases treatment," he said.

He adds that economic burden cost by cardiovascular conditions treatment in Kenya is approximated to be Sh 31 billion.

Currently, the cost of an echo ranges between Sh5000-8500, but with the donated ultrasound devices, costs will be significantly reduced to about Sh1500, hence improving affordability and access for patients.

Speaking during the launch Dr Fred Bukachi, a cardiologist and Director at the Heart Centre, said that one in every four people in Kenya has got elevated blood pressure according to the Kenya Stepswise survey.

Racey Muchilwa, Head of Novartis sub-Saharan Africa region

"Diagnosis is critical for treatment outcomes, particularly for cardiovascular conditions and without proper training, late management could be fatal," Dr Bukachi said.

"The Butterfly iQ™ ultrasound can diagnose cardiac conditions and at regular intervals, provide information on response to treatment, adherence and other parameters that would improve patient outcomes. With 100 echos done per device per month, we expect a significant change in the individual health of the patient as a diagnosis will be received faster, without the need to travel hundreds of kilometres."

While Seith Abeka, the Acting Managing Director of UNES Limited said that Public-private-partnerships are crucial for innovative thinking and joint action to strengthen our healthcare systems through capacity building.

"Partnerships will mark an incredible milestone that not only equips frontline doctors with cutting-edge diagnosis equipment but also with the necessary expertise to bring quality care, particularly to the underserved communities in Kenya," Abeka noted.

As part of the partnership, 115 healthcare professionals trained in Cardiac Diagnosis and Echocardiogram across the country since February 2018. Previously, in 2017 and 2018, there were only 20 doctors who could do echocardiograms. Out of the 115, Novartis has sponsored 70 doctors, while various county governments or self-sponsorship funded the rest.

"With this training, the trained doctors, most of whom are based in primary levels of care, will have access to crucial imagining of each of the chambers of the heart, measure the cardiac wall thickness and determine the heart function in cases of reduced output," Dr Bukachi added.

The program aims to reach at least 36 000 patients per year.

The Butterfly iQ™ handheld portable ultrasound devices connected to a mobile phone enable imaging of body organs and tissues at the convenience of a patient, moving away from the bulky and expensive standard echocardiogram equipment.

A recent WHO survey also revealed that shutting or slowdown in services for non-communicable diseases (NCDs) is likely to worsen patients' underlying conditions, leading to more severe cases. Additionally, people with heart disease are, in fact, at a much-increased risk of dying from COVID-19 infection. HB

Butterfly iQT ultrasound devices

Kenya on Track in fight against HIV/AIDS-Report

By Pauline Achieng Tom | *@Pauline_Tom*

At least 41,408 people were newly infected with HIV with more than 20,000 deaths reported in 2019 due to HIV-related causes according to data from the World AIDS Day report 2020.

According to the report, Kenya has made significant strides between the year 2012 to 2020 in its fight against HIV and AIDS with reported 57 per cent reduction in HIV/AIDS related deaths while Prevention of Mother to Child Transmissions (PMTCT) coverage of 94 per cent and 47percent decline in HIV incidences.

"Kenya through government intervention and other stakeholders has made great strides towards ending the AIDS epidemic these efforts are yielding fruits with Kenya being the benchmark for other nations seeking to benchmark on matters HIV/AIDS," the report reads in part.

Speaking during the World AIDS Day, Joshua Gitonga, Head Monitoring and Evaluation at National AIDS Control Council, said that the 2020 report reflected encouraging statistics and the big steps the country has made towards HIV prevention and care.

"I appreciate the tireless efforts made in putting together the 2020 World AIDS Day Report and the HIV response at large. Kenya has seen tremendous progress in the HIV response despite the challenges posed by the COVID-19 pandemic. With a drop in the HIV prevalence rates from 6.3 per cent in 2014 to 4.5 per cent in 2019, our efforts are bearing fruits" he said.

Western counties comprised of Homa Bay, Kisumu, Siaya, Migori and Busia counties are leading in the prevalence rate in the country.

It further says that HIV/AIDS is the leading cause of death and morbidity among adolescents and young people in Kenya with at least 2,621 adolescents and young people reported dead from AIDS in Kenya in 2020.

A review of the sources of these infections by the Kenya Modes of Transmission study revealed that 62 per cent of all new infections were among the 15-29-year-olds with 15-24-year-olds contributing 42 per cent.

However, the Study show that more girls than boys use condoms at their first sexual encounter.

It states that Chronic complications, such as diabetes, hypertension and other non-communicable diseases put PLHIV at a higher risk than COVID-19.

While Kenya has had a low number of reported COVID-19 cases and low mortality of 1.8 per cent, PLHIV has still been greatly affected by government posed curfews, lockdowns and restricted mobility these factors have undermined their efforts to access health services and strengthen existing testing programs.

Due to the impact of COVID-19 pandemic testing volumes have fallen 32.9 per cent between March and April 2020. Community testing decreased by 71 per cent amidst travel and meeting restrictions.

This is especially dangerous given that 316,828 people don't know their status yet and almost 317,919 people living with HIV are not yet on treatment.

Nelson Otwoma, Executive Director at NEPHAK recognized the impact of COVID-19 on HIV and AIDS response.

He added that the COVID-19 pandemic presents Kenya with a unique opportunity to appreciate what works.

"This report brings out the impact of COVID on PLHIV and what works well for the response. The communities remain steadfast in supporting the HIV and AIDS response," he said. HB

Govt attributes COVID-19 gender disparity to risky behaviour among men

By David Kipkorir

The novel coronavirus pandemic has affected all countries globally.

However, data from Kenya's Ministry of Health (MOH) indicate that more men are being infected as compared to women.

Dr Patrick Amoth, the Director-General at MOH attributed the gender disparity in Kenya to the increasing number of cases to more risky behaviour exhibited by men such as ignoring physical distancing, washing hands and not taking symptoms seriously.

He said there are postulations that the risky behaviour of men makes them predisposed to infection and hence the high risk of developing the comorbidities.

"In terms of hygiene, men tend to wash their hands less frequently compared to women", revealed the DG.

Behavioural differences such as smoking, that can compromise immunity and affect the level of pre-existing diseases like heart disease are believed to have a huge impact on the outcome from infections such as coronavirus.

Currently, what is apparent is that in many countries, more men have contracted the Covid-19 virus than women have, and the pandemic has claimed more men's lives than women have.

Daily statistics posted by the World Health Organisation (WHO) from China, Italy, and the United States show that men appear to experience more severe symptoms and die of the disease at greater rates than women, with deaths possibly up to 20 per cent higher.

A survey by *Health Business Magazine* attributed the gender parity in Kenya to the increasing number of cases from cross-border drivers.

Kenya recorded a spike in the number of Covid-19 cases in July, with most of the new infections from cross-border truck drivers.

However, researchers globally tend to agree that there is currently no scientific evidence that justifies why more men contract Covid-19 than women do.

"But one of the strong assumptions we have is that it is because men are more mobile than women, so they carry a higher risk of infection than women," said a group of researchers in a recent report published in *Frontiers in Public Health journal* that investigated the severity and mortality of the Covid-19 virus in different genders.

As of November 29, 2020, most of the confirmed coronavirus (COVID-19) cases in Kenya were concentrated in Nairobi.

In the entire country, the number of coronavirus cases amounted to 83316, 54975 recoveries and 1452 deaths.

The statistics are from the Ministry of Health and contained in the daily COVID-19 media briefing in the capital Nairobi.

The country is one of only seven African countries that have reported more than 20,000 COVID-19 cases.

It is the worst affected by the pandemic in the East African region, followed by Ethiopia.

Kenya confirmed the first case of Coronavirus disease (COVID-19) on March 12, 2020, since the beginning of the outbreak in China in December 2019.

The case was a Kenyan citizen who travelled back to Nairobi returning from the United States of America via London, United Kingdom on March 5 2020.

The National Influenza Centre Laboratory at the National Public Health Laboratories of the Ministry of Health confirmed her positive. HB

Africa might not get COVID vaccines until mid-2021

By David Kipkorir

AstraZeneca vaccine candidate offered "the best possibility for distribution in Africa...

More than 21 million tests have been conducted across Africa's 54 countries...

African authorities have begun distributing 2.7 million antigen tests throughout the continent...

Africa Centers for Disease Control and Prevention (CDC) has revealed that the continent might not get COVID-19 vaccinations until the 2nd quarter of 2021.

The Director of the Africa CDC John Nkengasong told reporters that "I have seen how Africa is neglected when drugs are available" in the past.

He said that HIV drugs were available globally in 1996 but it took a decade for people on the continent to access them.

"It will be 'extremely dangerous' if more developed parts of the world vaccinate themselves and then restrict travel to people with proof of vaccination", he said.

Nkengasong warned that it's clear the second wave (of infections) is ravaging the continent of 1.3 billion people.

Africa has already surpassed 2 million confirmed coronavirus infections.

The continent's top public health official said Africa will need about 1.5 billion doses, assuming two per person, to reach the 60 per cent coverage needed for herd immunity.

The Africa CDC is "very, very encouraged" by promising news from a handful of COVID-19 vaccines in clinical trials, though the cold storage needed to roll out some of them in Africa will be a major challenge, Nkengasong said. He cited such logistics in his prediction for when vaccinations in Africa will begin.

He said so far the AstraZeneca vaccine candidate offered "the best possibility for distribution in Africa" because its temperature storage conditions were less strict than others. Shots being trialled by Pfizer and Moderna have to be kept at extremely cold temperatures.

