

Health Business

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For the latest health industry news, insights and analysis

93pc of healthcare workers lack Personal Protective Equipment



Kenya can't afford to neglect people with underlying conditions during COVID-19

Use of telemedicine escalates amid Coronavirus pandemic

Children at risk if immunization services are discontinued

MCF announces COVID-19 loans targeting small and medium enterprises supplying PPEs



Editor's Note



Editorial Guidelines

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 - 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.**
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 - 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.

Protect frontline workers in battle against Coronavirus

The World Health Organization has warned that disruption to the global supply of personal protective equipment (PPE) is putting lives at risk. Healthcare workers rely on PPEs to protect themselves and their patients from infection.

The shortage of PPEs is putting the lives of healthcare workers at risk. A new study has exposed the dire situation. Frontline healthcare workers involved in the diagnosis, treatment and care of COVID-19 patients were at the heart of the study. The findings show that over 90 per cent frontline workers are inadequately equipped (see cover story).

The study by the Kenya Legal and Ethical Issues Network (KELIN) shows that 93 per cent of clinical officers lack personal protective equipment with more than 90 per cent lacking eye protection gear, isolation gowns and protective suits as required by WHO standards.

This also corresponds with findings among nurses, pharmacists and dentists. At the frontline, medical practitioners are at great risk of the infection. It is vital that the Ministry of Health ensures safety of our healthcare workers.

According to The Lancet journal, adequate provision of PPE is just the first step. Other practical measures must be considered, including provision of food, rest, and family support; and psychological support. Presently, health-care workers are Kenya's most valuable resource.

With effort and resources diverted to deal with the Coronavirus pandemic, there is risk for people with underlying conditions. This includes children. UNICEF has warned that millions of children are at serious health risk if immunization services are discontinued amid the COVID-19 pandemic (see page 23).



The agency revealed that currently, over 13 million children are not receiving any vaccines. Even before the coronavirus pandemic, UNICEF said some vaccines were out of reach for millions of children below the age of one every year. There is need for the government to step up immunization services amid the pandemic.

There is also risk that the pandemic may reverse gains made in some areas, such as the fight against malaria, if action is not taken. With the suspension of all anti-malaria campaigns there is a 75 per cent reduction in access to effective anti-malaria medicines (see page 26). There is need to consider new measures to deliver commodities where they are most needed. **HB**

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Audience Feedback

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.

Health Business

For the latest health industry news, insights and analysis

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Contents

IN THE NEWS

PSK launch taskforce for effective pharmacy

PAGE 8

6.3 million could contract TB by 2025

PAGE 9

FINANCE & INVESTMENTS

Multinational pharmaceutical firms set up financial relief programme

PAGE 10

Medical Credit Fund announces COVID-19 loans targeting small and medium enterprises supplying PPEs

PAGE 12

COVER STORY

93pc of healthcare workers lack Personal Protective Equipment

PAGE 13

EXPERTS LOUNGE

Mourning the death of a relative, friend or colleague at this time of social distancing and COVID-19

PAGE 16

Kenya can't afford to neglect people with underlying conditions during COVID-19

PAGE 18

TECHNOLOGY & INNOVATION

MyDawa introduces advance loans to customers

PAGE 20

Use of telemedicine escalates amid Coronavirus pandemic

PAGE 21

PUBLIC HEALTH

Fistula patients at high risk due to delayed treatment

PAGE 22

47 million women could lose access to contraceptives, UNFPA warns

PAGE 24

RESEARCH

Israel makes breakthrough in the treatment of COVID-19

PAGE 30

Up to 190 000 people could die of COVID-19 in Africa

PAGE 31

GLOBAL HEALTH

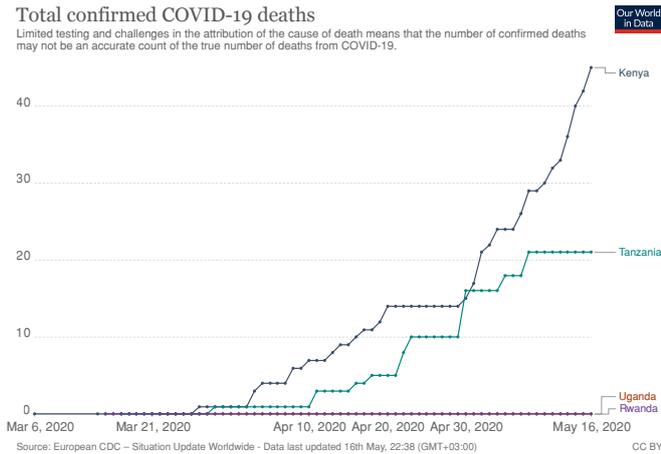
WHO and UNICEF urge countries to maintain routine immunization services amid the COVID-19 pandemic

PAGE 32

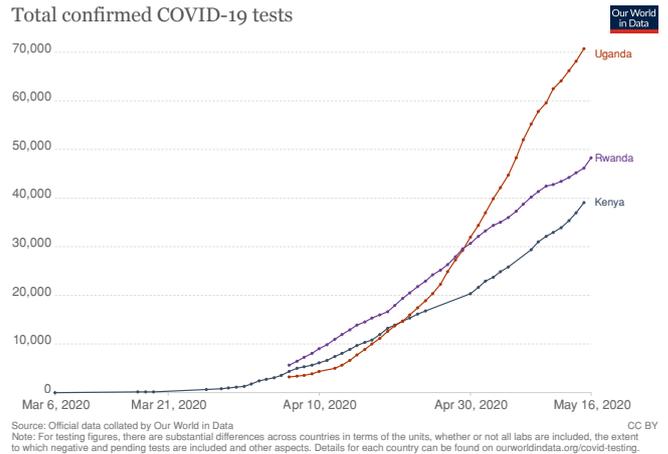
Health Infographics

Total confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

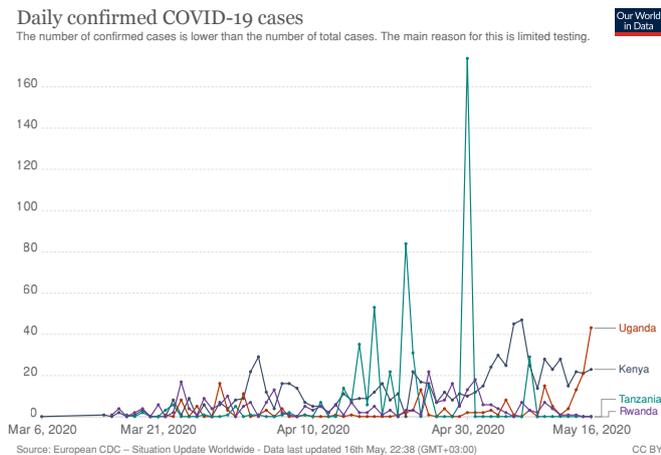


Total confirmed COVID-19 tests



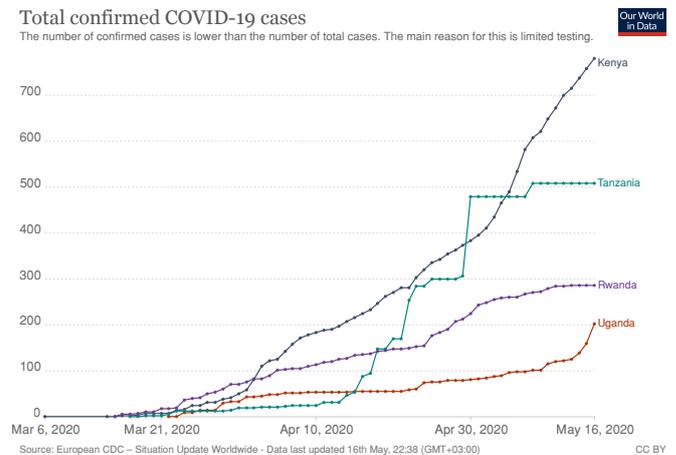
Daily confirmed COVID-19 cases

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.



Total confirmed COVID-19 cases

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.



Govt urged to kit and test neonatal hearing in all facilities

By Samwel Doe Ouma

@samweldoe

All children born in government facilities should undergo mandatory ear screening, an Ear, Nose and Throat (ENT) specialist has said.

This, according to Prof Macharia Muthure, will ensure follow through with surgical options available immediately if needed.

If surgical intervention is carried out soon, the initial cost of surgery can save millions that would have instead been spent on special schools and losses in productivity because of the inaction of deaf people in the community.

All children born in Kenya should be subjected to neonatal hearing screening and all hospitals should be kitted with hearing screening gadgets, the ENT specialist advised.

More than 2000 children in Kenya, are born with hearing impairments annually, but less than 5 per cent have access to either corrective or rehabilitative hearing technologies, according to Prof Macharia.

“The paucity of ENT specialists in the country, compounded by accessibility and the huge cost of implants becomes prohibitive to many deserving patients,” Prof Macharia noted.

Prof Macharia was speaking during the Cochlear Nucleus 7 sound processor launch in Nairobi. Nucleus 7 is the world’s only cochlear implant system that can be controlled directly from a smartphone, by using direct streaming capabilities



Prof Macharia Muthure and the Australian High Commissioner Alison Chartres



compatible for Apple and Android devices, making it easier than before, to Hear your Way.

Most parents in Kenya depend on simply monitoring their child’s development, to tell whether the child may have a congenital problem. Delayed milestones are often the only signs that alert them before they take action, which could be too late for appropriate medical intervention.

Six-year-old Nelisha Shanice Ooko was born with a bilateral severe to profound hearing loss and therefore could not speak. According to her mother after monitoring her delayed progress in speech she made several attempts to know what was ailing her daughter.

“We made several attempts and even bought hearing aids but she still couldn’t speak,” adding that “what surprised us more was that she looked normal and very jovial but we didn’t know what was not making her speak or respond or even turn to look when called.”

One day after many trials she was finally diagnosed at MP Shah Hospital in Nairobi that she was born with a severe to profound bilateral sensorineural hearing loss, a condition that resulted in her being unable to process sounds or words.

The doctors recommended that she gets a cochlear implant to enable her to hear and process sound and speech.

“Since cochlear implants are not insured we got into another challenge of raising funds, although we had a medical cover it could not help us, we called our friends and families



Cochlear Nucleus 7 sound processor

and informed them of the diagnosis and that we were required to raise six million for both ears to get implants,” Nelisha’s Mother told Health Business in an interview.

She adds “we managed to raise half the amount and did a cochlear implant on one ear, the one we did on her is doing wonderfully well.”

She can now turn if you call her. Her interaction with other children has improved, she explained.

“Currently the only challenge that we see is interruptions in her learning because she has to be out of school for two days for speech therapy lessons and mapping to check how the processor and the cochlear are pairing,” she said.

Nelisha attends normal school as advised by her doctors, to help her in her interactions and speech development.

Speaking at the Nucleus 7 launch, Australian High Commissioner, H.E Alison Chartres, said that Cochlear has for a long time demonstrated commitment in enhancing hearing capabilities of individuals with hearing impairments by providing the very best of hearing technology for those who need them.

