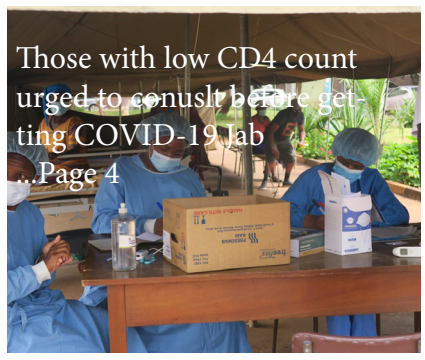
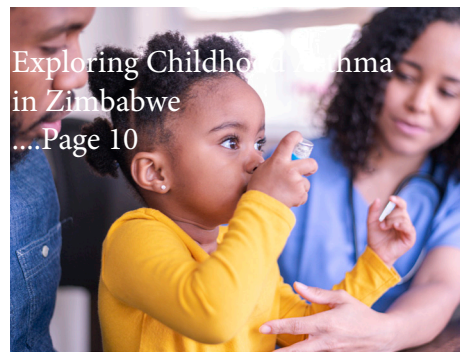
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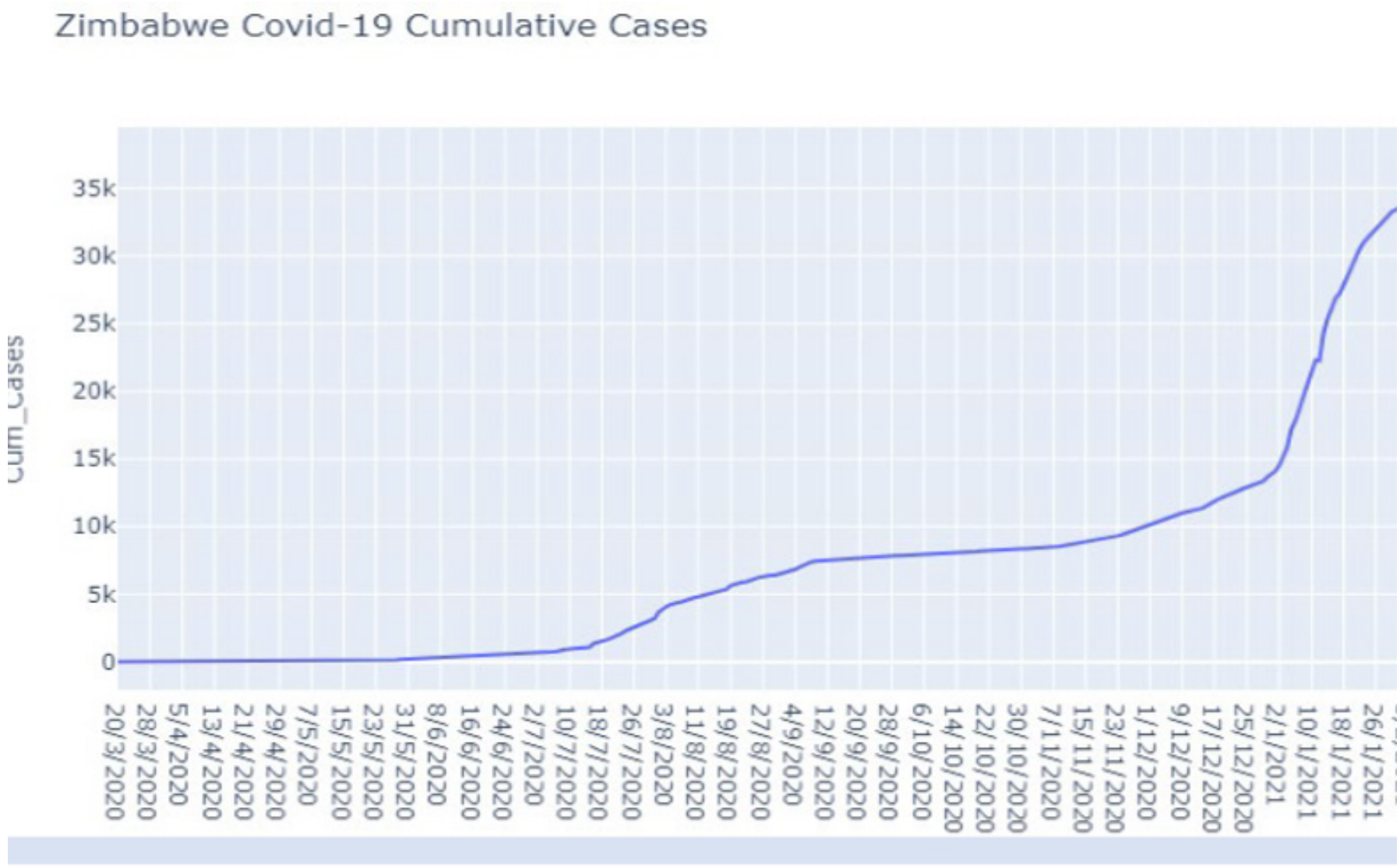