Positive interim results from three candidate vaccines have bolstered global confidence that there is an end in sight to the pandemic. But not all of these vaccines are appropriate for a roll out in the African context.

The Africa CDC has been discussing vaccine options with Russia, China and others as it seeks not to be left behind in the race to obtain doses.

"The worst thing we want for the continent is for COVID to become an endemic disease in Africa," he said.

African authorities have begun distributing 2.7 million antigen tests throughout the continent, which according to Nkengasong is "perhaps a game-changer" that allows for faster and easier

More than 21 million tests have been conducted across Africa's 54 countries.

In a separate briefing, World Health Organization's (WHO) Africa chief, Matshidiso Moeti, has said the goal is to vaccinate 20 per cent of the population on the continent by the end of next year.

However, it has issued a warning that study of the 47 sub-Saharan African countries in its region found that only just under half or 49 per cent, have "identified the priority populations for vaccination and have plans in place to reach them," and just 24 per cent have adequate plans for resources and funding.

The UN health agency has also revealed that it cost more than $5 billion to roll out a COVID-19 vaccine in Africa to priority populations alone— and that doesn't include the costs for delivering the vaccines.

"The largest immunization drive in Africa's history is right around the corner, and African governments must urgently ramp up readiness," Moeti said in a statement. HB

Every move counts towards better health – says WHO

By Mike Mwaniki

The World Health Organization says up to 5 million deaths a year could be averted if the global population was more active.

In a new report titled "WHO guidelines on physical activity and sedentary behaviour" launched on November 25 2020—at a time when many people are homebound due to COVID-19—emphasizes that everyone, of all ages and abilities, can be physically active and that every type of movement count.

The guidelines recommend at least 150 to 300 minutes of moderate to vigorous aerobic activity per week for all adults—including people living with chronic conditions or disability—and an average of 60 minutes per day for children and adolescents.

According to WHO statistics, one in four adults, and four out of five adolescents, do not get enough physical activity. Globally this is estimated to cost $54 billion in direct health care and another $14 billion to lost productivity.

The guidelines encourage women to maintain regular physical activity throughout pregnancy and post-delivery. They also highlight the valuable health benefits of physical activity for people living with disabilities.

Older adults (aged 65 years or older) are advised to add activities which emphasize balance and coordination, as well as muscle strengthening, to help prevent falls and improve health.

"Regular physical activity is key to preventing and helping to manage heart disease, type-2 diabetes, and cancer, as well as reducing symptoms of depression and anxiety, reducing cognitive decline, improving memory and boosting brain health," the guideline says.

The WHO Director-General, Dr Tedros Ghebreyesus observes: "Being physically active is critical for health and well-being – it can help to add years to life and life to years."

All physical activity is beneficial and can be done as part of work, sport and leisure or transport (walking, wheeling and cycling), but also through dance, play and everyday household tasks, like gardening and cleaning.

On his part, the WHO's Director of Health Promotion, Dr Ruediger Krech notes: "Physical activity of any type and any duration can improve health and wellbeing, but more is always better. And, if you must spend a lot of time sitting still, whether, at work or school, you should do more physical activity to counter the harmful effects of sedentary behaviour."

At the same time, the Head of the Physical Activity Unit which led the development of the new guidelines, Dr Fiona Bull says: "These new guidelines highlight how important being active is for our hearts, bodies and minds, and how the favourable outcomes benefit everyone, of all ages and abilities".

WHO encourages countries to adopt the global guidelines to develop national health policies in support of the WHO Global action plan on physical activity 2018-2030.

The plan was agreed upon by global health leaders at the 71st World Health Assembly in 2018 to reduce physical inactivity by 15 per cent by 2030. HB

Opinion

COVID19: A chance to build resilience in Maternal Health

By Dr Steve Adudans | *@SteveAdudans*

Recently, a mother was captured on camera delivering at the gate of a health facility after allegedly being turned away by a security official in what was explained as blocking new patients from the facilities as part of the COVID-19 containment measures.

While the lady in question was later attended to, the case illustrates how at their most vulnerable hour, pregnant women and their infants are suffering, not from COVID-19, but from the consequences of crumbling health care systems and the secondary effects of the pandemic.

Epidemics, natural disasters, and other crises have shown us, time and again, that we need to rethink how we design, develop and deliver essential services around the world for higher quality care for the most vulnerable and greater health system resilience.

Today, pregnant women, new mothers, newborns, and young children face a potentially deadly paradox: receiving essential medical care may put them at risk of COVID-19, but they could also be endangering their health if they do not receive care.

If they do decide to seek care, they often face health care systems in danger of collapsing under the strain of a pandemic. This is especially true in low- and middle-income countries where maternal and newborn mortality remains unacceptably high.

In Kenya, there are reports that up to 50 per cent of women are either shunning health facilities for fear of contracting the virus or cannot access the services. COVID-19 preys on the same health system failings that generally lead to poor outcomes for mothers and their babies.

The response to the crisis must go beyond getting "back to normal." Normal isn't good enough. This health system disruption is an opportunity to redesign essential services for women, infants, and children for better quality care that is person-centred — where women are respected, informed and engaged in decision-making. These systems need to be more able to withstand the next inevitable disruption.

This is the time to adapt available yet underutilized innovations. These can leverage existing platforms and approaches, like exploring and adapting telemedicine and using mobile technology to link patients to providers and less experienced providers to remote experts. Medical hotlines have been used successfully to provide referrals and help disseminate timely information that can be customized to the month of a woman's pregnancy or the age of her child; in some areas, these systems are being adapted for COVID-19.

Alternative care models that provide virtual or home-based care for eligible pregnant women, with flexible schedules based on an individual woman's medical history and preferences, can help desaturate busy clinics and improve system efficiency.

It is also an opportunity to strengthen at-home and community-based care — delivered locally through community health workers, potentially using mobile technology, which can help ensure women are better connected to care throughout their pregnancies and afterwards.

Issues with PPE bring up a clear opportunity to strengthen supply chains. Gloves, gowns, masks, soap, and water should all be part of basic care. Investment in and focus on stable supply chains for these critical supplies will help address evolving COVID-19 needs, ensure future preparedness, and deliver essential quality care.

This is an opportunity for government, researchers,

and academic institutions, program implementers, the tech sector, and policy and advocacy organizations — to seize this opportunity. We must invest time, energy, and resources into designing solutions that can mitigate the consequences of the pandemic, build resilient systems, and catalyze lasting change — a change that finally welcomes newborns and new moms alike with the high-quality care they deserve. HB

Dr Adudans is the Executive Director, Center for Public Health and Development

COVID ENDS IN 2020, and other lies we tell ourselves

By Wendy Sigey

2021! The year of hope. Every Kenyan speaks of their plans for the new year. We all have high hopes for this new year. We will start travelling in 2021. Our children will resume school in 2021 January. "I can't wait for this new year honestly. I will start that business *sasa.*"

2021, is expected to be better than its older brother 2020. We are not even thinking of things not going as we plan. I think at this point, we have seen that things could really change drastically and without preparation for all kinds of seasons, we will suffer. 2020 has shown us that we really don't know as much as we thought we did.

Let's start with education. Our children have been home since March. At first, many thought it would be temporary, maybe a month or two at most. Shock on us! We are now in December and we are so conflicted about whether we are ready to have our children in schools or not.

With them in school, then aside from fees, we have to cater for their masks. With the way things have been set up this year, we may not really all be able to afford to have them wearing masks daily. You know how they lose uniform all the time, imagine a surgical mask. How will our schools be able to handle social distancing? If adults are incapable of the same, how do we expect our children to do better? If we decide to keep our children at home, then, more mischief. We have heard of all kinds of cases of teenagers partying, getting pregnant and even children getting lost. Every day on our social media timelines we see a missing child report. We help circulate and spread awareness. Some of these children are found, other, we are not so sure. Let me burst your bubble, COVID-19 is not going to disappear on 31st of December 2020 the way it came. We will have to either shape up, or ship out.

When it comes to jobs, a lot of Kenyans have lost their jobs during this time. It has been rough. Companies had to issue pay cuts and even fire many since they could not sustain their employees while keeping the companies and businesses afloat. Since, by now we have established that we will have to learn how to deal with this virus and live with it, at least before we get the vaccines, many will have to think of ways of sustaining themselves. Here is where our creativity kicks in. People will have to change careers and create employment for themselves and others. We have witnessed many people come up with all kinds of businesses during this time. So it has not all been thorns we have seen a few roses here and there. This year has been the year where we had to take a mandatory pause. We were forced to stay home. With our children, spouses, families and others alone. A tough one for many. However, that pause has been a wakeup call for any to change their ways of living and to start living their best lives every day.

Your mental health is your responsibility. Staying at home has come with its challenges for many. It can be brutal and sometimes home is not a safe haven. We have seen rise in cases of gender based violence and even suicide cases among many among others. Unfortunately, when it comes to mental health, as a nation we still have a long way to go. We still makes jokes about toxic masculinity yet, our men need to be encouraged to speak more and seek help when in need. Despite, the baby steps we are making by creating awareness on this issue and circulating helplines to help those who would be in need, one's mental health, is their responsibility. It has to come from within. One has to want to get help. The situation may not change as we think it will, it could get worse, however, that is not meant to discourage anyone. It is important to prepare themselves mentally and financially incase this goes on for a long time and start working towards living our best lives with COVID among us! Remember to wear your masks, sanitize and try maintaining social distance. HB

Pandemic exposes gaps in provision of care to critically ill

By Samwel Doe Ouma | *@samweldoe*

On November 15th, Kenya woke up to the news of the death of Matungu Member of Parliament Hon. Justus Murunga after he collapsed in his rural home, the MP was rushed to Matungu Subcounty Hospital but he could not be admitted because there was no oxygen.