“As Kenya strives to deliver Universal Health Coverage to its citizens, it should use technology such as that of Cochlear to benefit people born and living with hearing impairments, to have access to safe and reliable quality rehabilitative and corrective care,” she said.

According to **Davide Business Development Manager Sub-Saharan Africa, Cochlear EMEA, Cochlear’s latest offer, Nucleus 7 is easy to use.

“The Nucleus 7 is made for iPhone but is also compatible with Android phones, it is easy to use, 25 per cent smaller, lighter and comes with increased battery life and simple straight forward solutions for hearing impairments,” he said.

It is smaller in size to make it lighter, with increased battery life to enable patients to go through their work and schooling, and also swim with it without any problem, Prof Macharia said, adding that the product is sold in Kenya, Uganda and the rest of Africa.

The implants are done in children born without hearing, while they can also be used in adults who have lost hearing as a result of trauma, old age or other conditions, wherein the normal hearing aids cannot help them.

The entry-level Cochlear implant system costs Sh 2.7 million including the device cost, hospitalization, surgery, surgeons’ fee and one year of rehabilitation, Prof Macharia said.

He explains that the implantations can be done to children from the age of one and the surgical operation may take two to three hours and the patient is hospitalized for two days after the surgery. “The treatment is done by a team of doctors, ENT surgeons, Audiology experts and speech therapists.”

In Kenya, 74 patients have so far benefited from cochlear implant technology.



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PSK launch taskforce for effective pharmacy

By David Kipkorir

The Pharmaceutical Society of Kenya (PSK) has officially launched a COVID-19 response task force to ensure the availability of effective pharmacy practice services to serve the public in the wake of the coronavirus pandemic.

The task force will also reach out to government and regulatory agencies, as well as healthcare providers, to find out how they can contribute to protecting public health needs.

According to the chairman Professor Francis Ndemo, the taskforce will provide guidelines, protocols and training to community pharmacies on IPC, screening and testing, medication use in COVID-19, data collection and pharmacovigilance.

“There will also be an effort to ensure testing of pharmacy staff for COVID-19,” Ndemo said.

The chairman said the response team will ensure the availability of essential health products and technologies needed for management of COVID-19 and other illnesses throughout the pandemic.

“As the number of positive cases continues to soar in the outbreak of COVID-19, there is an imminent need for reducing barriers companies are experiencing with therapeutic medical breakthroughs needing to be deployed,” he said.

Prof. Ndemo said this is a time when all have to behave responsibly to protect fellow citizens and particularly those who are most vulnerable.

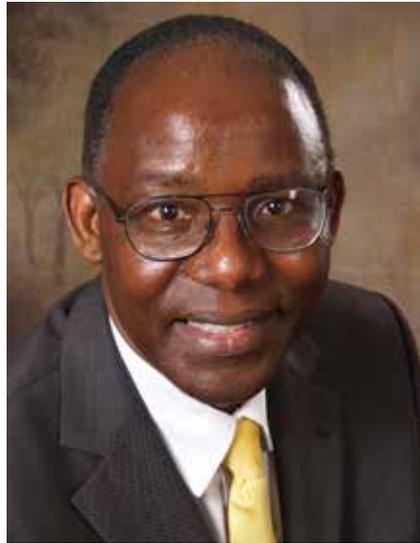
He urged retailers to behave responsibly in the exceptional circumstances of the COVID-19 outbreak.

This, he explained will be achieved by providing advisory on supply chain preparedness, as well as by enforcing ethics in pricing.

Ndemo added that the task force will also provide advisory and training on data capture at pharmacy outlets for decision making.

“Sensitization of both healthcare professionals as well as the general public on medication use for COVID-19 through effective and timely communication is part of the taskforce’s mandate,” Ndemo elaborated.

The outbreak of COVID-19 is an unprecedented and rapidly evolving challenge that has prompted many concerns that businesses might exploit the



Prof Francis Ndemo

situation to take advantage of people, for example by charging excessive prices or making misleading claims about their products.

The task force works through five committees and works to complement other private sector and government response groups.

The various committees of the taskforce will co-opt like-minded stakeholders from the wider pharmaceutical sector to collaboratively achieve its objectives.

Coronavirus Disease 2019 (COVID-19) is a new respiratory illness caused by respiratory syndrome coronavirus 2 (SARS-CoV-2), a novel coronavirus first identified in Wuhan City, China.

The disease has spread to the level of a global pandemic, with more than 3.8 million confirmed cases in 187 countries and over 2700,000 deaths by early May.

COVID-19 is spread easily from person to person through contact with droplets produced by an infected person who is sneezing or coughing or through contact with contaminated surfaces or objects. COVID-19 causes are mild to severe symptoms like fever, cough, headache, body aches and difficulty in breathing.

In critical stages of the disease, respiratory failure, shock, and multiorgan system dysfunction have been observed.

Case fatality rate as seen in the epidemic in China is 2.3 per cent.

Age and underlying comorbidities are risk factors for the disease. The incubation period for COVID-19 is thought to extend to 14 days.

There are no effective specific COVID-19 antiviral pharmacotherapeutic treatments identified to date, but there are several ongoing studies for various regimens.

Currently, the World Health Organisation (WHO) recommended case management includes infection prevention and control and symptomatic treatment.

Public preventive measures include hand hygiene and social distancing. Early detection and treatment can contribute greatly to the survival of the patient. **HB**

6.3 million could contract TB by 2025

By David Kipkorir

The lockdowns and disruptions caused by the COVID-19 pandemic could lead to millions of more cases of tuberculosis (TB) going undetected and untreated, new research warns.

Up to 6.3 million additional people could contract TB by 2025, and 1.4 million more people could die as cases go undiagnosed and untreated due to lockdown restrictions.

The findings, released by the Stop TB Partnership, would set back the global fight against TB by five to eight years.

“Lockdowns are proving disruptive, as they’re diverting attention and resources to the new coronavirus and leaving many TB sufferers under the radar”, says Stop TB Partnership Executive Director Lucica Ditiu.

She explained that the disease mainly affects vulnerable or marginalized people living in poverty and therefore, lockdowns

and curfews make it harder for them to access health care services.

Another impediment is that many hospital units that provided services around TB are now being turned into COVID-19 units, and people have very few places left to go to for TB diagnosis and treatment.

“Most of our colleagues dealing with TB are lung disease specialists, or in infectious diseases, and they are also front-liners as doctors, as nurses, as lab technicians in the COVID fight,” Ditiu said.

The UN health agency has urged governments to ensure continuity of TB services throughout the pandemic, noting that people already sick with TB are also expected to be more at risk of complications if they get infected with COVID-19 as well.

The new study was commissioned by the Stop TB Partnership in collaboration with the Imperial College, Avenir Health and Johns Hopkins University, and was

supported by USAID.

Other unintended effects of the COVID-19 outbreak include the stigma that TB patients might face, said Cheri Vincent, chief of the TB division at USAID.

“You people who have similar symptoms to those of the coronavirus, and some would be even afraid of approaching health facilities because they would face the stigma of being identified as having COVID-19,” she said.

She also expressed concern that COVID-19 could have a devastating effect on TB patients as both diseases attack the respiratory system.

The modelling focused on three high burden countries – India, Kenya, and Ukraine – and extrapolated estimates from those countries to create global estimates of the impact of COVID-19 on TB. **HB**



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Multinational pharmaceutical firms set up financial relief programme

By Mike Mwaniki

A leading pharmaceutical company has set up a global support programme to increase financial relief, protective material, as well as medicine donations to healthcare institutions and communities as the war on COVID-19 pandemic, is stepped-up.

Boehringer Ingelheim, the world's largest private pharmaceutical company, said local social enterprises in Kenya are expected to receive part of the €580,000 in support of their programmes in the country.

"As a pharmaceutical company, we feel a strong commitment to offer our help to patients, and to those who help them," said Hubertus von Baumbach, the company's chairman.

He said the company offers support through donations and paid-leave volunteering, engaging in scientific projects and providing relief to communities in the developing world.

"All this, plus the drive that I see with colleagues to ensure the continued production of medicines, is dedicated to the many, many people who suffer from COVID-19. Our thoughts are with them and their loved ones," Mr Baumbach added.

The relief fund has been launched to support the global Making More Health (MMH) network of social entrepreneurs in Kenya and India, as well as the communities in which they live and work.

The fund will help social enterprises and their activities to sustain a longer period of low economic activity and will invest in social entrepreneurial ideas that can help reduce the risk of the Coronavirus.

"MMH communities such as self-help groups in India or people suffering from albinism in Kenya, have started to produce soap and at the same time education programmes on hygiene awareness in their neighbourhoods," said Jean Scheftsik de Szolnok, one of the founders of the MMH movement

Currently, more than 750 students at the MMH school and some 1,000 families in farmer cooperatives have been trained in hygiene and soap production in Kenya and India.

As a research-driven company, Boehringer Ingelheim started its support activities in January and will continue to do what it can to deliver a meaningful contribution in the fight against COVID-19. The company continues to support healthcare systems by reliably supplying drugs and research.

In January, Boehringer Ingelheim initially started a €1 million donation programme in affected regions in China.

With the Coronavirus spreading to become a global pandemic, efforts to provide relief and scientific support has continued to grow resulting in a global support programme with four focus areas: Donations, Research for

COVID-19 Therapies, Volunteering and Making More Health Relief Fund.

The pharmaceutical company has made available €5.8 million for financial and in-kind donations for local emergency aid across its markets. This includes protective masks, disinfectants, inhalers and medicines.

"The company is also working with local organisations that use financial and medicine donations to organise help for patients in their communities."

According to a press release, since January, a growing team of more than 100 Boehringer Ingelheim scientists from all areas of research and development (R&D) have contributed to projects aimed at finding potential treatment solutions for COVID-19.

At the same time, an increasing number of collaboration partners and service providers are bolstering the team's efforts.

Most of the projects are part of larger collaborative efforts with academia, biotech and other pharma companies.

Among them is a call by the Innovative Medicines Initiative of the EU (IMI), to which Boehringer Ingelheim is planning to commit over 11,000 work hours in R&D. The company also joined the Bill & Melinda Gates Foundation COVID-19 Therapeutic Accelerator.

On March 10 2020, the Bill and Melinda Gates Foundation, Wellcome and Mastercard committed up to \$125



...the Bill and Melinda Gates Foundation, Wellcome and Mastercard committed up to \$125 million in seed funding to speed-up the response to the COVID-19 pandemic...



Every year around
30.000 women in Kenya
are diagnosed with cancer¹

million in seed funding to speed-up the response to the COVID-19 pandemic by identifying, assessing, developing and scaling-up treatments.

The partners are committed to equitable access, including making products available and affordable in low-resource settings.

The COVID-19 Therapeutics Accelerator will play a catalytic role by accelerating and evaluating new and repurposed drugs and biologics to treat patients with COVID-19 in the immediate term, and other viral pathogens in the longer-term.

According to experts, currently, there are no broad-spectrum antivirals or immunotherapies available for the fight against emerging pathogens, and none approved for use on COVID-19.

The COVID-19 Therapeutics Accelerator will work with the World Health Organisation, government and private sector funders and organisations, as well as the global regulatory and policy-setting institutions.