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Zimbabwe Not Yet In The 3rd Wave- Experts



By Michael Gwarisa

CONTRARY to widespread reports that a third COVID-19 wave was already in the country, medical and health experts have assured the nation that the nation was nearing the end of a second wave.

There have been speculation over the past few weeks following the surging of COVID-19 cases in schools, triggering fears that a third wave might probably started in the country.

Speaking during a webinar that was organised by the National AIDS Council (NAC), Dr Takunda Sola who is also the Regional Program Manager for Population Services International (PSI) urged citizens to continue adhering to covid prevention measures to avoid a third wave in the forthcoming winter.

"When it comes to waves, when you look at it from an epidemiological perspective, there is something that we call an epidemiological curve whereby when you have an infection, first of all your cases go up exponentially and then eventually, they flatten and then they come down.

"You find that when we had our first lockdown, we had our cases going up and eventually it flattened and the lockdown restrictions were eased. Around December we had cases going up exponentially and now we are almost tailing at the end of the that curve. If I were to be asked, I would say we are at a second wave tailing off at the end," said Dr Sola.

He however added that with winter coming, there was anticipation that a third wave could come but said a third wave does not necessarily mean it will be more contagious and virulent compared to other waves that have been experienced before.

"In winter, there is a possibility of a third wave that's why we don't want people to relax or discontinue infection prevention measures because there is a possibility of us getting into a third wave especially in the winter season that's coming. The second wave that we experienced from December was more associated with the South African variant.

"In order for viruses to survive, they undergo mutations. They change a bit of their gene structure in such a way that if you develop medication that's targeted towards the strain, the virus might fight off the medication. As the infections have gone on and on, we have had these mutations, we have the Brazil variant and so forth and unfortunately for the healthcare system, we essentially are learning as we go."

He however applauded Zimbabwe for being an early mover in the response against COVID-19 a move he believes might have spared the nation a great deal of infections.

"What you need to note is that Zimbabwe was an early mover in terms of adopting some of the scientifically proven methods limiting the spread of COVID-19...To Page 5



Normalcy Returns To COVID-19 Hit Matebeleland Schools

By Patricia Mashiri

MINISTRY of Health and Child Care Matebeleland Acting Provincial Medical Director (PMD), Dr Andrew Muza said some semblance of normalcy had returned to Sacred Heart and Embakwe Mission schools in the province which were hit by COVID-19 in the past few weeks.

The schools started recording increased COVID-19 cases soon after the Easter holidays which saw some learners and school stuff being put in isolation.

"The province reported over 400 cases of COVID-19 at Sacred heart Schools and Embakwe Mission. All the students and members of staff are currently well and have been discharged from isolation," Dr Muza said.

He also added that they have embarked on a widespread vaccination program in the areas that surround the two schools and the response from the communities has been overwhelming.

"We have also vaccinated 500 people in the communities that surround these schools. We have also embarked on a massive vaccination in the border towns," Dr Muza said.

Meanwhile, they are working closely with the government in trying to construct and equip isolation centres in Plumtree, Gwanda and Beitbridge since they are border towns they are more likely to have a high prevalence of the deadly disease compared to other towns.

"Some of the things that the Ministry is working on in anticipation of a third wave include a thorough preparation of our isolation centres, construction of intensive care units. We are also going to continue educating people on the disease," Dr Muza said.

Sacred Heart, Embakwe and St David of Bonda Mission were part of the schools which recorded cases of COVID-19 when schools were opened in 2021. Cases have since dropped with the recovery rate standing on 93%, active cases gone down to 972 as of 5 May 2021.
The cumulative number for the people that have received their first dose of vaccine is 461 023 and the ones who have received their second dose is 115 210.





Plans To Form New Nurses Union Loyal To Gvt Exposed

By Michael Gwarisa

A new nursing labour organization is reportedly on the cards as a ploy by government and the Health Services Board (HSB) to frustrate dissenting voices from within the nursing profession as well as neutralize the Zimbabwe Nurses Association (ZINA) and have individuals loyal to government occupying key positions.