According to his family report, his condition worsened when he was being transferred to St Mary's Mission Hospital where he was pronounced dead.

Following the incident, Members of Parliament proposed that they should be provided with emergency helicopters to evacuate them to the best facilities in case of such emergencies.

The death of the MP in his rural county opened the lid on the state of disparity of health facilities outside the big towns.

With the onset of COVID-19 and the likelihood of many Kenyans being admitted to hospitals and intensive care unit, there is paucity of data on resources needed and available to care for a potentially overwhelming number of critically ill patients, many of whom may require mechanical ventilation.

According to Dr Steve Adudans, Executive Director Centre for Public health and Development (CPHD), there is need to urgently improve critical care, as it will have a significant effect on the burden of disease and effects of ill health in the country.

"The fundamental shortcoming in intensive care unit (ICU) care is the mismatch between needs and available care, in particular specialist care and the workforce, from doctors to technicians needed to run it," he said, adding that even though most counties have done well in upgrading their facilities, some are also lagging.

However, Dr Adudans says, only a few hospitals in Kenya provide critical care and or ICU services with people in rural areas being disadvantaged, as they are forced to travel a long distance across rugged terrains to seek ICU services.

Most counties are facing "critical ICU bed shortages along with personnel shortages," he adds, "Critical care has become a hot topic, in Kenya despite the exponential rise of COVID-19 infections and fatalities. Critical care capacity is still very weak, as there are shortages of intensive care unit (ICU) beds, specialist personnel, and medical resources."

Kenya Medical Practitioners and Dentist Council (KMPDC) says that the country has a total of 826 ICU beds against a population of over 47 million Kenyans as at 30th, October 2020 an improvement from 153 which existed in March before the onset of Coronavirus in the country.

Even with the increase in the number of ICU facilities, KMPDC cites lack of human resource to run the equipment as a major hindrance towards access to service delivery.

From the early days of the pandemic, the availability of ICU beds — and hospitals' ability to treat people who need life-support equipment like ventilators to breathe — has been an important benchmark for whether the devolved health systems can handle outbreaks.

The four Western counties of Kakamega, Busia, Vihiga and Bungoma have 26 ICU beds in total as at October 2020 supposed to serve a population estimated at six million people according to the 2019 national census.

The Ministry of Health indicated that Kenya had only 189 ventilators countrywide as of June 2020 to treat critical care COVID-19 patients.

Governors reported, in a recent Governors summit, that 11 out of 47 counties in Kenya had less than five ICU beds. The ICU beds are found in level four, five and six facilities in public health facilities.

Dr Adudans adds that although the World Health Organization (WHO) recommends that every hospital performing surgery and anaesthesia must have an ICU, most ICU facilities in Kenya are located in major towns and cities.

"Critical care is not disease or age-specific and includes triage and emergency medicine, hospital systems, quality of care and Intensive Care Units," he explained.

Emergency Medicine Expert, Dr Benjamin Wachira, says that only components of emergency care infrastructure exist but not connected by systems.

Dr Wachira explains that many gaps exist from prehospital care to emergency evacuations to facilities with designated emergency care departments with requisite infrastructure to take care of emergencies.

He cites lack of emergency toll number, public ambulance system and better-equipped casualty and emergency departments in many health facilities across the country as some of the challenges hindering ability to access quality emergency care in most cases.

"Emergency care starts in prehospital setting; most of the first responders lack basic first aid techniques and there is lack of system structure, resources, transportation, trained healthcare providers and initial care at the scene," Dr Wachira.

He adds that despite the existence of emergency medical services technicians and paramedics (EMT) and institutions that train them, they are not recognized as medical professionals in Kenya and mostly are unlicensed and not certified. There are no national standards or regulations on their training.

In many instances, prompt provision of emergency care and rapid movement of patients from the scene to a health-care facility can save lives, reduce the incidence of short-term disability and dramatically improve long-term outcomes.

According to Mr Fred Majiwa, St John's Ambulance head of program and communication, most emergency services are disintegrated; members of the public who require timely emergency services cannot easily access the emergency services platform.

there should be at least **ONE** ambulance per **70,000** to **100,000** people

"There is need to regulate ambulance services in Kenya. There is a fragmented system in place to attend to the emergencies as different Hospitals in the country provide different telephone numbers for their ambulances. The existing fragmented system falls short of meeting demand," Majiwa said.

According to the World Health Organisation (WHO), there should be at least one ambulance per 70,000 to 100,000 people. The purpose of an ambulance is to reach any place within 15-20 minutes after the distress call and transport the patient to a health facility within 20 minutes.

Care of acutely ill people with emergencies, whatever their cause or consequence may require an ICU set up.

Although Critical care often based in a defined geographic area of a hospital called an ICU, its activities often extend beyond the walls of the physical space to include the emergency department, hospital ward, and follow-up clinic.

Severe infections such as all types of pneumonia including the novel coronavirus, traffic accidents, obstetric complications and surgical emergencies are all common medical problems that require an efficient and well-equipped ICU where specialized care is often required to save lives.

The unparalleled need for intensive care during Coronavirus period has not only challenged clinicians but also brought lessons near home to health care leaders on the optimal management of resources to deliver critical care in their jurisdiction.

President Uhuru Kenyatta recently ordered all Counties to have at least 300-bed capacity as part of the Coronavirus epidemic preparedness, the target has not been achieved so far.

According to a recent study done by a team from the Kenya Medical Research Institute (Kemri), Kenya urgently needs an additional 1,511 intensive care unit (ICU) beds and 1,609 ventilators to cater for a possible one million Coronavirus cases.

In the wake of Coronavirus, acquisition of medical equipment – fundamentally respirators – has been very limited due to the great worldwide demand and the scarce local production of such equipment.

There is also a worldwide increase in the consumption of many drugs commonly used in Intensive Care Medicine. HB

Why Kenya's pro-poor health financing reforms miss their mark

By Dr Edwin Barasa and Dr Evelyn Kabia

Kenya has made several reforms in recent years intended to expand health service coverage to a wider population, and with a specific focus on the poor, and to reduce financial hardship due to healthcare costs.

The first of these reforms, in 2013, was the abolition of user fees at public primary healthcare facilities. The second, announced the same year, made maternity services free at all public facilities. This was upgraded in 2017 to a publicly funded health scheme for pregnant women and infants managed by the National Hospital Insurance Fund (NHIF).

Third was the introduction of a health insurance subsidy for the poor in 2014. Under this programme, the government fully subsidises the National Hospital Insurance Fund premiums for selected poor households with orphans and vulnerable children, elderly people, and people with severe disabilities. This enables access to outpatient and inpatient care at participating public, private for profit, and faith-based health facilities.

The evidence from low- and middle-income countries shows that the rich rather than the poor tend to benefit more from public spending on health. Kenya is no exception despite health financing reforms that target the poor. For example, the effective coverage of maternal and child health interventions is estimated at 62 per cent for the wealthiest quintile and 37 per cent for the poorest. The health insurance coverage is estimated at 39per cent for the richest quintile compared to 3 per cent in the poorest.

Similarly, the incidence of catastrophic health expenditure is five times higher (10per cent) in the poorest quintile compared to the richest quintile (2per cent). Despite the poor having the highest disease burden, they have limited access to care when they need it. Barriers to care may involve individual, household, or community factors, or factors in the health system itself.

To get a better understanding of these factors in Kenya, we conducted a study to assess the experiences and perceptions of the poor with health financing reforms that target them. This we did in two counties, one urban and one rural. We interviewed people in the poorest quintile drawn from the health and demographic surveillance systems, and those from households identified by the government as poor and registered for the health insurance subsidy programme.

What we found is that the removal of user fees or full subsidisation of insurance premiums doesn't fully eliminate financial barriers. This is partly due to poor implementation of health financing policies. People still have to pay out of their pockets for some healthcare, and face numerous other access barriers.

What we found

Geographical accessibility: The location and distance to health facilities have been shown to influence the utilisation of health services. For poor people living in rural areas, long distances to health facilities were a key access barrier. This was compounded by poor road conditions which worsened during the rainy seasons, limited means of transport especially at night, and high transport costs.

For example, some facilities contracted by the national hospital insurance fund were located far from registered users of the subsidy programme. The pro-urban distribution of health facilities, especially hospitals, has also been shown to limit access to care for the poor, elderly, and people living in rural areas.

Availability of care: Overall, health financing reforms reduced financial barriers and improved access for the poor. But some health facilities suffered stock-outs of medicine and medical supplies. Sometimes medical equipment was lacking or not working. This limited the care received.

Shortage of drugs forced the poor to incur out of pocket payments. When this was not enough, they were forced into borrowing or purchasing incomplete doses or none at all. Public health facilities also suffered from healthcare worker shortages, absenteeism, and frequent strikes. During the healthcare worker strike in 2016/17, which lasted for 250 days, some people didn't even seek care.

Affordability: This was limited by the continued levying of a registration card fee at some primary health facilities. Laboratory services, injections and some other services also came at a fee. The poor also made informal payments to get treatment, skip long queues and obtain drugs that should have been provided for free.

Such informal payments disproportionately affect the poor.

Finally, delayed funding to health facilities serving subsidy beneficiaries forced them to incur direct costs to access services that were already covered.

Acceptability of care: Some of the poor reported receiving less attention and feeling discriminated against by healthcare workers because of their low socio-economic status. Some private providers also gave preference to patients who paid in cash over health insurance subsidy beneficiaries.