The Accelerator will have an end-to-end focus, from drug pipeline development through manufacturing and scale-up.

According to experts, by sharing research, coordinating investments, and pooling resources, these efforts can help to accelerate research.

This kind of collaboration was a key lesson from the 2014 Ebola outbreak.

Experts say by providing fast and flexible funding at key stages of the development process, the Accelerator will de-risk the pathway for new drugs and biologics for COVID-19 and future epidemic threats, ensuring access in lower-resource countries.

In addition, Boehringer Ingelheim supports scientists worldwide with its open innovation portal opnMe.com, which offers six anti-viral compounds out of 43 high-quality pharmacological tool compounds at no cost for testing of research hypotheses. **HB**



Guideline recommended for the prevention and treatment of chemotherapy- and radiotherapy-induced nausea and vomiting (MASCC/ESMO², NCCN³) as well as for the prophylaxis of post-operative nausea and vomiting when given at the end of surgery⁴

Anastrozole Denk 1

Guideline recommended to lower the risk of invasive breast cancer in postmenopausal women at high risk of developing breast cancer who have not been diagnosed (ASCO⁵)

¹ WHO's Global Cancer Observatory 2018 (<http://gco.iarc.fr/>) ⁴ Gan, T. J. et al. *Anesth. Analg.* 118, 85–113 (2014).
² Roila, F. et al. *Ann. Oncol.* 27, v119–v133 (2016). ⁵ Visvanathan, K. et al. *J. Clin. Oncol.* 37, 3152–3165 (2019)
³ NCCN Clinical Practice Guidelines in Oncology - Antiemesis (2019).

Medical Credit Fund announces COVID-19 loans targeting small and medium enterprises supplying PPEs

By Stephen Macharia

The Medical Credit Fund (MCF), a charity organization that lends money to health investments, has announced a COVID-19 specific fund targeting small and medium-sized enterprises (SMEs) in the manufacture, importation, and distribution of Covid-19 related commodities.

This means SMEs can now apply for credit at MCF to fund business operations in the supply of personal protective equipment (PPE) such as masks, eye protection, gloves, gowns, and hand sanitizers.

MCF has already disbursed loans worth Sh148m to manufacturers and suppliers of pharmaceutical supplies in Kenya and Uganda.

In Kenya, Ansell Pharmaceuticals Limited, a wholesaler and distributor of medical, pharmaceutical, and surgical products from Kiambu County, received over Sh35 million, becoming the first recipient of the MCF Covid-19 fund.

Speaking at a ceremony in Nairobi in May, Dr. David Karanja, a pharmacist, and founder of Ansell Pharmaceuticals said the funds will help his company provide quality and reasonably priced products.

“The loan from MCF is a timely intervention as it enables us to be in the frontline to supply the much needed medical equipment and related supplies to combat the pandemic,” he said.

MCF - part of the PharmAccess Group (a Dutch-based international NGO) - finances healthcare SMEs in Africa in a bid to improve access to quality healthcare services for low-income patients.

This is because many SMEs, including healthcare companies, have poor infrastructure, equipment, and limited means to invest in quality improvement. However, commercial banks shy away from these health SMEs because they consider them to be too risky.

MCF Kenya Director Kennedy Okong’o, Director says, “the COVID-19 pandemic has thrust the health enterprise into unprecedented times. Many health entrepreneurs have faced both health and economic impacts occasioned by low patient traffic and an interrupted supply chain. Our core business is to keep the health business running. That is why we have responded by developing Covid-19 specific loans and restructured existing loans to cushion our clients”.

Commercial lending portfolio to health SMEs accounts for a meager 2% of the loan portfolio in the country, limiting credit options for many investors in the sector.

This is because the health SMEs have poor infrastructure forcing financial institutions to shy away from the sector, MCF says.



From Left, Kennedy Okong’o Director, MCF Kenya and Dr. David Karanja Director Ansell Pharmaceuticals

A recent World Health Organization (WHO) modelling estimates a monthly global demand for PPEs to be 89 million medical masks, 76 million examination gloves, and 1.6 million goggles as the world counters the COVID-19 pandemic.

Globally, the demand for PPEs has surged. Last month, the WHO has called on manufacturers to increase output by 40 percent to meet the demand.

“Since the start of the COVID-19 outbreak, prices have surged. Surgical masks have seen a sixfold increase, N95 respirators have trebled and gowns have doubled. Supplies can take months to deliver and market manipulation is widespread, with stocks frequently sold to the highest bidder,” WHO said.

Recently, the WHO published guidelines on the rational use of PPEs and proposed several measures to reduce their use.

The WHO, for instance, called on healthcare workers to use “telemedicine to evaluate suspected cases of COVID-19 disease to minimizing hospital visits” and urged health facilities to restrict “healthcare workers from entering the rooms of COVID-19 patients if they are not involved in direct care” as a measure to reduce the use of PPEs.

“The current global stockpile of PPE is insufficient, particularly for medical masks and respirators; the supply of gowns and goggles is soon expected to be insufficient also. Surging global demand-driven not only by the number of COVID-19 cases but also by misinformation, panic buying, and stockpiling – will result in further shortages of PPE globally. The capacity to expand PPE production is limited, and the current demand for respirators and masks cannot be met, especially if the widespread, inappropriate use of PPE continues. **HB**”

93pc of healthcare workers lack Personal Protective Equipment

By Felix Achanda & Murega Njoroge



Over 90 per cent of frontline workers are inadequately equipped and trained on how to handle the Coronavirus, a new study by the Kenya Legal and Ethical Issues Network (KELIN) has revealed.

The survey, carried out to assess the level of preparedness in response to COVID-19, shows that 93 per cent of clinical officers lack personal protective equipment with more than 90 per cent lacking eye protection gear, isolation gowns and protective suits as required by WHO standards.

Carried out among clinical officers, nurses, pharmacists and dentists throughout the country, the findings show the level of preparedness towards response to COVID-19 is poor.

Among nurses, KELIN found that 88 per cent do not have personal protective equipment (PPE) with more than 92 per cent citing lack of eye protection gear, 93 per cent lack isolation gowns and 93 per cent lack protective suits, while 92 per cent lack N95 respirators.

“The survey seeks to provide a right based response to the management and support being offered to our frontline teams across the country,” said Allan Maleche, KELIN Executive Director.

An extended online poll among medical practitioners, pharmacists and dentists under the Kenya Medical Practitioners And Dentists Union verifies the finding of the survey.

The poll found that 91 per cent of healthcare workers do not have PPE with 86 per cent saying they lack eye protection gear.

A further 83 per cent lack isolation gowns while 72 per cent said they are forced to reuse PPEs because of irregular supply of the equipment.

The shortages constitute a violation of constitutional rights, labour laws and the World Health Organization standards on handling the respiratory disease.

“This is against the occupational safety and health standard provided by WHO, Article 41 of the Constitution of Kenya as well as the Employment Act that all demand employers to provide a safe working environment and the proper protective equipment towards protecting their health,” reads part of the report.

In addition, 58 per cent of the healthcare workers have not been trained on preparedness and response of the Coronavirus.

The survey established that majority (66 per cent) of the healthcare workers cited lack of test kits as the reason why they have not been tested for COVID-19, leading to 97 per cent of the healthcare workers feeling more exposed to COVID 19 as a result of their work.

The inadequacies in fighting the disease extend to facilities right from admission.

“In accessing the health facility preparedness, the findings show that 32 per cent of the facilities are not screening clients at entry and not separating those with respiratory symptoms hence violating COVID-19 interim guideline,” says part of the report.

The triaging of patients over telephone which should be done prior to arrival at the clinic was also not being followed.

Patients with symptoms of respiratory tract infection should be advised to stay home until the condition resolves. Facilities not adhering to this guideline could easily contribute to the spread of the virus.

54 per cent of facilities are understaffed and only 70 per cent of them are well ventilated.

With COVID-19 surviving for hours, waste disinfecting and cleaning disposal areas is necessary but has proven a challenge as only 34 per cent of health facilities are cleaning and disinfecting waste.

“Work surfaces and equipment should be decontaminated as soon as possible after specimen are processed. Studies have shown that corona viruses can survive on environmental surfaces and can infect a person 2-8 hours after being deposited on the surface hence cleanliness of waste equipment management is key preventive measure that should be adhered to,” says the National Biosafety Guidelines.





In addition, healthcare workers have not been provided with alternative accommodation to minimize the chances of exposing their family members to the virus. 42 per cent of workers don't have transport to and from work with the curfew and partial lockdown.

“Being harassed by police on my way home after a stressful day at the hospital demonstrated that I am not supported by my government as far as this COVID-19 is concerned. Transport and alternative accommodation are basic needs in this curfew period, which can be considered to help us protect our loved ones from the risk we expose ourselves to daily,” said a healthcare worker.

There was also low coverage for life insurance among healthcare workforce.

“The results established that only 11 per cent of the respondents have life insurance cover. This is a worrying statistic since the healthcare workers are at the frontline in responding to COVID-19 which makes them more vulnerable to the virus hence this is a key requirement for the workforce.”

The report recommends that the government should enhance the capacity of health workers on emergencies and epidemics by using knowledge gathered from fighting COVID-19 to review medical training. This should include training on handling emergencies and epidemics.

The government should also provide enough medical equipment including PPEs, employ more medical staff and increase the health budget.

“There is an outcry for improved treatment of our frontline champions. We appeal to the National and County Governments, the Civil Society organizations, WHO, Ministry of health and all those concerned in the COVID-19 response to handle our frontline COVID-19 Champions with utmost priority,” said George Gibore of the Clinical Officers Union.

KELIN recommends that the government should strengthen all health facilities to have the capacity to handle all diseases by equipping them with proper medical equipment, medical staff and medication which should be accessible and available. **HB**

Experts Lounge



Mourning the death of a relative, friend or colleague at this time of social distancing and COVID-19

Dr Geoffrey Wango *Counselling Psychologist, Psychology Department, University of Nairobi* Email: gwango@uonbi.ac.ke

Death is a part of our lives. The coronavirus disease 2019 (COVID-19) is also an additional cause of death. Even then, the precautionary health measures make it difficult to mourn the death of a loved one as a result of the limited social interactions, including the stipulated social distancing. Mourning the death of a family member, relative, friend or colleague at this time of social distancing is a sad and challenging moment. The dejection of the loss is accelerated by the social distancing, including the health precautions that prohibit large groups of people from coming together to mourn a relative or friend.

Admittedly, these are problematic moments. Subsequently, we must make the best possible of the moments. Those able to attend a funeral, as well as those unable to physically attend need to understand that the burial of a body is the last rite, an essential rite of passage. The funeral, memorial service can, therefore, be transmitted via several Internet and digital services. The connection is emotional but essential, if not necessarily physical but psychologically fulfilling. Our traditions and rituals (cultural and spiritual) may be turned more into moments that we need to heal from the loss.

In providing comfort, let us understand that there are feelings of guilt and shame, and these emotional states of desperation arise out of our feelings of helplessness and inability to do as much as we can be able to. In that case, let us acknowledge our human limitations; that we cannot come together as we would have loved to and mourn collectively or comforted our loved ones at this time of great need. Instead, we must allow a more demanding, grim and albeit refined grieving process. Let us offer the social-psychological support and assist families, friends, colleagues and neighbours by comforting and sharing with them.