The Zimbabwe Nurses Association has of late been branded as pugnacious and its individuals linked to the regime change agenda owing to a series of industrial actions they been orchestrating over the past few years.

Information gathered by this publication indicate that the decision to form the new Nurses Association is backed by senior officials in government and the new formation will comprise of representatives from the Zimbabwe Young Nurses Association (ZYNA), an organization that emerged at the height of the historic nurses' strikes which lasted for at least six months back in 2019.

In an interview with HealthTimes, ZINA spokesperson, Mr Tapiwa Mutambara said a representative was deployed from Chitungwiza Central Hospital and addressed nurses and members of the nurses association at Sally Mugabe Hospital following the ZINA president Enoch Dongo's resignation from the Ministry of Health and Child Care (MoHCC) saying Dongo was no longer effective since he was no longer a practising nurse and there was need to form a new association.

"They came and listed salaries, loans and good working conditions and schemes including a whole lot of promises that the new Union was going to bring in. They said the Union was going to be launched in May and will be led by someone who is going to be appointed. There are not going to be any elections and at the moment they do not have a constitution," said Mutambara.

He added the splinter ZYNA organization had fizzled out of existence but was now bouncing back through this union. He also said the new union had even received blessings from the new Sally Mugabe administration which actually gave them special treatment when they held their inaugural meeting.

"We are not saying it is bad for people to fork an organization. Even the laws of our land permit such. What we just need is fair representation and fair dealing with issues that affect nurses. When we were ZINA some time back at Sally Mugabe, the administration then was very professional and allowed us as a union even to conduct our meetings at the institution under a good venue.

"But of recent, we had problems with this new administration that had taken over, it was not entertaining any requests for venues, we were turned down on several occasion. Our last meeting where we discussing about Flexible duties, it was done under a tree. But on a different note, this new Union was given a red-carpet reception, the meetings were held at the Pediatric Boardroom."

However, the new Association is yet to be launched following a botched recruitment drive at Sally Mugabe Hospital where nurses are reported to have snubbed the whole process.

A letter in our possession also shows that the HSB transferred the ZINA president, Mr Dongo to the Ministry of Health and Child Care (MoHCC) Head Quarters in Harare, a move the association feels was meant to silence him and ensure he does not lead nurses' protests. However, Mr Dongo later resigned from his position at the MoHCC, prompting the HSB to remove him from the Bipartite negotiating panel or health Apex council in a bid to silence him. Mr Dongo was however reinstated to his position as president for the association following an urgent application to challenge his unlawful removal.

Speaking on the formation of the new nurses association, Mr Dongo said Zimbabwe does not need a new nurses as it serves no purpose besides seeding confusion in the sector.

"It is unfortunate at this point in time that government tries to form another nurses' union but it is really very unfortunate because there is no need. What is there is ZINA is a vibrant association that represents all nurses...To Page 7



Those With Low CD4 Count Should Consult Before Getting COVID-19 Jab

By Michael Gwarisa

PEOPLE living with HIV (PLHIV) who have a low CD4 count and an uncontrolled viral load have been urged to defer getting vaccinated against COVID-19 until after discussing with medical practitioners, a medical and HIV expert has said.

CD4 cells are white blood cells that fight infection and the CD4 count is a measure of how healthy one's immune system is when living with HIV. People Living with HIV have been listed amongst high-risk populations in the country and have also been afforded priority status under the ongoing national vaccination drive.

Speaking during a National Aids Council panel on COVID-19 and what the Media needs to know about COVID-19 Vaccines, Dr Leslie Bidi, the technical specialist quality of care at the Population Services International (PSI) said even though persons with compromised immunity were at high risk of severe COVID-19 infection, it was important to do a risk benefit ration before making a decision.

"We also have people who have severe immune suppression like those who are unwell, bedridden and frail, its best to avoid the vaccination. It's important that you talk to healthcare practitioners and you discuss the pros and cons and decide what is the best time to be vaccinated.

"For those who are HIV positive and on Antiretroviral Treatment (ART) and the immunity is virally suppressed and adhering to their treatment. These ones can be vaccinated. But if someone is severely immune suppressed and you have uncontrolled viral load or your CD4 Count is low, its best to defer but you don't defer by yourself, you discuss that with your health practitioner," said Dr Bidi.

He added that majority of people in Zimbabwe were eligible to get vaccinated even though there are a few exceptions.