The absence of effective grievance redress mechanisms made the poor feel voiceless. Poverty influences people's ability to express themselves. This is evidenced by the fact that some poor people felt as if they didn't have the right to complain. This is partly because health services were provided to them at no cost. Others felt that they were at the mercy of healthcare providers because if they complained then the health workers would stop attending to them.

What needs to be done

The overarching message is that policies that are intended to be pro-poor do not always benefit the poor. The design and implementation of such policies therefore requires a framework for monitoring that pays particular attention to who eventually benefits from these policies and identifies the barriers faced by vulnerable groups. Course correction measures during design and implementation should hence include addressing potential and actual barriers faced by vulnerable groups.

The article was first published in The Conversation

Understanding of low back pain with recent evidence

By Dr. Bhavan Bhavsar (www.bhavanbhavsar.com)

MSPT, MIAP, FMT, CET, DFM – FIFA, Fellowship in Stroke & neuro rehabilitation, LASCH (UK), ASNR (USA).

Everyone's body is different, so a one size fits all pose probably isn't going to help you...

While most of the low back pain individuals are looking for physical ailments of health, professionals forget to deal with motivational-affective and cognitive factors which are at most important...

Almost everybody will experience low back pain at some point as it is part of everyday life like getting tired, feeling sad or getting a cold. While some episodes of low back pain can be severe and frightening, most people recover from the episode reasonably quickly and often without the need to see a health professional for treatment.

Pain is "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage".

One should understand the new definition of pain which is recently revised by IASP which concludes that it is not necessary to have tissue damage to have pain. Let's look back at history and see where the terminology pain popularizes from. During the world war, medicos receive soldiers with complaints of extreme pain as the nails poking in feet but unfortunately while assessing, the nail never crosses the shoes to hurt the feet. From their perspective pain cannot always be from our damaged tissues.

Pain is not an intrinsic quality of raw sensation; it is a way of perceiving an experience....

Low back pain is highly prevalent and places a considerable burden on individuals, their families, and communities globally. Clinicians and researchers addressing back pain should be aware of the cultural, social, and political context of back pain patients and how this context can influence pain perception, disability, and health care use.

Person's presented dysfunctional beliefs associated with the intensity of pain, anxiety, depression and mainly disability, with a probable influence on the treatment. Thus, it requires targeted interventions and specialized educational programs for every subject with low back pain.

Let's talk about posture, which fashionable terminology used these days to mimic the businesses. Posture is less about how we look and more about how we feel. Everyone's body is different, so a one size fits all pose probably isn't going to help you. Many of the recent evidence also suggests that posture is not always correlated with imposed pain. So, standing, sitting or any particular act of action is highly individual and poorly reproducible thus one should not fight for one posture strategy for management of particular pain. Pain is giving away message to our body to protect breaking it away.

Most of the pain happens when we do something abruptly or do something for too long without preparing our body for the same.

Similarly, the medicines we call "painkillers" are not very effective at treating low back pain and often come with significant side-effects. Paracetamol, anti-inflammatories and even opioid medicines are not better than a dummy pill in studies of low back pain. They do not speed up your recovery and have greater potential for harm. Most importantly, pain medicines shouldn't be used as a standalone treatment nor as a long-term solution.

Most people believe that an x-ray or MRI will identify the cause of their low back pain and lead to a better treatment plan. However, strong evidence shows that rare and serious disease is present in only approximately one per cent of people with low back pain and a scan is only essential if it is suspected that the person is in this small group. Furthermore, a clinician should be able to identify signs and symptoms which suggest serious illness. Critically, usage of scans can lead to worse, not better, outcomes when used too frequently.

Invasive treatment like surgery is rarely an option for mechanical low back pain. Almost all international guidelines recommend it be avoided for a considerable period to allow adequate time for either natural recovery or recovery using non-surgical approaches, like exercise. Unfortunately, many people are sent for surgeries too quickly which involve more cost, more risk and importantly do not seem to improve outcomes.

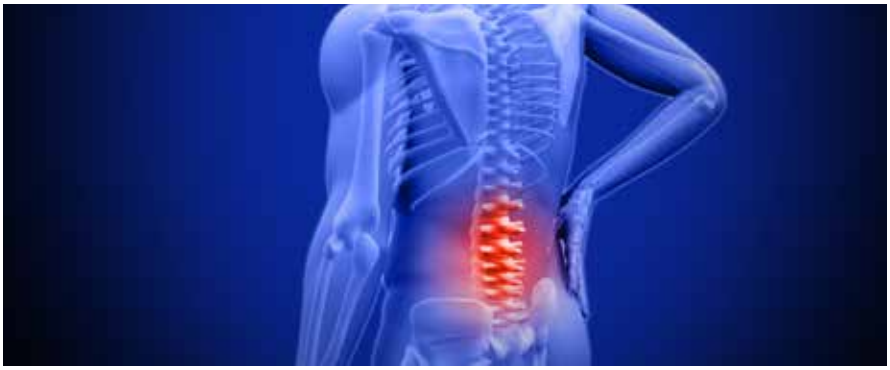
Our body works as a chain perspective and is made to move dynamically. Most of the time low back pain individuals are told to rest or so call bed rest for a few weeks and discouraged to do normal mobility which is again not correct as per the recent evidence. A person with low back pain without red flags or profound pathology are encouraged to do purposeful movements to prevent deconditioning and protective stiffness. Profound rehab professional can guide you to teach profound movements to get rid of this.

While most of the low back pain individuals are looking for physical ailments of health, professionals forget to deal with motivational-affective and cognitive factors which are at most important as mentioned by Melzalk & Wall who have coined the pain gate theory back in 1965.

We rarely feel pain when we are happy. Perception of pain is again vital in pain management and yes, our thoughts impact our recovery from pain. how one interrupt pain can be vital upon how soon one gets the outcome. Understanding of real causes of pain is also important to formulate the profound pain management guidelines. Health professionals also need to teach this concept to the clients for their better outcome. The other way of expressing this is by saying that pain describes the way we experience something, not what is experienced. For example, we say that a tooth is aching, but the ache is not the property of the tooth but is our way of experiencing or perceiving the tooth.

Pain is not an intrinsic quality of raw sensation; it is a way of perceiving an experience.

At last, people with low back pain should not rush into a cycle of over-treatment, once they are happy that they are like most people who get low back pain on and off which isn't driven by a serious disease. Lastly, one should be educated well about the real facts, assess the real causes of pain, teach how to interrupt pain better, stick to purposeful movements and specificity of rehab management can lead to early and long-term care. HB



The writer is a globally trained specialized physical therapist working at M.P. Shah Hospital, Nairobi dealing with newest evidenced-based approaches of pain management.

How ending polio in Africa has had positive spinoffs for public health

By Charles Shey Wiysonge

Director, Cochrane South Africa, South African Medical Research Council

in 1996, formrer South African President Nelson Mandela launched the "Kick Polio out of Africa" campaign...

Healthcare workers need to report all cases of children who experience abrupt weakness of the limbs...

Polio is a highly infectious disease. It's caused by a virus that enters the body through the mouth. The virus then multiplies in the intestine and attacks the central nervous system – causing paralysis.

Polio was one of the most dreaded diseases in the world in the 20th century. Four decades ago, an estimated 350,000 people were paralyzed each year by the poliovirus in more than 125 countries. This led the World Health Assembly in 1988 to adopt a resolution for the worldwide eradication of polio, drawing inspiration from the eradication of smallpox.

The global programme to eradicate polio is spearheaded by a number of actors. These include national governments, the World Health Organisation (WHO), multiple development agencies, and healthcare workers.

The number of people paralysed by polio decreased by 99.9per cent– from 350,000 in 1988 to 175 in 2019...

The strategy involves widespread vaccination as part of routine healthcare services as well as mass vaccination campaigns. Sensitive surveillance to detect and rapidly respond to polio cases is also key.

This initiative has been extremely successful. The number of people paralysed by polio decreased by 99.9per cent– from 350,000 in 1988 to 175 in 2019. During the same period, the number of polio-endemic countries fell from more than 125 to only two: Afghanistan and Pakistan. A country is endemic when there's the widespread circulation of polio.

The latest WHO region to be certified polio-free is Africa. The region was certified on 25 August 2020. The certification came four years after the last case of poliovirus on the continent.

The polio eradication programme in Africa directly combated a severe debilitating disease. But it also provided a platform for broader healthcare services on the continent. Polio eradication created renewed demand for vaccination services and innovative ways to deliver healthcare services.

What does it take to eradicate a disease?

It takes a combination of multiple biological and non-biological factors to eradicate a disease. Only one disease, smallpox, has so far been eradicated.

Polio viruses only survive for a very short time in the environment and there are no animal or insect reservoirs that carry polio viruses. More importantly, effective vaccines exist against polio. Beyond these biological features of polio, the eradication of polio from Africa required sound leadership.

In 1996 African heads of state resolved to stamp polio out of Africa. Then South African President Nelson Mandela launched the "Kick Polio out of Africa" campaign. Thereafter, all-of-society collaborations supporting widespread polio vaccination sprang up across African countries. These involved government departments, the private sector, the civil society, and the community at large to ensure eradication of polio from the continent.

Within national governments in Africa, public service departments worked across portfolio boundaries, formally and informally, to achieve the shared goal of polio eradication. All these efforts culminated, 14 years later, in the certification of the eradication of polio from Africa.

Certification is based on evidence that something has been achieved. In the case of polio eradication, a region only gets certified when all the countries in the area demonstrate the absence of poliovirus transmission for at least three consecutive years in the presence of extremely sensitive surveillance.