Coping with grieving during COVID-19

There are several coping strategies that we can adopt to assist with the grieving process. These, in turn, enable us to process the loss, and thus adequately grieve with the loss. A four-step approach is suggested as follows:

1. Pass the news so that close family members and friends are in the know. Share the news of the loss (death) with people even if they may not be able to attend the funeral. This allows the concerned persons even if absent during the funeral to mourn the departed.
2. Make good use of the narrative technique. There are several therapeutic techniques in grief and bereavement. One of them that stand out at this time is storytelling (narrative technique). It is important to talk about the death of the person, how the person met their death even if from COVID-19 or any other cause of death. This is important for several reasons. One, it clarifies the cause of death rather than making it a misery. Second, even if COVID-19 causes death, it helps us to stop stigmatizing the coronavirus disease. Stigmatization of the disease just like any other forms of stereotyping and discrimination makes dealing with



the crisis difficult. Thirdly, talking about the person reminds us of memories of them and emphasis must be made that memories at this time are not used to torment the grieving person. Instead, the memories if handled well assist in deep processing. We must hold the person in our secret sacred heart. This is because the person was dear to us and is deeply signified in our lives even in the event of death, including death from COVID-19.

3. Share the event to facilitate closure. Make use of the Internet including sending pictures, videos and other recordings on WhatsApp, YouTube and other digital processes. Sharing is tenderly painful, and thus comforting. The sharing also enables us to deal with the immediate and long term feelings, including compassionate emotional support to those who may be very close to the departed and those grieving the loss of a loved one during the pandemic.
4. Take care of your emotional and psychological wellbeing. It is good to be yourself. Also, be in touch with your feelings while avoiding unnecessary stress and anxiety. At the same time, be empathetic. In that case, accept your limitations including the social distancing. Of course, it is a tough time. Be kind to yourself and others.

These are hard times, and people are experiencing much distress. The stress and anxiety, especially when we lose a loved one is not only painful but also brings up other feelings, such as: what would happen if I got infected? Is this the end of the world? Feelings of frustration and helplessness can lead to despair. Nonetheless, life still matters a lot, especially to the living, children, youth and people in difficult circumstances. In that case, you must have hope and offer others a lot of hope and encouragement. Prayer, spiritual uplifting of self and others, meditation and cheering self and others can help a great deal to bring meaning into life every day. And with each passing moment, we must renew our energies and look up to a tomorrow filled with hope and confidence that we will eventually make it after all the challenges. We must have faith, as well as appeal to our spiritual and emotional strength to keep up with life and its apparent challenges. **HB**



Face masks and social distancing are part of the new order for many citizens struggling to make sense of COVID-19

Dr Michael Mungoma

Consumption patterns and cultures have changed overnight in the wake of the new virus and suspicion runs humanity. We are compelled to be aware of our impulses as we think about most acquaintances that are almost now all contactable only by phone.

Many have been turned into misguided mini-research scientists sieving through social media plagiarized garbage about coronavirus leading to misleading interpretations.

The virus is an invisible enemy that exists and manifests by affecting human health. The two notorious attributes of this virus are its newness and its ability to cause death in vulnerable populations. The elderly and men appear to be the hardest hit and strangely children are not being reported as much.

Many consumers are stocking up medicines, again as a result of misguided research from social media hoping that they will continue going against government directives and treat themselves when the need arises.

Medicines cannot be treated like dry cereals that can be conveniently consumed or easily kept away in a drawer at home. Hydroxychloroquine has been making headlines as a wonder drug for this disease. This medicine has been used for a long time to treat and prevent malaria. It has also been used to manage auto-immune diseases such as lupus and rheumatoid arthritis. These are diseases in which the body's immune system attacks healthy cells.

Several patients suffering from coronavirus disease have been put on this medicine after it was reported that there was an association between recovery among confirmed cases taking hydroxychloroquine.

This is not a cure for this disease and consumers need to understand that stocking and taking of this drug could have serious consequences.



Hydroxychloroquine can harm your heart, brain and ears if not taken under medical supervision.

Common sense will preserve life in this pandemic. We all need to remain sane and balanced in our decisions while consulting Pharmacists and Medical Doctors and importantly adhere to guidelines provided by the Ministry of Health.

If we all took five minutes to think about what is happening and how we contribute towards the statistics of confirmed cases, we would spend more time with family and utilizing this gap to streamline plans.

Carrying out unpaid work forwarding unsubstantiated medical or related information on social media about coronavirus disease to remain relevant or simply divert your attention will prolong this pandemic beyond its lifespan.

Western countries have a focus on flattening the curve and as Kenyans, we have to similarly preserve ourselves as intelligently as possible.

Face masks or other effective barriers for this virus are an added layer to the array of measures. Surgical masks are essential tools for our healthcare workers. We have to appreciate that buying every last mask from your local pharmacy will put nurses at risk if they run out predisposing everyone to the virus.

With information being churned out daily, we are also obliged to come up with solutions to this pandemic. It is mandatory to wear a mask when you step out of your house. This prevents or slows down the spraying of virus-containing coughs and sneezes that are a menace.

We are getting into our rainy and cold season which can be confusing to parents and the elderly. Children may by default develop respiratory symptoms as they adjust to the new season.

Paying close attention to information as well as close people will protect us all from the unsustainable consumption of medicines and medical products.

Acquiring a washable and reusable effective face mask will save you the trouble of continuous spending, poor disposal of masks and you catching the virus. Your respiratory tract is a good entry point and shelter for this virus. Some people have converted face masks into fashion statements. They wear them on their chins uncovering their noses and mouths while some wear them on the foreheads. A resolve to stop this pandemic has to be made.

Panic buying has created more than usual trips to supermarkets and other places which increase the risk of exposure to the virus. Supermarket trips for some have become an excuse for dealing with home matters and the obvious results on impulse buying is losing money that we are all not assured of because the job market is unsure of post coronavirus.

Food and medicines have become a priority globally but this will only be addressed if all consumers remain healthy and don't lose their lives during this pandemic. It is critical that we individually account for what we do during this pandemic. Our consumption habits will determine how well we endure. **HB**

Dr. Mungoma is the Dean School of Pharmacy Mount Kenya University and member of COVID-19 Task Force, Pharmaceutical Society of Kenya (PSK).

Kenya can't afford to neglect people with underlying conditions during COVID-19

By Edna N Bosire

Kenya is facing a double burden of communicable and non-communicable diseases. Clustering of infections (such as HIV or TB) and noncommunicable diseases such as diabetes or hypertension is now common. This is putting pressure on the overstretched healthcare system.

Despite this, many individuals with noncommunicable diseases remain undiagnosed for a number of reasons. These include unfamiliarity with symptoms, lack of testing equipment, and costs associated with the tests.

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.

Overall, almost half of hospital admissions and about 55 per cent of deaths in Kenya are associated with noncommunicable diseases.

This leaves the country in a particularly vulnerable position when it comes to the severity of COVID-19. Globally, evidence shows people with underlying medical conditions such as cardiovascular disease, hypertension, diabetes or cancers are at a higher risk of COVID-19.

Even before the COVID-19 pandemic reached Kenya, access to chronic care, especially for noncommunicable diseases, was challenging. This is worse for patients with more than one chronic disease.

Kenya's health system is fragmented and largely designed to manage individual diseases rather than managing patients with multiple diseases. This

is partly due to health system challenges such as staff shortages, inadequate or dysfunctional medical equipment, drug stock-outs and unskilled providers.

Unlike HIV, tuberculosis and malaria, access to care for most noncommunicable diseases such as diabetes is a major problem especially among the poor. Findings from our study at Mbagathi district hospital in Nairobi revealed some of these challenges.

A 52-year-old female patient said:

My HIV/AIDS care is provided free of charge but other diseases such as diabetes I pay for.

Another 58-year-old male patient said:

Every time I use KSh.1500 (US\$15); consultation fee is KSh.300 (\$3); I buy drugs for three months and that costs KSh.300 (\$3).

During the COVID-19 pandemic, access to care may be even more difficult due to overwhelmed health systems, lockdown and curfews as well as fear of infections. Currently, preparations are being made to prevent or manage COVID-19 cases. But little is said about protocols to manage patients with chronic conditions.

It's important to strengthen the healthcare system in Kenya to offer integrated care that addresses not only the COVID-19 pandemic but also chronic illnesses.

Management of COVID-19 should take account of other conditions. The current funding such as the \$50 million provided by the World Bank should provide horizontal treatment and care. It should address all conditions rather than only prioritising COVID-19 cases.

Integrating care means that individuals could get access to testing and medical care for COVID-19 as well as other conditions such as diabetes or hypertension.

The Kenyan government must also provide healthcare workers with adequate personal protective equipment and address staff shortages by hiring more unemployed doctors and nurses.

And healthcare providers with chronic conditions must be relieved from being at the frontline in managing COVID-19 cases. If this is not possible, providers must be well protected to avoid being infected.

Collaborating with communities and local administrations will help in reporting and tracking cases or deaths, and citizens who defy government laws. Community health workers can sensitise community members and individuals at risk of COVID-19 on preventive measures.

Finally, the police force in Kenya should be made aware that, even during the COVID-19 pandemic, patients with chronic diseases need constant engagement with hospitals. Lockdowns or curfew measures should be sensitive to these populations. **HB**



A public health worker takes details from a man volunteering to be tested for COVID-19 in the bustling Kawangware market in Nairobi. Tony Karumba/AFP via Getty Images

The article was first published in The Conversation

MyDawa introduces advance loans to customers

By Samwel Doe Ouma

An e-pharmacy platform is promising seamless access to medicines delivered to patients directly using technology amid the Coronavirus pandemic.

MyDawa, Kenya's only registered e-pharmacy platform, has increased deliveries to patients with chronic ailments and those practicing social distancing as the Coronavirus spreads globally.

Tony Wood, MyDawa Managing Director, says the platform mulls a nationwide coverage of online ordering and delivery of drugs through partnerships with pharmacies in the country.

He said the platform has also expanded payment options with the introduction of advance cash loans to its customers.

MyDawa has secured \$3million from Africa Health Care Master Fund to facilitate countrywide expansion and advance the company's vision of providing access to affordable, genuine and high-quality medicine.

In addition, Mydawa has partnered with Irish Fintech Umba to provide cash advance loans to purchase medication on its app.

"The loaning provision is meant to reduce out-of-pocket health expenses brought about by the spiraling cost of healthcare that denies many their fundamental right to access quality and affordable medication and healthcare services," Wood told Health Business in an interview.

The innovative e-pharmacy platform, with a subscriber base of over 100,000 mostly based in Nairobi, is capitalizing on Kenya's increased internet penetration and use of mobile apps to enable people purchase authentic medicines and



MyDawa Managing Director Mr Tony Wood

wellness products through MyDawa app or web portal.

"MyDawa demonstrates how technology is enabling efficiencies within the health products and wellness supply chain in Kenya," Wood said.