Nurses at Wilkins Hospital In Harare administering COVID-19 Vaccines

"If you notice from the way they have rolled out the vaccine in the country. The frontline workers, those who are at risk for example healthcare workers, people who mix with a lot people among others. But now, we are in phase two where we have extended the vaccination to vulnerable populations, the elderly and those with chronic illnesses.

"So, a lot of people who are above 18 years are eligible for the vaccination. There are a few exceptions though. For example, people who may be allergic to components of the vaccine or are allergic to the vaccines themselves based on the first dose for example, they should not be vaccinated. We have concerns from pregnant people for example. Pregnant people may be vaccinated, the data is still coming to see whether its safe to get them vaccinated. If someone is pregnant and they are frontline worker and they are at risk the benefits of being vaccinated far outweigh those of not being vaccinated.

Meanwhile, Dr Takunda Sola who is the Regional Program Manager for Population Services International (PSI) urged PLHIV and with disabilities to religiously adhere to their treatment and ensure they are virally suppressed in order to give them a fighting change in the face of COVID-19.

"The mode of transmission for COVID-19 is mainly spread by aerosols and the spread by the respiratory system essentially. With regards to whether somebody who is HIV positive has already been initiated on ART, and they are virally load suppressed, you find that if I am a person with a disability, I am HIV positive, however I am taking my ARVs and my viral load is undetectable and my CD4 count is high, it will be comparable to an HIV negative individual without any disability.

"But If I am a person with a disability and I discovered recently that I am HIV positive. My viral load is still very high, I may potentially have stage 3 or 4 illnesses what it means is that I am likely to be at a greater risk of suffering from complication of COVID-19 more than the next person who is HIV negative, Dr Sola said."

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Gvt Investigates Case Of Woman Who Allegedly Gave Birth Outside Clinic

By Patricia Mashiri

THE Ministry of Health and Child Care (MoHCC) said they were investigating a case where an unidentified Kariba woman is said to have given birth outside Nyamhunga clinic yesterday afternoon while the nurses were on a lunch break.

Speaking to HealthTimes, Kariba District Medical Officer, Dr Godfrey Muza said they had received a report to that effect and indicated that the matter was still under investigation.

"Yes we have received a report from Nyamhunga clinic but I can not comment at the moment as we are still investigating the matter. We will issue a statement once the investigation is done," Dr Muza said.

Meanwhile, there is a video circulating on social media showing a women lying on the ground outside whilst a male nurse is trying to attend to her.

Nyamhunga Clinic Sister in charge only identified as V Chisvo said she was not at liberty to share with the media what really transpired.

Many cases have been recorded in the country where women lost their lives or their babies because of negligence from Health Care workers. One of the famous case was at Harare hospital where striking nurses ignored a woman with labor pains, the baby died and the mother had to walk with the still-born hanging between her legs. Statistics shows that from 2000 to 2017, the global maternal mortality ratio declined by 38 per cent – from 342 deaths to 211 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate of reduction of 2.9 per cent. While substantive, this is less than half the 6.4 per cent annual rate needed to achieve the Sustainable Development global goal of 70 maternal deaths per 100,000 live births.



Nurse helping womna who gave birth outside Nyamhunga Clinic in Kariba

Zim Not Yet In The 3rd Wave

....From Page 1

You find that people were complaining at the initial lockdown because life was so hard.

"But when you look back in retrospect, that was one thing that helped stem the first wave. The measures that were adopted have had an impact in terms of the socio-economic impact but they have also helped immensely when it comes to preventing the spread of COVID-19," said Dr Sola.

Meanwhile, Epidemiologist and Public Health Expert, Dr Grant Murewanhema said the COVID-19 epidemic curve was flattening in Zimbabwe but urged citizens not be complacent in the face of COVID-19 and a possible impending third wave.

"Currently our epi-curve has almost flattened with majority of incident cases being local cases. Majority of incident cases are clustered, especially in some schools, with otherwise sporadic transmissions.

"However, failing to control the clustered infections could precipitate widespread community transmission hence the need to isolate and quarantine their contracts in school rather than sending them home. There is need to effectively trace contacts for sporadic cases to quarantine or isolate them as well as accelerate vaccination of teachers and other key players in the education sector," said Dr Grant. Zimbabwe has to date recorded a cumulative total of 38,398 COVID-19 cases, 36, 027 recoveries, 1575 deaths and 796 active COVID-19 cases.