Polio surveillance refers to a disease detection system that involves both community and laboratory components.

Surveillance in the community is done by the general public and healthcare workers. Healthcare workers need to report all cases of children who experience abrupt weakness of the limbs. Community members need to report any newly paralysed children in their communities to healthcare services. In the laboratory, the polio virus responsible for any case of polio paralysis is identified and its source determined. Without such high-quality surveillance it would be difficult to locate where and exactly how the polio virus is circulating or to confirm when its transmission has been eradicated.

Twenty years ago, Africa was close to polio eradication; then misinformation surfaced in northern Nigeria about the effectiveness and safety of polio vaccines. This misinformation led some people in the area to refuse or delay polio vaccines. Vaccination coverage dropped, resulting in widespread polio outbreaks in northern Nigeria and beyond. Such misinformation has gained traction on social media.

Avoiding vaccination even when it's available is referred to as vaccine hesitancy. Polio vaccine hesitancy poses significant risks not only for the hesitant people, but also the wider community. It could prevent African communities from reaching thresholds of vaccination coverage necessary to keep polio out of Africa. If a single child remains infected with polio virus in any part of the world, children in all countries are at risk of contracting the disease.

Long-term rewards

Africa's health systems are much stronger because of the investments made. Countries were supported to make life-saving gains. These included increasing access to health care in the most remote places, strengthening routine vaccination systems, and ensuring strong disease surveillance.

Polio's legacy must be built on to achieve other major health goals. HB

The article was first published in The Conversation

The urgent need of the COVID19 vaccine doesn't warrant rushing its approval without proper evaluation

By Dr. Calvin A. Omolo

Assistant pharmaceutics professor United States International University - Africa

Russia approved its COVID-19 vaccine called Sputnik V after supposedly testing on 76 persons...

Recently, one of the leading large Coronavirus vaccine trials by AstraZeneca and Oxford University had to be paused due to a "serious adverse reaction emanating from the vaccine...

COVID-19 has been wreaking havoc on the globe since December 2019. Scientist and pharmaceutical industries have been scrambling to have a cure for the disease. The effort has been futile as the only approved drug that directly targets the virus and approved by the U.S. Food and Drug Administration (FDA) is remdesivir.

Defeating COVID-19 has proven to be difficult as it calls quarantines, social distancing, antivirals and other drugs that cure effects associated by the virus, not forgetting healthcare for the sick and managing the healthcare system so that it's not overwhelmed and lockdowns imposed in some countries.

Most viral infections, vaccines are effective in stimulating the body to induce immunity towards the disease-causing virus. After sequencing and classifying the COVID-19 causing virus fortunately scientist found out that its protein coat could induce immunity. No sooner was this discovery made than most governments embarked in a race to find the vaccine.

There is a lot at stake and cutting corners to deliver a vaccine without proper evaluation could cause more harm than good...

The need for the vaccine has come at the right time because cutting edge biotechnological advances worldwide are reaching maturing and currently, scientists can morph-up a vaccine within a short period.

With these advances, nations have been in an 'arms race' to introduce to the market an effective COVID-19 vaccine. However, according to the Centers for Disease Control (CDC), the general stages of the development cycle of a vaccine includes; exploratory stage, pre-clinical stage, clinical development, regulatory review and approval, manufacturing, and quality control.

Moreover, the Clinical development stage has a three-phase process. Phase I, small groups of people receive the trial vaccine to investigate its ability to induce antibodies in the human body. In Phase II, the clinical study is expanded, and vaccine is given to people who have characteristics (such as age and physical health) similar to those for whom the new vaccine is intended. In Phase III, the vaccine is given to thousands of people and tested for efficacy and safety. Many vaccines undergo Phase IV formal, ongoing studies after the vaccine is approved and licensed. The process is lengthy and take along period, however, in the current conditions due to the need to combat the virus and the need to return to normalcy governments are approving vaccines and medicines to treat COVID19 at speed record times.

Russia approved its COVID-19 vaccine called Sputnik V after supposedly testing on 76 persons. The Trump administration has been pushing for the COVID-19 vaccine to be approved without finishing the Phase III of trials by the end of the year. Similar trend has been witnessed by the Chinese and Indian governments and this is the feeling and the stand of most governments worldwide trying to rescue their economies that have been battered by COVID19.

There is a lot that can go wrong with rushed vaccines. Recently, one of the leading large Coronavirus vaccine trials by AstraZeneca and Oxford University had to be paused due to a "serious adverse reaction emanating from the vaccine. Luckily after a further investigation, it was found out that the side effect was not vaccine related and the clinical trials begun again.

Vaccines are some of the safest medical products, but if not well evaluated they can cause serious side effects in some instances and these effects are often revealed by large clinical trials.

In trials for some diseases like dengue fever administration of vaccines by inducing immunity to the virus of interest, the evoked antibodies may help induce other infections. A vaccine trial against respiratory syncytial virus in 1966, caused more than 80 percent of infants and children who received the vaccine to be hospitalized. Some vaccines could make the disease more severe as they often use weakened viruses, which can become virulent again after mutating.

The need to stick to the whole process of vaccine approval is more important than ever. COVID-19 has seen the maturation of DNA and mRNA technology. This technology instead of using the whole or part of the microorganism to induce immunity, the microorganism is sequenced, and the DNA or mRNA sequences of the microorganism is introduced to the human body and using the human replication process the body codes for part of the microorganism that is responsible for inducing immunity.

COVID-19 vaccines will for the first time ever introduce such vaccines in the market. Both Pfizer and Moderna have developed vaccines that deliver mRNA which is an intermediary between DNA and a protein. Once in the cells, the mRNA will be converted to a protein that is part of the coronavirus, this eventually primes the immune system to recognize and attack the virus. Such technology needs to be properly evaluated as the introduction of the viral DNA or RNA could cause serious genetic issues to the patients if the process doesn't go as planned.

There is a lot at stake and cutting corners to deliver a vaccine without proper evaluation could cause more harm than good. To achieve herd immunity above 68 per cent of the population should have protection of the disease. This means mass vaccination of the public will be needed. If the vaccination is not done right the first time. There will be a loss of public trust and subsequent vaccination program might be successful. Vaccines to be effective there is a need for mass vaccination. If public trust is eroded through the use of unsafe or ineffective vaccines, it will be difficult to convince people to be vaccinated in the future.

Moreover, due to the need of mass vaccination, if a vaccine that cause sickness is used due to lack of proper evaluation will lead to the vaccinated population to be sick and history will repeat itself like the Swine flu vaccine of 1976. HB

MP Shah Hospital aims to boost hospital standard to reduce number of citizens seeking treatment abroad

By Samwel Doe Ouma | *@samweldoe*

Nairobi's Parklands based- MP Shah Hospital- is urging Kenyans seeking specialized treatment services abroad to take advantage of its existing assets in the medical sector in the wake of Coronavirus pandemic seen as era-shaping catastrophe that has come with global travelling restrictions threatening to block that option- to seek cost effective treatments locally.

According to Toseef Din, Chief Executive Officer (CEO), MP Shah Hospital has what it takes to deliver quality healthcare. It offers a good balance of affordability and quality that can be easily achieved locally without enduring the hardships of traveling restrictions in the Midst of COVID-19 pandemic to seek healthcare abroad.

"The coronavirus pandemic has made most doctors to focus on emergencies; most hospitals abroad have canceled appointments, while flight bans have grounded many foreign visitors coupled with additional self-quarantine costs," Toseef said

She adds, "MP Shah Hospital is working very closely with a number of specialists and consultants and the national health Insurance Fund (NHIF) to offer reasonable medical packages with affordable premiums."

The hospital is also pursuing Joint Commission International (JCI) accreditation that would affirm its commitment to maintaining the highest standards in patient safety and in providing quality healthcare in line with international standards.

She adds that Patients seeking for elective surgeries on oncoplastic interventions, Cardiac related issues, Cancer management, Kidney and Organ Transplant, ophthalmology and bariatric surgeries should not travel abroad because they are locally available at MP Shah Hospital.

"MP Shah has been catering to the healthcare needs of patients from the region namely, Somali, Rwanda, Burundi, Uganda, South Sudan and Congo to name a few at very affordable cost She said adding that "the recent Mogadishu bomb blast victims who required specialized surgeries were all airlifted to this facility and were successfully treated."

According to a report tabled by the National Assembly Health committee more than 10,000 Kenyans travel abroad annually in pursuit of medical treatment, spending at least Sh10 billion.

The report further indicates that Cancer patients make up more than 50 per cent of Kenyans going for medical treatment overseas followed by Renal diseases (16.8 per cent), cardiovascular diseases (7.8 per cent) while skeletal disorders account for 3.4 per cent.

Toseef says that the hospital patient centered approach make it possible for its healthcare professionals to talk with the patients on the proposed medical journey especially to chronically ill patients.

Those seeking for elective surgeries are given very short waiting times, she adds.

"Once a patient reaches us we give them ample consultation time to understand their situation well and device on a purpose led journey with goal in mind of providing the best clinical outcome," she said.

The hospital has also invested in advanced medical technologies, minimally invasive and comfort-enhancing medical technologies. HB

Innovations for health in a pandemic: How COVID-19 has shifted health systems at M.P Shah Hospital

By Stephen Macharia

Toseef Din, CEO MP Shah Hospital

When the COVID-19 hit Kenya in March this year, it exerted pressure on private and public health institutions to develop innovations after in-person medical services shut temporarily as patients kept of hospitals for fear of contracting the disease.

At M.P Shah Hospital, innovation has remained top priority in health services delivery at the Hospital, says Toseef Din, the facility CEO. However, the pandemic has catalyzed implementation of technology and telehealth in patient care.