He adds that through partnerships patients living with chronic ailments nationwide will get uninterrupted supply of their drugs at affordable prices with guaranteed quality standard.

According to regulatory standards, e-Pharmacies must register with the Pharmacy and Poisons Board-(PPB), comply with standards and display a health- safety code logo provided by PPB to help in verifying duly registered outlets.

Woods affirms that MyDawa through its subsidiary ION Kenya is the only government-registered e-pharmacy allowed to sell online and deliver medicine.

"MyDawa retains all its prescriptions and verify details of patients and doctors

and function on a par with the brick and mortar pharmacies," he explains.

MyDawa is also the first online pharmacy in Africa and part of the top 4 per cent globally to earn the LegitScript certification that verifies internet operated pharmacies as safe, credible and trustworthy worldwide.

According to Wood, the e-pharmacy stocks over 5000 products range from prescription drugs to over the counter drugs, medical devices, baby care products, personal care products and health and wellness products.

The products are stocked and dispensed from Mydawa distribution centre based in Westlands, Nairobi.

The organization has also increased its payment options from M-pesa to loan services for customers based on their different location as part of a scale up of its service delivery.

"MyDawa has partnered with iPay, an innovative payment processing solution and payment gateway for

Africa,” he adds “payments can be done via M-pesa, via registered insurance providers and for those who have inadequate cash can borrow from UMBA and pay at a later date,” Wood explains.

He says that the company uses registered Pharmaceutical Technologists (Pharmtechs) to deliver prescription medicines as a huge step towards reducing Medication non-adherence.

“MyDawa is aware of the emerging pharmacy challenges in relation to medicines that are liable to misuse, abuse or overuse, and where there is a risk of addiction,” says Wood.

He assures that the company has initiated additional safeguards to ensure compliance with the pharmacy practice regulation.

“Mydawa system is automated to check and track trends in dispensing. Our pharmacists at the call centres physically verify uploaded prescriptions for validity and consultations and ensures are delivered by a pharmtech.”

The digital system tracks and spot trends in dispensing that can be traced and is completely auditable to monitor consumption and or prescription patterns.

He explains that this aspect makes it unique and can be used to remove insurance fraud.

The pharmacy dispenses and deals in wholesale of both branded drugs and guaranteed quality generics.

“My Dawa manufacturers own generics with World Health organization (WHO) prequalified pharmaceutical companies in India and does its own batch test to every product to ensure its quality is guaranteed.”

Personal care products are sold in the e-commerce platform without facing any restriction. **HB**

Use of telemedicine escalates amid Coronavirus pandemic

By Stephen Macharia

The Covid-19 pandemic has accelerated uptake of telemedicine in Kenya but doctors must develop new skills in digital health to promote service sustainability post-COVID-19, a health expert told participants in an online conference hosted by Kenya Healthcare Federation (KHF) in April.

Dr. Charles Kamotho, the Chief Executive Officer at Daktari Africa, an institution that connects people with medical needs to medics using digital platforms, said the COVID-19 pandemic avails opportunities to innovators in health to develop products that suit current social distancing requirements to stem the spread of the coronavirus disease.

Dr. Kamotho noted the pandemic has disrupted conventional ways of delivering healthcare noting the future of telemedicine rests on how quickly medical practitioners seize the current moment.

“For telemedicine to maintain itself, it is important for doctors to develop new mindsets and digital skills,” Dr. Kamotho said.

Telemedicine is the use of electronic communications and information technologies to provide clinical services when participants are at different locations according to the American Telemedicine Association (ATA).

Technology offers 24/7 access to teleconsultations especially to patients with chronic illnesses, helping them avoid face-to-face medical visits particularly at a time when people with undelaying health conditions are more vulnerable to COVID-19.

However, there are no clear guidelines on the regulation of telemedicine in Kenya. However, according to the Pharmaceutical Society of Kenya President Dr. Louis Machogu, Kenya must not squander the opportunity to embrace telemedicine.

“Government authorities need to make relevant guidelines relevant to telemedicine to improve its uptake. This country has better internet connectivity than many countries in the region,” Machogu says.

This call comes against a backdrop of accelerated global use of telemedicine. A study released on May 7, 2020, projects exponential growth in the global telemedicine market over the next decade.

Global Market Insights, market research and consulting company, projects the global telemedicine market to hit USD 175.5 Billion by 2026 driven by growth in technology and rising geriatric population. The aging population has created a demand for video tele-home care services.

Estimates on the current value of the global telemedicine market remain patchy but many valuations by Global Market Insights place it at USD 45 billion by close of 2019.

Dr. Kamotho, however, opines that the uptake of telemedicine will not be automatic post-COVID-19 pandemic.

“Despite the acuteness of the current situation accelerating the use of telemedicine, products, and services offered must remain efficacious and convenient to the needs of patients,” he said.

According to Dr. Kamotho, COVID-19 has the foundation stone for the uptake of telemedicine in Kenya.

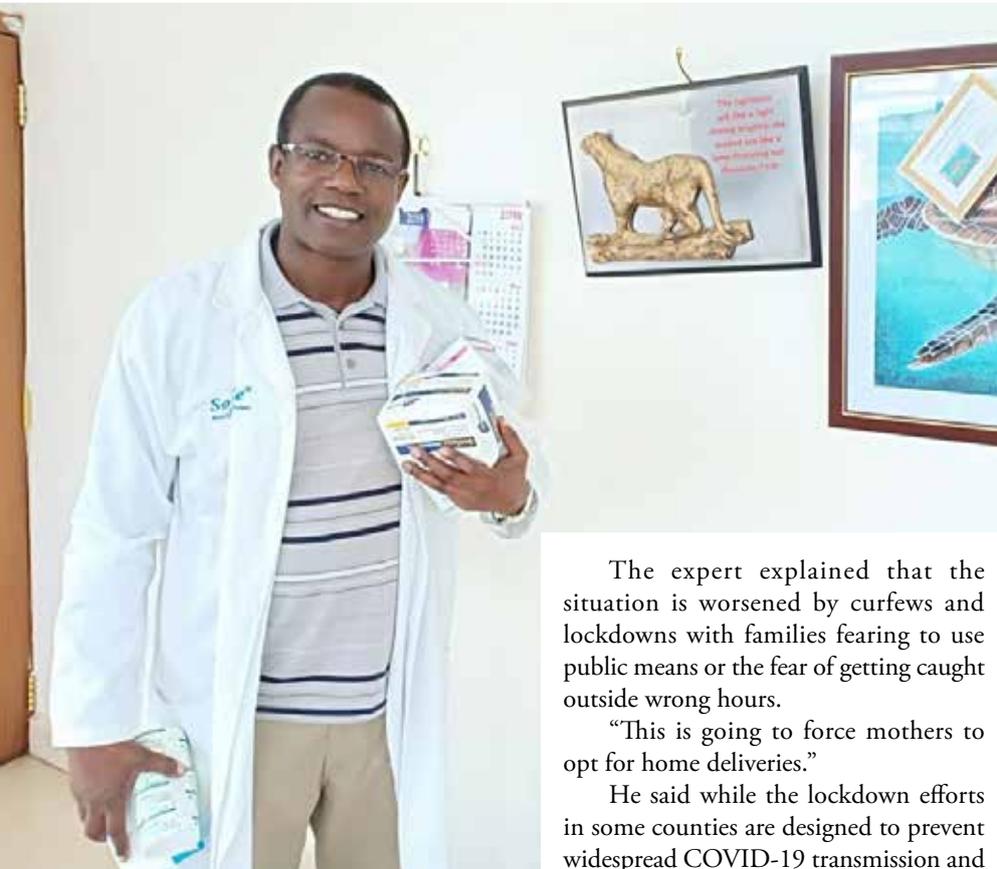
Technology has acted as a firewall against coronavirus infections for the patients and healthcare workers, providing a platform to deliver healthcare at a low risk of infections.

Unless a vaccine is found, people will likely reduce hospital visits as Kenya has already witnessed.

Amid the pandemic, the Ministry of Health has warned patients against self-medication as a substitute for hospital visits. **HB**

Fistula patients at high risk due to delayed treatment

By David Kipkorir



Dr. Hillary Mabeya

Women living with untreated fistula are at high risk due to delays in seeking treatment occasion by the disruption of the Coronavirus pandemic.

The Eldoret based Gynocare Women's and Fistula Hospital Chief Executive Officer (CEO), Dr Hillary Mabeya says the unprecedented COVID-19 pandemic will escalate obstetric fistula because women with the condition will abstain from seeking treatment from health facilities.

"With home deliveries, poor maternal outcomes including obstetric fistula and maternal deaths will increase," said Dr Mabeya.

The expert explained that the situation is worsened by curfews and lockdowns with families fearing to use public means or the fear of getting caught outside wrong hours.

"This is going to force mothers to opt for home deliveries."

He said while the lockdown efforts in some counties are designed to prevent widespread COVID-19 transmission and mortality, they also disproportionately affect women, girls and marginalized communities, with obstetric fistula clients being the most affected.

The founder and chief executive officer of Gynocare Women's and Fistula Hospital appealed to the COVID-19 National Taskforce to simplify accessibility of health services for women and girls suffering from obstetric fistula during the period.

Dr Mabeya revealed that Kenya still stands out among countries in sub-Saharan Africa with the highest maternal mortalities and morbidities, with several mothers dying daily while others end up with fistula due to preventable complications of childbirth.

He stressed that fistula patients need quick medical intervention, which they are no longer accessing today because of being in immobile state and home-bound.

Mabeya said they are currently exploring working relations with county COVID-19 taskforces and health facilities to strengthen referrals and access to health care for vulnerable women and girls including those that may need to be put in institutional quarantine.

Tens of thousands of women and girls around the world suffer every year from obstetric fistula, a preventable childbirth injury that results in urine and/or stool incontinence.

According to health experts, obstetric fistula is a medical condition where a hole develops in the birth canal as a result of childbirth.

This can be between the vagina and rectum, urethra or bladder of a woman that results in the constant leakage of urine or human waste.

The condition is predominantly caused by prolonged or obstructed labour lasting more than 24 hours.

Fistula causes infections, pain, and bad smell, and often triggers stigma and the breakdown of family, work, and community life.

According to the World Health Organization, fistula strikes roughly 50,000 to 100,000 women and girls every year, mainly in resource-poor countries in sub-Saharan Africa and Asia.

In Kenya, approximately 3,000 women and girls develop fistula every year, while the backlog of those living with untreated fistula is estimated to be between 30,000 and 300,000 cases. **HB**

Children at risk if immunization services are discontinued

By David Kipkorir

The United Nations Children's Fund (UNICEF) has warned that millions of children are at serious health risk if immunization services are discontinued amid the COVID-19 pandemic.

The agency, in statement, called on countries to step up the services amid the pandemic.

"Millions of children are in danger of missing life-saving vaccines against measles, diphtheria and polio due to disruptions in immunisation service as the world rushes to slow the spread of corona virus," UNICEF said.

The agency revealed that currently, over 13 million children are not receiving any vaccines.

Even before the coronavirus pandemic, UNICEF said some vaccines were out of reach for 20 million children below the age of one every year.