Form 5 Classes Begin On Monday

THE 2021 Form Five classes will begin on Monday next week, with learners required to pay fees proportional to the remainder of the First Term school days.

The current school term is expected to end on June 4.

A circular from the Ministry of Primary and Secondary Education Permanent Secretary, Mrs Tumisang Thabela, addressed to school authorities reads: "The 2021 Form Five classes will commence on Monday, the 10th of May 2021, for all schools across the country.

"Fees will be paid on a pro-rata basis using the following formula: Number of days remaining multiplied by approved fees for Term One divided by total number of days in Term One.

"All addresses are to ensure that Form Five classes commence on the given date and that the World Health Organisation guidelines on the management of Covid-19 are adhered to." : SundayMail



India reports highest-ever 24-hour surge in Covid-19 cases and a record-high daily death toll

India reported a 412,262 new Covid-19 cases Thursday, a new single-day record, according to a CNN tally compiled from figures released by the Indian Health Ministry.

To date, authorities have identified 21,077,410 cases of coronavirus.

The country also reported 3,980 Covid-19 related deaths on Thursday, another new single-day record. It was the ninth consecutive day that the number of fatalities identified in a 24-hour period exceeded 3,000.

To date, 230,168 who have contracted the virus in India have died.

India is in the midst of a severe second wave of cases. In the past 30 days, the country has recorded 8.3 million cases. Since April 22, more than 300,000 cases have been added every day.
CNN



A health worker walks inside the Commonwealth Games stadium temporarily converted into a Covid-19 care center in New Delhi, India, on May 5. Money Sharma/AFP/Getty Images

Malian Woman Gives Birth To 9 Babies



A 25-year-old Malian woman has given birth to nine babies - two more than doctors had detected during scans.

Halima Cissé gave birth to the nonuplets in Morocco. Mali's government flew her there for specialist care.

"I'm very happy," her husband told the BBC. "My wife and the babies [five girls and four boys] are doing well."

A woman who had eight babies in the US in 2009 holds the Guinness World Record for the most children delivered at a single birth to survive.

Two sets of nonuplets have previously been recorded - one born to a woman in Australia in 1971 and another to a woman in Malaysia in 1999 - but none of the babies survived more than a few days.

World record holder Nadya Suleman's octuplets have grown up and are now 12 years old. She conceived them through in vitro fertilisation.

BBC Africa Live: Updates from the continent

The 'controlled chaos' of raising sextuplets

Fanta Siby, Mali's health minister, congratulated the medical teams in Mali and Morocco for the "happy outcome".

Prof Youssef Alaoui, medical director of the Ain Borja clinic in Casablanca where Ms Cissé gave birth, told the AFP news agency that the case was "extremely rare, it's exceptional" - and a team of 10 doctors and 25 paramedics had assisted at the delivery of the premature babies.

They weighed between 500g and 1kg (1.1lb and 2.2lb) and would be kept in incubators "for two to three months", he said.
A medic attending to one of the nonuplets in a clinic in Casablanca, Moroccoimage copyrightEPA image captionThe nonuplets' father says the family has been overwhelmed by the support they have received

Ms Cissé's pregnancy became a subject of fascination in Mali - even when it was thought she was only carrying septuplets, Reuters news agency reports.

Doctors in the West African nation had been concerned for her welfare and the chances of the babies' survival - so the government intervened.

After a two-week stay in a hospital in Mali's capital, Bamako, the decision was made to move Ms Cissé to Morocco on 30 March, Dr Siby said.

After five weeks at the Moroccan clinic, she gave birth by Caesarean section on Tuesday, the minister said.

According to Prof Alaoui, Ms Cissé was 25 weeks pregnant when admitted and his team had managed to extend her term to 30 weeks.
cfuture.

SOURCE: BBC

Tanzania scientist says COVID-19 vaccine 'experimental'

While Tanzania's new President Samia Suluhu Hassan has said she will set up a COVID-19 oversight committee, vaccine skepticism from one of the country's leading scientists could continue to damage confidence in the jabs, say public health observers.

Hassan said the committee would advise the government on how to approach issues surrounding COVID-19 vaccine hesitancy and behavioural change. The country's late President John Magufuli denied the virus was present in Tanzania until shortly before his death in March.

"Tanzania is not an island. We are part of the world. Let's use our own experts to come up with a well-researched approach to this pandemic. As a country we can't remain undecided about this pandemic," Hassan said on 6 April during a ministerial inauguration ceremony in Dar es Salaam.

"I know a vaccine is a game-changer in fighting an incurable disease. But the science behind this COVID-19 vaccine is incomplete."