However, even as hospital visits dipped, demand for home based health services increased. The Hospital had to make quick response.

Hit with low numbers of patients, the M.P Shah Hospital adopted multiple digital technologies in a bid to improve the hospital's capacity to respond to home-based care.

"The pandemic accelerated adoption of technology driven delivery of health services at this facility," hospital CEO Dr. Toseef Din told Health Business.

The management implemented a drug delivery system called pharmacy-on-wheels. Using this service, a first of its kind by a hospital in Kenya, patients are able to purchase medicine online from M.P Shah Hospital. The drugs are then delivered to the patient's door step in a matter of a few hours.

"Through this service, patients continued with their medication without visiting this facility," Din says.

With the implementation of the service done, there emerged demand for laboratory services. Riding on the success of the paharmacy-on-wheels, M.P Shah Hospital launched a home based laboratory service.

Through this service, dubbed Lab-on-wheels, the Hospital laboratory staff travel to patient's home to collect samples for testing. The samples are then transported to the Hospital main laboratory for analysis.

"The process is as safe as a laboratory visit here," Din clarifies noting M.P Shah Hospital has plans to upscale digital services to improve patient experience and integration of services at the facility.

Din, who has worked at the hospital for one decade, opines demand to cater for COVID-19 patients coupled with demand for the Hospital to maintaining regular health services has forced innovations at the facility at a rate she has not seen before.

"We needed to provide care to COVID-19 patients against a backdrop of deficits in PPEs supply," she says.

However, Din notes, the Hospital demonstrated resilience by its ability to innovate. To protect staff, the hospital started making alcohol based hand sanitizers and face shields in a bid to address shortages in the market, protecting staff and patients from the virus.

"The hospital also embarked on an intensive staff training in line with the government and the World Health Organization protocols on COVID-19 management," Din adds.

The M.P Shah Hospital management also developed COVID-19 red zones away from the main hospital. This was meant to protect COVID-19 patients from mixing with other patients.

At the same time, the Hospital developed an online booking portal for COVID-19 tests. Patients seeking COVID-19 tests did not crowded at the hospital but rather got the test upon a confirmed appointment.

Since the pandemic forced disruptions in the PPEs supply chain, the hospital started making face shields for staff.

"Like every many other institutions, the pandemic hit us hard on medical equipment supply chain. The management of this hospital quickly responded to the shortages by going for locally manufactured PPEs. We started making face shields to protect staff from contracting the disease," says Din.

With a workforce of about 1100, the PPEs procurement challenge hit the Hospital hard.

Din says the "suppliers could not match the quantities of PPEs we required, forcing the Hospital to find a prudent way of using what the supply chain provided" without compromising the safety of healthcare workers.

When the demand for the alcohol based hand sanitizers outpaced supply, M.P Shah Hospital started making their sanitizers for use at the facility.

"These are things that would have taken years to implement. However, when the pandemic hit, we showed great resilience through innovations, Din says.

The CEO concludes by saying, "COVID-19 pandemic has accelerated use of technology in healthcare. Patients are poised to benefit through improved health systems that support remote care services." HB

Kenya's high burden of prehypertension: Retrospective analysis of findings from the Healthy Heart Africa program

By Samwel Doe Ouma | *@samweldoe*

Kenya has an overall burden of 54.5 per cent and 20.8 per cent for prehypertension and hypertension cases respectively, out of a sample size of 5.9 million participants.

According to the data released on a day to mark this year's World Hypertension Day, the retrospective analysis of findings from Kenya's largest hypertension screening programme AstraZeneca's Healthy Heart Africa (HHA), has revealed the shocking result from its six-year milestone of action against hypertension through screenings.

The study also reveals that men have a higher prevalence of prehypertension at 59 per cent compared to women who have a 52 per cent prevalence rate.

> "HHA has conducted over 15.5 million blood pressure screenings in the community and healthcare facilities...

The highest rate of prehypertension has been recorded among those aged 65 years and above, with a greater proportion attributed to rural populations – at 57percent compared to urban dwellers at 55 per cent respectively.

Dr Rashid A. Aman, Chief Administrative Secretary, Ministry of Health said: "COVID-19 has posed new challenges to NCD service delivery not just in Kenya but throughout the world. As we mark the World Hypertension Day today under the theme measure your blood pressure, control it, live longer, we wish to re-assure hypertension and NCD patients that we are doing as much as possible to limit disruption of essential healthcare services at this time.

"We have put in place guidelines to facilitate continuity of services while still ensuring the safety of both patients and healthcare workers including telemedicine and or e-visits options and creating self-management plans and guidelines covering treatment of NCD patients with COVID-19. On this occasion, I am also pleased to mark six years of a programme that tackles hypertension by driving awareness and providing screening, training and affordable medicines.

"The Healthy Heart Africa programme has proven to be an effective primary healthcare intervention solution and our partnership has continued to serve Kenyans across the country, even as we push to achieve universal health coverage."

Prehypertension occurs when blood pressure values are above normal levels but are still below hypertension levels. The World Health Organization (WHO) defines prehypertension as a blood pressure reading that lies between 120/80 and 139/89.

Persons identified with prehypertension are vulnerable to transitioning to hypertension and are also associated with a higher risk of cardiovascular diseases. Emerging challenges such as COVID-19 have shown the need for continuity and ongoing action to tackle non-communicable diseases.

This has been highlighted by reports linking hypertension, cardiovascular diseases or their risk factors such as obesity, smoking and physical inactivity with a greater risk of being severely impacted by COVID-19. To ensure continuity of care for persons living with NCDs, the Government has continued to provide guidance on access to preventive and treatment services for NCDs during the pandemic.

Ashling Mulvaney, Senior Director for HHA

As part of these efforts, an NCD and National COVID-19 working group has been established, chaired by the Ministry of Health and NCD Alliance Kenya and consisting of various partners, to ensure that NCD care is not disrupted during the pandemic. COVID-19 has highlighted that partnership and investment in healthcare need to be targeted towards prevention and sustainable treatment provision to build resilient health systems.

In support of Sustainable Development Goal (SDG) 3, HHA is working to reduce premature mortality from NCDs, support the goal of universal health coverage and increase the health workforce in developing countries. Since launching in Kenya six years ago and subsequently expanding to Ethiopia in 2016, Tanzania in 2018, Ghana in 2019 and Uganda in 2020, HHA has conducted over 15.5 million blood pressure screenings in the community and healthcare facilities; trained over 7,290 healthcare workers, to provide education and awareness, screening and treatment services for hypertension; activated 800 healthcare facilities in Africa to provide hypertension services, and identified over 2.8 million elevated blood pressure readings.

Ashling Mulvaney, Vice President, Sustainability & Access to Healthcare, Global Sustainability at AstraZeneca said: "We are delighted to mark six years of bringing healthcare closer to people through community and national interventions, and strengthening health systems on the continent as well as in the creation of sustainable solutions for life-changing treatment and prevention.

"Our partnership with the Ministry of Health in Kenya, the KCCB and AMPATH Kenya, as well as other Ministries of Health and partners in Africa, has proven to be an effective model in building infrastructure, removing barriers and supporting collaboration within local healthcare systems to improve outcomes for patients."

In support of SDG 17, best practices such as partnerships with public, private and faith-based facilities, supported by our joint global and local knowledge and expertise, have over the years been helping to integrate blood pressure screening and hypertension treatment into routine care in Africa. Through our partnership with AMPATH, we have used hypertension as a less stigmatizing disease to increase male participation in HIV screening and care in Bungoma.

Prof. Sylvester Kimaiyo, AMPATH Executive Director-Care/Chief of Party, AMPATHPlus said: "Through our partnership with the County Government of Bungoma, USAID and Healthy Heart Africa, we have integrated HIV and hypertension services to reach those outside of the traditional entry points to care, with a particular emphasis on men.

Implemented through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Bungoma HIV/Hypertension Integrated Model has been working to integrate screening, care, treatment and retention activities to the community and has worked well to increase male participation in HIV screening and care."

Since the first case of COVID-19 was declared in Kenya, modified implementation strategies were put in place to ensure the protection of staff and the patients against risks of COVID-19 and continuity of services to the patients.

Sister. Dr Carren Owuor, the CEO & Medical Director of St Mary's Mission Hospitals and a Medical Doctor with KCCB said: "HHA has helped us to identify gaps in reaching people who are in dire need yet were not targeted before. When we started the programme, we only screened patients, but we now screen both patients and their relatives for hypertension when they visit the hospital.

This has increased the chances of identifying more people with mild or overt hypertension. Some of our clinicians have also been trained and are now adding value to the screening team. Thanks to the programme, we have been able to support our Community Health Volunteers who are our brand ambassadors in community education and linkage to treatment." HB

Experts call for urgent action to safely resume immunization services amid COVID-19 pandemic

By Sharon Kemunto

The World Health Organization (WHO) and immunization experts in the African Region have called on countries and health stakeholders to prioritize immunization services – which have been disrupted by the COVID-19 pandemic – in order to protect children and communities from vaccine-preventable diseases.

The call came from the African Regional Immunization Technical Advisory Group (RITAG), which serves as the principal advisory group to the WHO on immunization policies and programmes in the African Region.

"COVID-19 has disrupted the delivery of essential health services, including routine immunization. This puts people at risk of vaccine-preventable diseases and threatens the gains we have made to date. As we prepare for a COVID-19 vaccine, we must ensure that the life-saving vaccines we already have reach those most in need," said Dr. Matshidiso Moeti, WHO Regional Director for Africa.