"As COVID-19 disrupts daily routines, many parents may be wondering whether they still can get their children vaccinated. We advise that if you still have access to immunizations, take the opportunity to get them for your child while following national and local guidance on COVID-19 protective measures", advised UNICEF.

UNICEF has warned that following the COVID-19 pandemic and its associated disruptions, it could create pathways to disastrous outbreaks in 2020 and well beyond.

UNICEF Principal Adviser and Chief of Immunisation, Robin Nandy, said the stakes have never been higher as COVID-19 continues to spread globally.

She said the fates of millions of young lives hang in the balance.

A UNICEF report estimates that 182 million children missed out on the first dose of the measles vaccine between 2010 and 2018, or 20.3 million children a year on the average.

The World Health Organisation (WHO) regional director for Africa, Matshidiso Moeti, also called on Africa countries to make provision for supplementary immunisation after the pandemic is controlled.

"When COVID-19 transmission is contained, scaling-up supplementary immunisation will be a priority to ensure we reach communities in need, particularly those most at risk," she said.

In a statement, Ms Moeti stressed on the need to invest in vaccine research and development.

She revealed that through the African Vaccines Regulatory Forum (AVAREF), safe and effective vaccines are reaching communities faster.

The regional director also advised African countries to engage in clinical trials "that meet international standards so the resulting products are adapted to meet regional needs."

She added that through technology transfer, vaccine production in African countries should increase, while reducing the continent's reliance on importing these essential products.

"While the complexity and breadth of the COVID-19 response is unprecedented, we must continue to protect African children against vaccine-preventable diseases," said Moeti. "Let us not be blind-sided by COVID-19 and let down our guard against measles and other childhood threats."

WHO has developed new guidelines on immunisation in the context of COVID-19 that stress the need for a dynamic approach.

It recommends that countries temporarily pause preventive mass vaccination campaigns but urge them to prioritize the continuation of routine immunisation of children as an essential service delivery as well as adult vaccinations such as influenza for groups most at risk.

World Immunisation Week, celebrated in the last week of April, aims to promote the use of vaccines to protect people of all ages against disease.

The goal of the campaign is to urge greater engagement around immunisation globally and the importance of vaccination in improving health and well-being of everyone. **HB**



47 million women could lose access to contraceptives, UNFPA warns

By David Kipkorir



The United Nations Population Fund (UNFPA) has warned the world to expect a tremendous increase in the number of women unable to access contraception; experiencing unintended pregnancies and facing gender-based violence as the COVID-19 pandemic continues over the coming months.

In a press release, UNFPA, Executive Director, Dr Natalia Kanem said the new data shows the catastrophic impact that COVID-19 could soon have on women and girls globally.

“The pandemic is deepening inequalities, and millions more women and girls now risk losing the ability to plan their families and protect their bodies and their health,” she said.

The UN’s sexual and reproductive health agency predicts that over 47 million women could lose access to contraception, resulting in 7 million unplanned pregnancies if the lockdown continues for six months.

The report also predicts that 31 million additional gender-based violence cases can be expected over the coming months as victims of domestic violence are trapped at home with their abusers.

The Kenya government has adopted strict measures to counter the spread of the COVID-19 virus. But these measures, as necessary as they are, are having a particular impact on women and girls, including elevating the risk of gender-based violence.

Recently, the National Council on Administration of Justice reported “a significant spike in sexual offences in many parts of the country”.

The ombudsman noted that “in some cases, the perpetrators are close relatives, guardians and/or persons living with the victims.”

The report pledged that “the courts will consider giving directions on early hearing dates in such cases.”

Available data shows that the curfew has significantly increased domestic violence rates.

The UNFPA research reveals the enormous scale of the impact COVID-19 is having on women as health systems become overloaded, facilities close or only provide a limited set of services to women and girls, and many choose to skip important medical checkups through fear of contracting the virus.

Disruptions in global supply chains are also causing a shortage of contraceptives, particularly in the lowest-income countries, according to the report.

The report further reveals that the pandemic is also expected to cause significant delays in programmes to end female genital mutilation and child marriage, resulting in an estimated 2 million more cases of FGM over the next decade than would otherwise have occurred.

These delayed programmes, on top of growing economic hardships globally, could result in an estimated 13 million more child marriages over 10 years.

But these do not have to be our future, Dr Kanem emphasized. The world can take steps to ensure continued access to reproductive health care and to protect the rights and dignity of all women and girls.

“Women’s reproductive health and rights must be safeguarded at all costs,” she said. “The services must continue, the supplies must be delivered, and the vulnerable must be protected and supported.” **HB**

Sanofi and GSK join forces in unprecedented vaccine collaboration to fight COVID-19

By Mike Mwaniki

Two multinational pharmaceutical companies have announced an initiative to develop an adjuvanted vaccine for COVID-19 using innovative technology to assist in addressing the ongoing pandemic.

In the initiative by Sanofi and GSK—Sanofi will contribute its S-protein COVID-19 antigen, which is based on recombinant DNA technology.

“This technology has produced an exact genetic match to proteins found on the surface of the virus, and the DNA sequence encoding this antigen has been combined into the DNA of the baculovirus expression platform, the basis of Sanofi’s licensed recombinant influenza product in the US,” said Sanofi Chief Executive Officer Paul Hudson.

He said the use of an adjuvant can be of particular importance in a pandemic situation since it may reduce the amount of vaccine protein required per dose, allowing more vaccine doses to be produced and therefore contributing to protecting more people.

“As the world faces this unprecedented global health crisis, it is clear that no one company can go it alone. That is why Sanofi is continuing to complement its expertise and resources with our peers, such as GSK, to create and supply sufficient quantities of vaccines that will help stop the virus.”

GSK chief executive officer Emma Walmsley said the scientific expertise of the two companies can help accelerate the global effort to develop a vaccine to protect as many people as possible from COVID-19.

Experts say the combination of a protein-based antigen with an adjuvant is well-established and used in many vaccines available today.

An adjuvant is added to some vaccines to enhance the immune response and has been shown to create a stronger and longer-lasting immunity against infections than the vaccine alone. It can also improve the likelihood of delivering an effective vaccine that can be manufactured at scale.

The companies plan to initiate phase I clinical trials in the second half of 2020 and, if successful, subject to regulatory considerations, aim to complete the development required for availability by the second half of 2021.

As previously announced by Sanofi, development of the recombinant-based COVID-19 vaccine candidate is being supported through funding and a collaboration with the Biomedical Advanced Research and Development Authority (BARDA), part of the office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services.

The companies plan to discuss funding support with other governments and global institutions prioritising global access.

“Strategic alliances among vaccine industry leaders are essential to make a coronavirus vaccine available as soon as possible,” said Dr Rick Bright, BARDA director.



The companies have set up a joint task force, co-chaired by David Loew, Global Head of Vaccines, Sanofi and Roger Connor, President Vaccines, GSK. The task force will seek to mobilise resources from both companies to look for every opportunity to accelerate the development of the candidate vaccine.

Considering the extraordinary humanitarian and financial challenge of the pandemic, both companies believe that global access to COVID-19 vaccines is a priority and are committed to making any vaccine that is developed through the collaboration affordable to the public and through mechanisms that offer fair access for people in all countries.

These efforts mark a significant milestone in Sanofi’s and GSK’s ongoing contributions to help fight COVID-19.

The companies have entered into a material transfer agreement to enable them to start working together immediately.

At the same time, Heads of State and global health leaders have made an unprecedented commitment to work together to accelerate the development and production of new vaccines, tests and treatments for COVID-19 and assure equitable access worldwide.

The COVID-19 pandemic has already affected more than three million people, killing over 218,000.

It is taking a huge toll on families, societies, health systems and economies around the world, and for as long as this virus threatens any country, the entire world is at risk.

There is an urgent need, therefore, while following existing measures to keep people physically distanced and to test and track all contacts of people who test positive, for innovative COVID-19 vaccines, diagnostics and treatments. [\[1\]](#)

Virus may reverse gains made in fight against Malaria

By Felix Achanda



The Coronavirus pandemic may reverse the gains made against malaria in Africa, the African Leaders Malaria Alliance (ALMA) has said.

“The COVID-19 pandemic is a hurdle that risks stalling or at worst, rolling back the gains we have made in the fight against malaria in Africa,” said Kenyan President and ALMA chairman Uhuru Kenyatta.

Kenyatta noted that Kenya had a reduced prevalence of the disease from six million to 4.6 million infections over the past 10 years.

In Kenya, Malaria is the second leading killer with 17,553 deaths according to the 2018 Economic survey by the Kenya National Bureau of statistics.

In sub-Saharan Africa, deaths are expected to double during the COVID-19 pandemic reversing gains made against the disease in two decades.

“In a worst-case scenario, in which all insecticide net campaigns are suspended and there is a 75 per cent reduction in access to effective antimalarial medicines, the estimated tally of malaria deaths in Sub-Saharan Africa would reach 769,000, twice the number of deaths reported in the region in 2018,” according to the WHO.

The World Economic Forum has urged countries to consider new measures to deliver commodities.

“Measures to deliver antimalarial commodities and services are being considered everywhere but its already being complicated by lockdowns and travelling bans which are restricting the movement of health workers and causing some supply chain problems,” notes the WEF.

WEF also reports that it has been alerted of potential shortages of medicines including malaria drugs.

The Global Fund report notes that 10 per cent of malaria medicines face delays of more than a month. Some companies are planning to stop or reduce malaria, HIV and Tuberculosis test kit production.

To avoid future disruption of medical supplies to Africa caused by external supply breakdowns, Kenyatta said ALMA will focus on boosting Africa’s power and local manufacturing of critical medical supplies through regional partnerships and collaborations.

Despite the various supply problems Kenyatta said his government will distribute 15 million treated nets to vulnerable Kenyans.

The rising interest in malaria, HIV and Lupus drugs such as Chloroquine in the fight of COVID-19 has led to shortages for the patients who need them despite limited evidence that they are effective in the treatment of COVID-19.

Clinical trials with malaria drugs have added another health burden as COVID-19 patients giving the drugs develop serious side effects such as heart rhythm problems.

“In many African countries, Malaria is the leading cause of hospital visits which exerts unbearable financial pressure on households,” said Kenyatta

Malaria contributes heavily to child mortality in Africa as two thirds who succumb to the disease are children under-five.

“We saw with Ebola in West Africa that we lost more people to malaria, for instance than, than we lost to Ebola. Let us not repeat that with COVID-19,” said Dr Matshidiso Moeti, WHO Regional Director for Africa.

The ALMA urged leaders from other countries not to ignore malaria under other infections as they fight COVID-19.

Gains in the fight of other infections such as polio and measles may be reversed as their prevention programs have been postponed. **HB**

Malnutrition related hospital admissions for children under five increased in 2019, cases likely to soar during COVID-19 pandemic

By Stephen Macharia



Veronica Kirogo, Head Division of Nutrition and Dietetics - Ministry of Health

The effects of the Covid-19 pandemic on families and the containment measures implemented by the government to counter its spread are likely to have negative impacts on the nutrition situation in the country, a nutrition expert has told the Health Business Magazine.