Yunus Mgaya, National Institute for Medical Research in Tanzania

But, health advocates fear that remarks by Yunus Mgaya, the head of Tanzania's top medical research institution, could deepen COVID-19 vaccine hesitancy in the country.

"I know a vaccine is a game-changer in fighting an incurable disease. But the science behind this COVID-19 vaccine is incomplete," said Mgaya during a symposium on African awareness and COVID-19 attended by mainly university students and streamed live on 7 March.

Mgaya, a marine biology professor and director general of Tanzania's National Institute for Medical Research, said that the COVID-19 vaccines were "rushed' by pharmaceutical companies for commercial interests.
His remarks, issued in the national language Swahili, went viral on social media, with some Tanzanians agreeing with his position.

When asked by SciDev.Net whether his remarks could lead to COVID-19 vaccine hesitancy among the public, Mgaya said: "The urgency to push the vaccines to the mass consumption phase does not make them non-experimental."
SDN PLUS UPDATED BANNER

Deus Kitapondya, a specialist in emergency medicine formerly with the Muhimbili University of Health and Allied Sciences, Tanzania, said: "

SOURCE: SCIDEV

New Report Sounds Alarm On Global Shortage Of 900,000 Midwives

THE world is grappling with massive shortage of midwives, exposing lives of women and newborns to the risk of death, ill health or injury, a new report by the United Nations Population Fund (UNFPA) has revealed.

According to the 20201 State of Midwifrey Report by UNFPA, WHO and the International Confederation of Midwives (ICM) and partners, the world is facing a shortage of 900,000 midwives, which represents a third of the required global midwifery workforce and the COVID-19 crisis has only exacerbated these problems, with the health needs of women and newborns being overshadowed, midwifery services being disrupted and midwives being deployed to other health services.

"he State of the World's Midwifery report sounds the alarm that currently the world urgently needs 1.1 million more essential health workers to deliver sexual, reproductive, maternal, newborn and adolescent health care, and 80 per cent of these missing essential health workers are midwives.

"A capable, well-trained midwife can have an enormous impact on childbearing women and their families – an impact often passed on from one generation to the next. At UNFPA, we have spent more than a decade strengthening education, enhancing working conditions and supporting leadership roles for the midwifery profession. We have seen that these efforts work, but they need greater investment," " said UNFPA Executive Director, Dr Natalia Kanem.

The report added that the acute shortage of midwives was exacting a terrible global toll in the form of preventable deaths. An analysis conducted for the report, published in the Lancet last December, showed that fully resourcing midwife-delivered care by 2035 could avert 67 per cent of maternal deaths, 64 per cent of newborn deaths and 65 per cent of stillbirths. It could save an estimated 4.3 million lives per year.

Despite alarms raised in the last State of the World's Midwifery report in 2014, which also provided a roadmap on how to remedy this deficit, progress over the past eight years has been too slow. The analysis in this year's report shows that, at current rates of progress, the situation will have improved only slightly by 2030.

Dr. Franka Cadée, President of the International Confederation of Midwives said, "As autonomous, primary care providers, midwives are continually overlooked and ignored. It's time for governments to acknowledge the evidence surrounding the life-promoting, life-saving impact of midwife-led care, and take action on the SoWMy report's recommendations.



"ICM is committed to leveraging the strength of our global midwife community to carry forward these powerful findings and inspire country-level change. However, this work is not possible without commitment from decision makers and those with the resources to invest in midwives and the quality care they provide to birthing women."

Gender inequality is an unacknowledged driver in this massive shortage. The continued under-resourcing of the midwifery workforce is a symptom of health systems not prioritizing the sexual and reproductive health needs of women and girls, and not recognizing the role of midwives – most of whom are women – to meet these needs. Women account for 93 per cent of midwives and 89 per cent of nurses.

According to Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, "Midwives play a vital role in reducing the risks of childbirth for women all over the world, but many have themselves been exposed to risk during the COVID-19 pandemic. We must learn the lessons the pandemic is teaching us, by implementing policies and making investments that deliver better support and protection for midwives and other health workers. "This report provides the data and evidence to support WHO's longstanding call to strengthen the midwifery workforce, which will deliver a triple dividend in contributing to better health, gender equality and inclusive economic growth."

PLan To Form New Nurses Union Exposed

...From Page 4

' interest and for government to try and from another union in the name of nurses in government union which is said to be sponsored.