In 2019, immunization coverage in the African region stagnated at 74 per cent for the third dose of the diphtheria-tetanus-pertussis containing-vaccine (DTP3), and at 69 per cent for the first dose of the measles vaccine – far below the regional target of 90 per cent. These gaps in coverage have been exacerbated in 2020 by the COVID-19 pandemic, putting millions of children at risk for deadly diseases.

For example, an additional 1.37 million children across the African region missed the Bacille Calmette-Guerin (BCG) vaccine which protects against Tuberculosis and an extra 1.32 million children below the age of one missed their first dose of measles vaccine between January and August 2020, when compared with the same period in 2019. Immunization campaigns covering measles, yellow fever, polio and other diseases have been postponed in at least 15 African countries this year.

In light of these circumstances, RITAG members stressed the urgency of resuming routine immunization services, while following WHO guidelines for planning and implementing catch-up immunization, and adhering to strict COVID-19 prevention protocols.

"Collective action to strengthen immunization is needed, now more than ever, as we approach the end of the Decade of Vaccines and COVID-19 limits access to essential health services across Africa," stated Professor Helen Rees, Chair of the RITAG.

Experts attending the meeting also discussed the need for countries to lay the groundwork for the introduction and delivery of an eventual COVID-19 vaccine, as an urgent priority. RITAG members urged WHO and partners to engage all relevant stakeholders in the vaccine preparedness process, including national leadership.

While research and development for a COVID-19 vaccine advances at an unprecedented pace, WHO has established the African COVID-19 Vaccine Readiness and Deployment Taskforce (ACREDT), which will work to assist countries in the region in planning for vaccine introduction, including obtaining regulatory approvals, and defining priority groups and delivery strategies.

In addition, WHO is collaborating with Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations (CEPI) to co-lead the COVAX Facility – a global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines.

COVAX has already engaged 186 countries worldwide – including all 47 countries in the African Region – and

aims to deliver 2 billion doses globally for high-risk populations by the end of 2021, including 1 billion doses for low and middle-income countries.

Despite significant challenges in the past year, the RITAG also noted key achievements, including the ending of the eleventh Ebola outbreak in the Democratic Republic of the Congo and the eradication of wild poliovirus in the African Region.

RITAG members commended this historic milestone but cautioned that sustained efforts are needed to end polio, as 17 countries in the region have reported outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) this year. The RITAG called for coordinated action to avert future outbreaks by maintaining strong surveillance, improving immunization coverage, introducing the novel oral polio vaccine type 2 (nOPV2), implementing effective emergency response procedures, and ensuring that communities have adequate water and sanitation.

"Current outbreaks of vaccine-preventable diseases are an apt reminder of the work that remains to be done," said Dr. Richard Mihigo, Programme Manager for Vaccine-Preventable Diseases at the WHO Regional Office for Africa. "How we respond to these outbreaks amid the COVID-19 pandemic will be critical to protecting children and communities, and to preventing further disease outbreaks."

At the end of the two-day meeting, the RITAG shared recommendations to advance immunization goals in the African Region, for the WHO Regional Director's consideration. HB

Obstetric fistula risks being overlooked, experts warn

By David Kipkorir

As more countries go under lockdown, health experts are worried that attempts to curb coronavirus will inadvertently make the plight of fistula patients all the more acute.

The Chief Executive Officer of Gynocare Women's and Fistula Hospital based in Eldoret Dr Hillary Mabeya said reports reaching health care facilities that support fistula patients suggest the coronavirus has already caused a significant spike in the disease.

"This will also include poor fetal outcomes and fetal death. Many outreach programs that find and refer fistula patients for help are now closed, patients cannot travel to hospitals and there are fewer aid donations as the world's economy is shrinking. Fistula patients are currently suffering as a result," lamented Dr Mabeya.

As fistula surgeon Dr. Mabeya noted, "We've been hearing from many hospitals that the flow of patients has dramatically decreased. I can only imagine the 'collateral damage' that will cause."

He said with all attention focused on curbing a public health crisis, the problem of obstetric fistula risks being overlooked or deprioritized by authorities.

"During this global COVID-19 pandemic period when health concerns have been prioritized to fight the pandemic, our healthcare facilities are not only strained but also disrupted," he said in an exclusive interview.

Dr Mabeya urged both national and county governments to consider implementing emergency funding to help facilities that deal with fistula during the crisis.

Counties he said should be cushioned again the economic meltdown with support for National Hospital Insurance Fund (NHIF) access, ambulance services and waivers for access to healthcare to vulnerable groups.

He added that provision of masks, PPEs and sanitizers is critical in saving healthcare workers and patients from contracting and spreading COVID-19.

"Now more than ever we need to look out for the most vulnerable in our society. Retreating into our homes doesn't mean cutting ourselves off from our communities. We're all in this together," pleaded the expert.

He called for the need to intensify ongoing efforts to end obstetric fistula even as the country is battling with COVID-19 pandemic.

Dr Mabeya said the COVID-19 pandemic risks rolling back progress and worsening pre-existing inequalities, exclusion and vulnerabilities.

According to Dr Mabeya, obstetric fistula can largely be avoided by delaying the age of first pregnancy, by the cessation of harmful traditional practices and by timely access to quality obstetric care, especially cesarean section, to strengthen partnerships at all levels on maternal and newborn health and the need to advocate for continuity of reproductive and maternal health services at health facilities amidst COVID-19.

"Strengthening community-based midwifery will involve using qualified or retired midwives to mitigate the effect of reducing the movement of expectant mothers hence reduce COVID spread. This process should be supported with ready emergency transport to health facilities in the case where these mothers require specialized care like Caesarean section and I think is a great necessity", said Mabeya.

The fight to end obstetric fistula is one of the most serious and tragic injuries that can occur during childbirth, could be threatened by the current pandemic of COVID-19.

Obstetric fistula affects women who lack access to quality obstetric care.

The disease is more prevalent among women living in communities whose cultural practices encourage early marriage and female genital mutilation; both factors increase the risk of prolonged obstructed labour leading to the condition.

Those who experience fistula suffer life-shattering consequences including chronic incontinence, shame, social isolation, poverty, and physical, mental and emotional health problems.

Health experts are worried that social and emotional isolation makes it difficult for affected women and girls to maintain sources of income or support, thus deepening their poverty and magnifying their suffering. HB

Kenya launches HIV self-testing electronic vending machines

By Mike Mwaniki

Kenya launched HIV self-testing electronic vending machines (EVMs) on December 1, World Aids Day.

The Division of National Aids and STIs Control Programme (NASCOP) Head, Dr Catherine Ngugi says the launch, which was held in Kajiado County, was presided over by Health Ministry Cabinet Secretary Mutahi Kagwe.

"The machine will function just the way you can buy chocolate from a vending machine," Dr Ngugi explained.

Dr Ngugi revealed that the agency is working closely with different organizations to enhance HIV testing uptake.

"This is part of our efforts to scale-up the use of self-tests in the private sector and specifically, in workplace settings."

Among the partners are Farmers' Choice Limited Kenya and OraSure Technologies Inc, which will implement a demonstration pilot of two self-test EVMs.

"Farmers' Choice Limited has over 1,500 staff, a majority of whom are men. Self-tests will be dispensed at no cost to the personnel at the company," she added.

HIV self-testing is a process where a person collects his/her sample, conducts a HIV test and interprets own results in an easy, safe and confidential manner.

According to Dr Ngugi, the use of EVMs in HIV care and treatment programmes is not new.

"Condom vending machines have been implemented globally in locations such as public restrooms, petrol stations and campus halls of residence. They provide the discretion, enhance privacy and in turn, reduce users' feelings of embarrassment and fear or risk of stigma from health providers in the community," Dr Ngugi explained.

They can, therefore, be of value to the overall health system by facilitating and increasing access to key commodities, providing an opportunity for health programmes to focus more on the quality of services.

Dr Ngugi hopes that the EVMs will reverse the dropping number of people testing for HIV caused by the COVID-19 pandemic, and the project, if successful, will be rolled out countrywide.

She also warned that the focus of information flow has moved from other killer diseases to almost solely COVID-19, and this could impact on how the disease is managed.

"As agenda-setters, the media can find a balance to report on COVID-19 as well as continue telling stories around HIV and other life-threatening diseases so that we do not negate the strides made prior to this pandemic," she added.

"Globally, Kenya has one of the largest HIV epidemics with about 1.5 million people living with HIV. Of these, about 1.4 million are adults and 106,807 are paediatrics aged 0-14 years."

Overall, the national prevalence is 4.9 per cent, data shows a huge gender disparity with double the prevalence among women as compared to men at 6.6 per cent and 3.1 per cent respectively.

"At the same time, of the estimated 106,807 children aged less than 15 years HIV, only 68,681 are on ART."

The self-testing kit will be part of a series of safer and more effective treatment regimens, which also include phased approach of ART optimisation/treatment to phase out Non-Nucleoside Reverse Transcriptase Inhibitors—a class of ARVs (NNRTIs), as well as full implementation of multi-month dispensing of three months or more of HIV treatment.

"Up to three months dispensing of ARVs has been considered for all PLHIVs regardless of age and viral load status. Dispensing will be based on an assessment of patient needs and availability of adequate ARVs," Dr Ngugi noted.

She said infants born to HIV infected mothers now have access to prompt HIV diagnosis and treatment.

"However, only about 70 per cent of infants have access to these HIV testing facilities. We need to ask why as we interrogate and tell change stories that will ensure the 30 per cent of infants get the healthcare they require."