According to Veronica Kirogo, Head of Division of Nutrition and Dietetics at the Ministry of Health (MoH), the COVID-19 pandemic places vulnerable groups such as women, the sick, people living with disability and older persons and resource-poor at risk of malnutrition due to disruption of food supply chains and income sources.

“Malnutrition occurs when a person’s intake of energy and/or nutrients is inadequate, in excess, or imbalanced. Based on the infection prevention and control measures that are being implemented by the Government to address the COVID-19 pandemic, we can expect an adverse impact on the nutrition situation,” said Kirogo.

In Kenya, Kirogo adds, “inadequate food intake has been identified as the

immediate causes of malnutrition and these are as a result of household food insecurity, inappropriate feeding and care practices, and the unhealthy household environment as well as inadequate access to health services.”

Due to the containment, schools have closed meaning the government has discontinued the school meal programme, denying children who solely rely on these meals access to their only source of nutrition.

Without school, children and especially in urban areas have experienced “reduced physical activity which may contribute to rising cases of overweight and obesity, a risk factor for non-communicable diseases,” Kirogo said.

“Fear of, and stigma against COVID-19 has contributed to reduced visitation to health facilities as clients are less willing to go to hospitals for non-emergency review or preventive care such as nutrition counseling, immunization, micronutrient supplement, and nutrition commodities distribution. This has disrupted the delivery of nutrition services especially maternal, infant, and young child nutrition such as growth monitoring, micronutrient supplementation, management and treatment of acute malnutrition, nutrition counseling, breastfeeding promotion. These may result in missed opportunities for early detection and treatment of malnutrition among women and children.”

In Kenya, malnutrition-related hospital admissions for children under five increased in 2019 latest data from the Kenya National Bureau of Statistics (KNBS) shows.

According to the Economic Survey 2020 released last month by the KNBS,

health facilities across the country admitted 2,086 malnourished children in 2019, an increase from 1,876 recorded the previous year.

Loss of employment and reduced income-generating opportunities are likely to affect access to food and may contribute to reduced dietary intake of the affected households, MoH says.

The World Health Organization (WHO) says malnutrition includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting in diet-related non-communicable diseases.

“Around 45% of deaths among children under 5 years of age are linked to undernutrition. These mostly occur in low- and middle-income countries. At the same time, in these same countries, rates of childhood overweight and obesity are rising,” WHO says.

Globally, the WHO shows, 47 million children under 5 years of age are wasted, 14.3 million are severely wasted and 144 million are stunted, while 38.3 million are overweight or obese.

Cognizant of the expected spike in malnutrition cases due to COVID-19, MoH has already developed three nutrition guidelines currently used in health facilities to stem malnutrition.

The guidelines include Interim Guidance for Nutrition Management of COVID-19 For Health Workers in Treatment and Isolation Centres; Nutrition Messages to Contribute to Prevention of COVID -19 and Interim Guidance on Continuity of Nutrition Services Delivery in the Context of COVID-19 Pandemic. [HB](#)

Ambulance services targeting expectant women in need of maternal care during curfew hours commence in Nairobi and Western Kenya

By Stephen Macharia

PharmAccess has rolled out an ambulance service targeting expectant women in a bid to boost hospital-based deliveries as the government implements a dusk to dawn curfew to curb spread of the COVID-19.

Dubbed MomCare, the ambulance service has over 47 ambulances operating in Nairobi and Western Kenya.

Moses Otieno, MomCare Project Manager for PharmAccess in Western Kenya says that the goal of the initiative is to ensure that more women experience safe deliveries.

“Women still need to give birth during the COVID-19 pandemic and within curfew hours. By facilitating access to an ambulance during curfew hours we have been able to save mothers and children lives.”

He adds that the MomCare project works to reduce maternal and neonatal mortality rates in the country by giving expectant women access to quality maternal services at selected health facilities without fear of arrests for flouting curfew hours.

“People’s mobility has been significantly affected by the government imposed curfew that prohibits movement between 7.00pm and 5.00am. Expectant women are at a higher risk of developing complications if access to care at the time of delivery is delayed,” he noted.

Lillian Akinyi, 33, a beneficiary of the MomCare service in Rutek, Kisumu County, lauded the service for helping her give birth to her second child.

“I was very afraid since the curfew was introduced. The motorbike and other taxis do not operate at night. Besides the curfew, this area has experienced floods and I was worried for my child. A MomCare ambulance helped me get to hospital. “I don’t know what I would have done. Probably I could have delivered at home with help of a traditional birth attendant, and leave the rest to God if any complications occurred,” Akinyi said.

Akinyi says pregnant women receive SMS reminders for clinic appointments and their due date.

MomCare is facilitating the women to access a minimum of four antenatal care (ANC) visits and to have a skilled delivery at a health facility.

Health providers at the MomCare partner health facilities have a mobile phone based application that allows them follow the pregnancy journey of the mother.

St. Elizabeth Hospital Chiga, located in Kisumu East Sub County, is part of the MomCare program. The hospital

administrator Mary Josephine Ndalwala says that free ambulance for delivery purposes during curfew hours has increased access to the hospital and the number of skilled deliveries.

“We used to serve an average of 20 mothers per clinic day but with support from PharmAccess, we now attend to an average of 60 mothers per clinic day. Deliveries have increased from an average of 45 per month to an average of 70 per month. Maternal and neonatal mortality and morbidity has also reduced. In the last six months, we have not had maternal mortalities. Neonatal mortalities have reduced from 3 to 1 percent,” Ndalwala says.

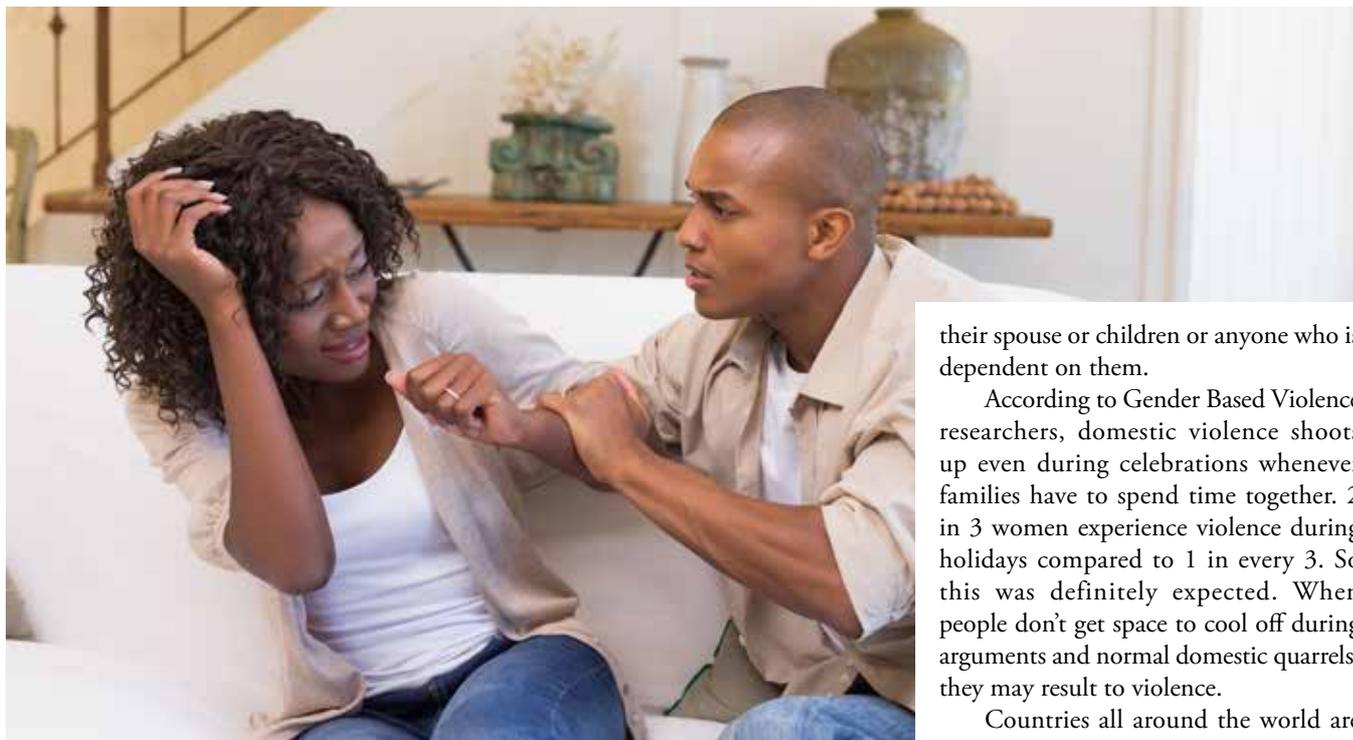
The program is running in 24 health facilities in Nairobi, Kisumu and Kakamega counties. Close to 8,000 mothers have access to ambulances to bring them to hospital if urgent maternal related care is needed during the curfew hours, says PharmAccess in a communication to Health Business Magazine. **HB**

...deliveries have increased from an average of 45 per month to an average of 70 per month...



Surge in domestic violence worldwide: Result of Quarantine

By Wendy Sigey



It raised awareness when twitter CEO, Jack Dorsey partnered with the multi award winning artist and entrepreneur Rihanna to donate 4.2 million dollars to help domestic violence victims. The world was going through so much at this time that many had not even remembered how risky and stressful it could have been for a domestic violence victim to stay indoors.

Research shows that cases of domestic violence all around the world are on the rise. As of April, France reported 36% increase in cases of domestic violence and 2 women had been killed. Australian internet searches for support increase by 75%. The National Domestic abuse helpline in the UK have experienced 25% increase on calls reporting similar cases. Women's Affairs Minister in Tunisia complains the abuse cases have gone up 5 times the normal.

These numbers are really high. One may wonder why the increase. For some

it may be obvious but others may not really understand. For domestic violence victims, home is not the safe place or sanctuary that many may perceive it to be. For such people it is most likely the place where they experience the most abuse and their perpetrators are close. So picture being on lockdown with your perpetrator. Measure put in place by governments to curb the spread of corona virus in a way make it difficult for victims to escape. There is also the idea that there is very little scrutiny from neighbors therefore many may not easily get help.

Poverty is also a huge factor. Many people have been laid off work or have been sent on unpaid leave. Leaving many in a state of distress and anxiety since no one really knows when things will get back to normal. Despite all these, life still has to go on and bills still have to be paid. Food has to be bought. These frustrations can lead one, especially when they are the sole provider, channel their anger on

their spouse or children or anyone who is dependent on them.

According to Gender Based Violence researchers, domestic violence shoots up even during celebrations whenever families have to spend time together. 2 in 3 women experience violence during holidays compared to 1 in every 3. So this was definitely expected. When people don't get space to cool off during arguments and normal domestic quarrels, they may result to violence.

Countries all around the world are trying to curb the increase in gender based violence. France is leading by paying for hotels for domestic violence victims and setting up centres in grocery stores with secret codes where victims can seek help. The Rihanna and Jack Dorsey 4.2 million dollar donation was meant to cater for 10 weeks of shelter, meals, and counseling for victims and their children in LA suffering from domestic violence as a result of the COVID-19 Safer at Home Order.