"There is nothing that they are going top offer to the nurses. What nurses what at this juncture is motivation, a living salary that will take them through out the month, they want an improved service which includes the areas they are working on, descent accommodation not these new unions that are being talked about. It's a waste of time to start creating new unions its going to suffer a still birth because one is going to join. They say this union is going to be led by senior people and senior nurses. Those senior nurses had the opportunity to discuss to authorities for better opportunities and they failed so what is going to change if they are in position because what they are failing to do it today," said Mr Dongo.

He added that nurses were not dull and they were aware of a plan to destroy ZINA.

"What government needs to concentrate on right now is to improve the working conditions, the environment has to be improved. There is need to improve the infrastructure in the hospitals. Hospitals should have proper equipment and drugs have to be made available. The people they want to put in leadership positions are known that they are failures."
Efforts to a comment from the Health Services Board Chairperson, Dr Paulinos Sikhosana were fruitless as he could not respond to our inquest by the time of publishing.

IPEC Given Go Ahead To Host Insurance Indaba

THE Insurance and Pension Commission's (IPEC) request to host a conference of insurance regulators has been approved by cabinet under strict World Health Organisation (WHO) measures.

Briefing Journalists , Information, Publicity Minister, Senator Monica Mutsvangwa said IPEC has to choose a bigger venue to ensure COVID-19 protocols can be observed.

"Furthermore, Cabinet approved a request made by the Insurance and Pensions Commission (IPEC) for the Organization of Eastern and Southern Africa Insurers (OESI) to host a meeting of Insurance regulators. The approval was made on the following conditions:-that they choose a large venue in Victoria Falls;that they use a combination of face-to-face and online modes of discussion; and that they strictly adhere to COVID-19 regulations," said Senator Mutsvangwa.

Meanwhile, cabinet says it will be scaling up efforts to curb violation of COVID-19 restrictions.

"Cabinet with concern the upsurge in the use of unauthorized passenger-carrying vehicles that are not affiliated to ZUPCO on the roads. Social distancing and other COVID-19 measures are hardly being observed by passengers in these vehicles. In order to curb this development, the Vehicle Inspectorate Department (VID), the Zimbabwe Republic Police (ZRP) and the Traffic Safety Council (ZTSC) are enhancing surveillance and enforcement.

"The nation is reminded that all beer halls, bars, pubs and nightclubs remain closed. Bottle stores should strictly open for takeaways, as required by the law. Restaurants are expected to continue to be open for 50% sit-in capacity, takeaways and deliveries. Cabinet approved that the operating times for the restaurants be extended to 2100 hours."

In light of the general lack of compliance to COVID-19 regulations by citizens, the Law and Order Sub-Committee will step up surveillance and enforcements, including community engagement on the risks associated with such complacency.

There Is Nothing Fishy About ZNNP+ Coordinating MIPA Says Dr Madzima

By Michael Gwarisa



NAC Chief Executuve Officer Dr Benard Madzima

NATIONAL AIDS Council Chief Executive Officer (CEO), Dr Benard Madzima has indicated that the Zimbabwe National Network of People Living With HIV (ZNNP+) was the right platform through which the People Living With HIV (PLHIV) sector should be coordinated.

His response comes hot on the heels of a letter that has since gone viral on social media and was penned by HIV activist and National AIDS Council (NAC) board member, Mrs Tendayi Westerhof where she expressed displeasure in the manner the NAC board was granting the ZNNP+ powers to coordinate the PLHIV sector as well as a leading role in facilitating the Meaningful Involvement of People Living with HIV (MIPA) forum that kicked off in Masvingo today.

In an interview with HealthTimes, Dr Madzima said there was nothing sinister in ZNNP+ coordinating or taking a leading role with regards to issues affecting the PLHIV sector including the MIPA forum.

To me the ZNNP+ is the right organisation to lead if there is any meeting which involves people living with HIV in Zimbabwe. It is the same with organisations that fall under the Zimbabwe AIDS Network (ZAN) and organsaitions which fall under ZIPSHOW and they all work with NAC so for me really, I don't see any problem there.

"I however saw that communication which from the outlook it shows that it is written by a board member to the chair of the NAC board. I have also seen that it was shared on the social media by the writer of that letter. The best person to answer why the writer who is also a board member of NAC put the letter on social media is Mrs Westerhof herself," said Dr Madzima.

He added that there was no ulterior motive in putting ZNNP+ at the fore-front in coordinating the PLHIV sector as that is also within the ZNNP+ mandate.