At the same time, Dr Ngugi revealed that the supply of Cotrimoxazole drugs is now expected in the country from November 16, 2020.

"The 1.3 million packs of Contrimoxale will be supplied in batches of 100,000 packs every week. This supply will be able to last the country for 18 months."

The current monthly average consumption of Contrimoxale is approximately 450,000 packs (of 100s).

"The government will each year buy Contrimoxale worth Sh1.2 billion or more to ensure that the country does not run out of this essential drug again." HB

WHO reports alarming rise in measles cases globally

By David Kipkorir

The World Health Organisation (WHO) in conjunction with United States Centers for Disease Control and Prevention (CDC) have reported alarming rise in cases of measles globally.

WHO stated that preliminary global data shows that reported cases rose by 300 per cent in the first three months of 2019, compared to the same period in 2018.

The two organizations said measles cases worldwide increased to 869,770 in 2019, the highest number reported since 1996 with increases in all WHO regions. Global measles deaths climbed nearly 50 per cent since 2016, claiming an estimated 207,500 lives in 2019 alone.

WHO cited a failure to vaccinate children on time with two doses of measles-containing vaccines (MCV1 and MCV2) as the main driver of these increases in cases and deaths.

"We know how to prevent measles outbreaks and deaths," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

"These data sends a clear message that we are failing to protect children from measles in every region of the world. We must collectively work to support countries and engage communities to reach everyone, everywhere with measles vaccine and stop this deadly virus," added the director-general.

Reported in a publication by the UN health agency and the CDC, measles outbreaks occur when people who are not protected from the virus are infected and spread the disease to unvaccinated or under-vaccinated populations.

WHO says to control measles and prevent outbreaks and deaths, vaccination coverage rates with the required MCV1 and MCV2 must reach 95 per cent and be maintained at national and sub-national levels.

The two agencies lamented that MCV1 coverage has been stagnant globally for more than a decade at between 84 and 85 per cent. MCV2 coverage has been steadily increasing but is only now at 71 per cent.

"Vaccination coverage against measles remains well below the 95 per cent or higher needed with both doses to control measles and prevent outbreaks and deaths", warns the report.

It also predicts that although reported cases of measles are lower in 2020, necessary efforts to control COVID-19 have resulted in disruptions in vaccination and crippled efforts to prevent and minimize measles outbreaks.

"As of November, more than 94 million people were at risk of missing vaccines due to paused measles campaigns in 26 countries", revealed the report.

UNICEF Executive Director Henrietta Fore said before there was a coronavirus crisis, the world was grappling with a measles crisis, and it has not gone away.

"While health systems are strained by the COVID-19 pandemic, we must not allow our fight against one deadly disease to come at the expense of our fight against another. This means ensuring we have the resources to continue immunization campaigns for all vaccine-preventable diseases, even as we address the growing COVID-19 pandemic," added Fore in a statement.

Recently, both WHO and UNICEF issued an emergency call to action for measles and polio outbreak prevention and response.

Global immunization partners are engaging leaders and public health professionals in affected and at-risk countries to ensure that measles vaccines are available and safely delivered and that caregivers understand the life-saving benefit of the vaccine.

Partners like Gavi, the Vaccine Alliance, the Bill and Melinda Gates Foundation and others, are currently working to address the current measles crisis and ensure that resources are positioned to address immunization delays – for measles and all vaccines – in every region of the world.

Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance said in a press release that the alarming figures should act as a warning that, with the COVID-19 pandemic occupying health systems across the world.

"We cannot afford to take our eye off the ball when it comes to other deadly diseases", Dr Berkley warned.

"COVID-19 has resulted in dangerous declines in immunization coverage, leading to increased risk of measles outbreaks. This is why countries urgently need to prioritize measles catch-up immunization through routine services to mitigate the risk of outbreaks and ensure no child goes without this lifesaving vaccine", added the Gavi, the Vaccine Alliance CEO.

Measles outbreaks are still active in five counties in Kenya: West Pokot, Garissa, Wajir, Tana River and Kilifi. A total of 512 cases have been reported, out of which 49 were confirmed and two deaths (case fatality rate (CFR) 0.4 per cent), according to the Ministry of Health. HB

COVID-19 hits life-saving health services in Africa

By Mike Mwaniki

The COVID-19 pandemic has dealt a heavy blow to key health services in Africa, raising worries that some of the continent's major health challenges could worsen.

The preliminary analysis by the World Health Organisation (WHO) of five key essential health service indicators that include outpatient consultation, inpatient admission, skilled birth attendance, treatment of confirmed malaria cases and provision of the combination pentavalent vaccine in 14 countries finds a sharp decline in these services between January and September 2020 compared with the two previous years.

The gaps were the widest in May, June and July, corresponding to when many countries had put in place and enforced movement restrictions and other social and public health measures to check the spread of Covid-19.

During these three months, services in the five monitored areas dropped on average by more than 50 per cent in the 14 countries compared with the same period in 2019.

The WHO Regional Director for Africa, Dr Matshidiso Moeti says: "The Covid-19 pandemic has brought hidden, dangerous knock-on effects for health in Africa. With health resources focused heavily on Covid-19, as well as fear and restrictions on people's daily lives, vulnerable populations face a rising risk of falling through the cracks."

Dr Moeti said a strong health system is a bedrock for emergency preparedness and response.

"As countries ease Covid-19 restrictions, we must not leave the door open for the pandemic to resurge. A new wave of Covid-19 infections could further disrupt life-saving health services, which are only now recovering from the initial impact."

According to experts, even prior to the COVID-19 pandemic, maternal mortality in sub-Saharan Africa was unacceptably high, accounting for about two-thirds of global maternal deaths in 2017.

Preliminary data indicates that COVID-19 is likely to exacerbate women's health challenges and the new analysis found that skilled birth attendance in the 14 countries dropped.

In Nigeria, for example, 362 700 pregnant women missed ante-natal care between March and August 2020.

Over 97 000 women gave birth away from health facilities and over 193 000 missed postnatal care within two days of giving birth. There were 310 maternal deaths in Nigerian health facilities in August 2020, nearly double the figure in August 2019.

An additional 1.37 million children across the African region missed the Bacille Calmette-Guerin (BCG) vaccine which protects against tuberculosis (TB) and an extra 1.32 million children aged under one year missed their first dose of measles vaccine between January and August 2020, when compared with the same period in 2019.

Immunization campaigns covering measles, yellow fever, polio and other diseases have been postponed in at least 15 African countries this year. The introduction of new vaccines has been halted and several countries have reported running out of vaccine stocks.

"The longer, large numbers of children remain unprotected against measles and other childhood diseases, the more likely we could see deadly outbreaks flaring up and claiming more lives than COVID-19," Dr Moeti warns.

At the same time, WHO has issued guidance on how to provide safe immunization services, including how to conduct a careful risk assessment before implementing preventive mass vaccination, with attention to appropriate protective measures to avoid transmission of Covid-19.

The Central African Republic, the Democratic Republic of the Congo and Ethiopia have already carried out catch up measles vaccination campaigns.

Thirteen other African countries aim to restart immunization campaigns for measles, polio and human papillomavirus in the coming months and WHO is providing guidance on COVID-19 prevention measures to keep health workers and communities safe.

At the same time, WHO has also provided guidance to countries on how to ensure the continuity of other essential health services by optimizing service delivery settings, redistributing health workforce capacity and proposing ways to ensure uninterrupted supply of medicine and other health commodities.

As part of the COVID-19 response, health workers have received capacity building in infection, prevention and control, laboratories have been strengthened and data collection and analysis improved. These efforts support the fight against the virus while also building up health systems. HB

Knowledge brokering platform launched to support health systems in the African region

By Sharon Kemunto

The World Health Organization (WHO) and partners launched an online platform to promote the exchange of evidence and experience across countries in the African region.

By working to foster evidence-informed decision-making in an endeavor to re-engineer health service delivery, the initiative is expected to drive countries' health system resilience efforts.

The African Health Observatory Platform on Health Systems and Policy (AHOP) aims to facilitate cross-country learning and accelerate the uptake of high-quality evidence and experiences reflecting the complexity and diversity of the region. This knowledge translation effort will ultimately help strengthen national and regional health system design and performance.

"This is a significant step. So much data and research in Africa is produced, but not always shared," said Dr Humphrey Karamagi, the Team Leader of Data, Analytics and Knowledge Management at WHO Regional Office for Africa. "The experience-sharing occurring between countries on all types of health conditions could be used to deliver services that people are actually asking for."

Leading public health research institutions in Ethiopia, Kenya, Nigeria, Rwanda and Senegal are generating knowledge through the collection, analysis and synthesis of evidence for use by decision-makers at national and regional levels. Through frequent policy-maker input and engagement, AHOP seeks to respond to policy needs with timely support and reliable evidence tailored and packaged in ways that are useful and usable for policy-makers.

Outputs range from country-specific profiles covering health systems and their performance, to policy briefs on topical issues requiring evidence to guide decision-making. It is expected that the number of national centers will rapidly expand to bring more countries and institutions on board.

A consortium of technical partners, including the London School of Economics and Political Science and the European Observatory on Health Systems and Policies, support the national centres in producing locally-led analyses.

The WHO Regional Office for Africa ensures regional relevance of the different analyses.

AHOP complements the larger WHO integrated African Health Observatory (iAHO), currently the most comprehensive, freely available online repository for data, analytics and knowledge on health for decision-makers, researchers, stakeholders and citizens in the region.

"By adding the knowledge component, we want to provide a one-stop shop that will bridge the gap between research and decision-makers to accelerate the progress towards access to affordable and quality health services," Dr Karamagi said.

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