Other countries should look deeper into this matter and come up with measures that can be implemented during this pandemic. Governments should come up with kitties to be able to help cater for domestic violence victims needs and hopefully provide counseling services. We can also as citizens ensure we have honest and reasonable conversations to raise awareness on the idea that home is not always a safe space for everyone and this may help a victim openly come out and report what they are going through. **HB**

Israel makes breakthrough in the treatment of COVID-19

By Samwel Doe

As the world intensifies search for coronavirus vaccine, an Israeli Institute for Biological Research (IIBR), has developed an antibody treatment to COVID-19.

The secretive scientific military unit that works under Israeli Prime Minister Benjamin Netanyahu's Office in Ness Ziona, a small city conveniently located in the South coastal plain, 10Km East of the Mediterranean, briefed Israeli Defence Minister Naftali Bennet on the potency of the antibody in COVID-19 treatment.

In a report published this week in the Times of Israel, the Defence Minister witnessed a "significant breakthrough by Israel's Defence biological research Institute in developing an antibody to COVID-19, as the researchers wrapped up the development phase and moving to the patent and mass produce the potential treatment."

The newspaper reported that Bennet visited the military labs of Israel Institute for Biological Research (IIBR) and was shown the antibody that attacks the virus in a monoclonal (single target) way and can neutralise it within the bodies of those that are ill.

A statement from the Prime Minister's Office, indicated that the antibody development had been completed and the institute was in the process of patenting the find "and in the next stage, researchers will approach international companies to produce the antibody on a commercial scale."

"I am proud of the institute staff for this terrific breakthrough. Their creativity and the Jewish mind brought about this amazing achievement," said Bennet in the statement.

However, the paper reported that the "breakthrough presented to Bennet did not indicate whether it was in addition to progress that was reported in March and no further details were provided. The statement did not also specify whether human trials

were conducted."

Addressing an International virtual donors conference, Prime Minister Benjamin Netanyahu pledged U\$ 60 million to raise funds for the joint fight against the coronavirus pandemic.

"Like all countries, Israel is now trying to find the right balance between protecting the health of our citizens by preventing another spike in infections, and enabling the reopening of our economy, but ultimately, to ensure both the public health and national prosperity, we must all work together on improving diagnostic, accelerating therapies and ultimately developing a vaccine," he said in a prerecorded message to the virtual pledging event.

"I am confident that Israel's leading research institutions, its leading world renowned scientists and our unique culture of innovation can enable us to play an important role in advancing solutions on all those fronts. We hope to work with other countries to leverage our unique capabilities to find solutions for the benefit of all," he said.

The Times of Israel reported that "There are about 100 research groups around the world that are working on vaccine development with nearly a dozen

in early stages of human trials or poised to start. But it is so far not predictable which if any of the vaccine under global development will work safely or even to name a front runner."

The US government expert Dr. Antony Fauci has cautioned that, "even if everything goes perfectly, developing a vaccine in 12 to 18 months would set a record for speed," reported the paper.

"In early February," the paper wrote, "before the virus reached Israel, Netanyahu instructed the IIBR and the Health Ministry to work to create a vaccine against the virus and establish a vaccine factory."

"It is possible that even on this issue (Vaccine), if we work fast enough, with an appropriate budget and the talented people that we have, that Israel will be ahead of the World," said Netanyahu in February.

According to information published on the IIBR website, "The Israel Institute for Biological Research (IIBR), was established in 1952, as a governmental research institute founded by a group of scientists from Israel Defence Force (IDF) science corps and from academic organisations.

Over the years the Institute has been engaged in Research and Development (R&D) in the fields of biology, chemistry, and environmental sciences in order to provide the state of Israel with scientific response to chemical and biological threats."

Prof. Shmuel Shapira, a full colonel in the Israeli Defence Forces (IDF), is the Director General of the IIBR and currently heading "a team of 50 experienced scientists working at the institute on researching and developing a medical remedy for the virus. **HB**



Up to 190 000 people could die of COVID-19 in Africa

By Mike Mwaniki

83,000 to 190, 000 people in Africa could die of COVID-19 and 29 million to 44 million could get infected in the first year of the pandemic if containment measures fail, a new study by the World Health Organization (WHO) Regional Office for Africa finds.

The research, which is based on prediction modelling, looks at 47 countries in the WHO African Region with a total population of one billion.

WHO says the new estimates are based on modifying the risk of transmission and disease severity by variables specific to each country to adjust for the unique nature of the region.

The model predicts the observed slower rate of transmission, lower age of people with severe disease and lowers mortality rates compared to what is seen in the most affected countries in the rest of the world.

This is largely driven by social and environmental factors slowing the transmission, and a younger population that has benefitted from the control of communicable diseases such as HIV and tuberculosis to reduce possible vulnerabilities.

The lower rate of transmission, however, suggests a more prolonged outbreak over a few years, according to the study which also revealed that smaller African countries alongside Algeria, South Africa and Cameroon were at high risk if containment measures are not prioritised.

As at May 7, 2020, Kenya, for example, had reported 582 cases with 26 deaths; South Africa had 7,808 cases (153 deaths); Ghana 3,091 cases (18 deaths); Nigeria 3,145 cases (103 deaths); Algeria 4,997 cases (476 deaths) and Cameroon 2,265 cases (108 deaths) among other African countries.

The WHO Regional Director for Africa, Dr Matshidiso Moeti says: “While COVID-19 likely won’t spread as exponentially in Africa as it has elsewhere in the world, it likely will smoulder in transmission hotspots...

“COVID-19 could become a fixture in our lives for the next several years unless a proactive approach is taken by many governments in the region. We need to test, trace, isolate and treat.”

The predicted number of cases that would require hospitalisation would overwhelm the available medical capacity in much of Africa.

“There would be an estimated 3.6 million–5.5 million COVID-19 hospitalisations, of which 82, 000–167, 000 would be severe cases requiring oxygen, and 52, 000–107, 000 would be critical cases requiring breathing support. Such a huge number of patients in hospitals would severely strain the health capacities of countries.”

A survey of health services in the African region undertaken in March 2020 based on self-reports by 47 countries to WHO revealed that there were on average nine intensive care unit beds.

“Additionally, the physical access to these services to the general population is very low, suggesting many people would not even have the chance to get to the needed care. Diseases that could be managed could easily become more complicated as a result.”

The study recommends that countries across Africa need to expand the capacity particularly of primary hospitals and ensure that basic emergency care is included in primary health systems.

Dr Moeti observes: “The importance of promoting effective containment measures is ever more crucial, as the sustained and widespread transmission of the virus could severely overwhelm our health systems.”

Containment measures--specifically physical distancing and hygiene improvement-- aim to slow down the transmission of the virus so its effects happen at a rate manageable by the health system.

All countries in the WHO African Region are using these results through the WHO country offices to inform their containment actions.

The detailed methods and results are currently in press at the British Medical Journal-Global Health after extensive peer review and validation.

Dr Moeti announced these new projections during the WHO Africa Media Leader virtual press conference held on May 7 which was held with the support of the World Economic Forum.

The other speakers were Dr Amit Thakker, Executive Chairman of Africa Health Business and President of the Africa Healthcare Federation and Stephen Karingi, Director of Regional Trade and Integration, Economic Commission for Africa. [FB](#)

**COVID-19
could become
a fixture in our
lives for the next
several years...**

WHO and UNICEF urge countries to maintain routine immunization services amid the COVID-19 pandemic

By Mike Mwaniki

The World Health Organisation and UNICEF are urging countries to maintain routine immunisation services as the novel coronavirus-- which has killed more than 286,000 people-- continues to upend lives globally.

"All countries are vulnerable, regardless of income levels or the strength of their health care systems," WHO and UNICEF said in a joint statement.

Governments across the region must protect people from the many diseases for which vaccines are already available.

According to new WHO and UNICEF data, 20 million children worldwide – more than 1 in 10 – missed out on lifesaving vaccines such as measles, diphtheria and tetanus in 2018.

Globally, since 2010, vaccination coverage with three doses of diphtheria, tetanus and pertussis (DTP3) and one dose of the measles vaccine has stalled at around 86 per cent.

Experts say while high, this is not sufficient adding that 95 per cent coverage is needed – globally, across countries, and communities -- to protect against outbreaks of vaccine-preventable diseases.

WHO Director-General Dr Tedros Ghebreyesus said vaccines are most important tools for preventing outbreaks and keeping the world safe.

"While most children today are being vaccinated, far too many are left behind. Unacceptably, it's often those who are most at risk-- the poorest, the most marginalised, those touched by conflict or forced from their homes - who are persistently missed," he said.

Meanwhile, new estimates by WHO and the United States Centres for Diseases Control and Prevention reveals that measles killed more than 140,000 people in 2018, as cases of the disease surged globally due to

devastating outbreaks in all regions.

According to WHO and CDC, most deaths occurred among children under five years of age, with babies and very young children at greatest risk from measles infections.

Those infected were also vulnerable to potential complications including pneumonia and encephalitis (swelling of the brain), as well as a lifelong disability - permanent brain damage, blindness or hearing loss.

WHO estimates that there were 1,759,000 cases in Africa with 52,600 deaths. Most unvaccinated children live in the poorest countries and are disproportionately in fragile or conflict-affected states.

"Almost half are in 16 countries - Afghanistan, the Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Iraq, Mali, Niger, Nigeria, Pakistan, Somalia, South Sudan, Sudan, Syria and Yemen."

In 2018, approximately 527,000 children missed their first dose of measles-containing vaccine in the WHO European Region.

"Protecting children, adolescents and adults from vaccine-preventable diseases through vaccination is a must for the sustainability of health care systems."

According to UNICEF Regional Director (Europe and Central Asia), Ms Afshan Khan, routine immunisation programmes must continue during the pandemic while adequately protecting health workers and individuals receiving the vaccination.

She said countries should be prepared to vaccinate those at higher risk and ensure everyone, including the most marginalised, will have equal access to a COVID-19 vaccine when it becomes available.

"We can prevent the further impact of COVID-19 on our health care systems by assuring that individuals of all ages remain vaccinated according to national schedules," said WHO Regional Director (Europe), Dr Hans Kluge.

He urged countries to maintain immunisation service delivery and drive demand for vaccination, through the life-course.

In a recent report, the GAVI, the Vaccine Alliance chief executive, Dr Seth Berkley warned that with one-in 10 of the world's most vulnerable children still missing out on the most basic health care—such as childhood immunisation—the communities they live in are not just the last to be reached, they are also the hardest to reach.

"Because of this, a shift in mindset is needed to reach them too. Instead of focusing on scale, we must develop new kinds of partnerships, collaborations and technologies to make the last child our priority," he said.

However, the chief executive notes, despite such efforts, there are still around 13.6 million children not getting even the most basic vaccines.

WHO and UNICEF estimates that 86 per cent of children globally received the first dose of measles vaccine through their country's routine vaccination services in 2018, and fewer than 70 per cent received the second recommended dose.

Worldwide, coverage with measles vaccine is not adequate to prevent outbreaks. WHO recommends that 95 per cent vaccination coverage with two doses of measles vaccine is needed in each country and all communities to protect populations from the disease. **HB**



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