"ZNNP+ coordinates the sector including recommending names of people which are then put in the NAC board. They recommend to Ministry of Health and Child Care (MoHCC) the people whom they want to represent them in the NAC board. Based on that, it means the person who wrote the letter was actually nominated by ZNNP+ because they are responsible for that."

He added that NAC supports through networks financially and technically but the sectors organize themselves. The NAC CEO announced in 2020 that they would soon start working on pruning the PLHIV sector of fly by night CSOs who cause havoc in the sector in a bid to return sanity to the industry.

Meanwhile, Mrs Westerhof says by giving ZNNP+ a leading role at MIPA, procedure was being flouted as the process to move the National MIPA desk to ZNNP+ was still under consultation. Mrs Westerhof wrote a letter which she also shared with other sector members and on social media addressed to the NAC board chair, Mrs Margaret Mehlomakhulu indicating her displeasure with regards to how they were handling the hosting of the MIPA meeting.

Responding to why she decided to share information meant for the board chair on social media, Mrs Westerhof said, "I had exhausted all channels of trying to engage the NAC Chief Executive Officer over the matter. The People Living with HIV (PLHIV) sector since it began many years back, it is coordinated by NAC because that's what the policy says and it has always been like that and tradition is that it's the only unique PLHIV platform which is mandated to do just that."

She added that PLHIV had also written to her concerned about how the structure of the MIPA program had been organized since the MIPA is a PLHIV platform and no one network of persons living HIV owns MIPA.

"MIPA is in NAC, there is no Non-Governmental Organisation (NGO) or Network of PLHV on the NAC organogram that coordinates or implements MIPA. This is where people in the sector were raising concerns so I did try to engage the CEO on the issue but he was not forthcoming hence that promoted me to write to the Chair. PLHIV wrote to me saying the program is flouting the NAC policy because no organisation was ever since the beginning of MIPA contracted by NAC. The reason why the letter is now on social media was maybe because I also copied others in the PLHIV sector who might shared it to other platforms." However, Mrs Westerhof's move to share information meant for the board on social according to other players in the PLHIV sector might have been in contravention of the NAC board confidentiality code which states that "Board members should ensure the confidentiality of information entrusted to them by the Council unless where disclosure is authorized by the Council or is legally mandated."

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Prof Elopy Sibanda Unpacks Childhood Asthma In Zim

By Michael Gwarisa

EVERY year, since 1994, the world commemorates World Asthma Day and this day was set aside by the Global Initiative of Asthma in collaboration with the World Health Organization (WHO) after the realization that Asthma was a common problem, it was a misunderstood problem and its management was challenging.

Back then, there were numerous misconceptions and myths around Asthma by both patients and physicians about what Asthma was all about which made it difficult to deal with as a public health threat. According to data from the World Health Organization, Asthma affected an estimated 262 million people in 2019 and caused 461000 deaths.

The World Health Organization is also a key partner in the discussions around Asthma and Asthma Day and this year, close to 130 countries including Zimbabwe are commemorating this day. The theme for this year's Asthma Day is "Uncovering Asthma Misconceptions," and Zimbabwe is joining these commemorations through the Zimbabwe Allergy Society (ZAS) and through the other partners that involved.

Even though studies are still underway to ascertain the extent to which Childhood Asthma is prevalent and also affecting children especially those under the age of five in Zimbabwe, indications are that there has been an upsurge in Asthma related diagnosis in children over the past few years.

To help unpack the Childhood Asthma situation in Zimbabwe, HealthTimes spoke at length to Professor Elopy Sibanda, an Immunologist and Allergies Expert and the Managing Director for the Twin Palms and GAMMA Allergy and Immunology Laboratory.

What Is Asthma?

Prof Sibanda: Asthma is a Chronic airway disease that is characterized by several symptoms which include coughing and the coughing is usually at night. Other symptoms include shortness of breath, whizzing, dyspnea and many other complications but those are the major symptoms of this condition. Its an inflammatory condition of the airwaves and of the lungs. You may want to know what are the causes of inflammation? They are numerous. They are allergic causes and non-allergic causes, environmental causes and idiopathic causes. The allergic causes include the inhalation of dust mites, inhalation of pollen, exposure to animal hair which include your cats and your dogs, and inhalation spows. These being your major inhaled allergen sources that get into the lung, trigger the immune response within the lung to try to fight these inhaled allergen sources and as it tries to fight off, it bruises the lining of the airways, causing inflammation.



Asthmatic child learns to use an Inhaler

There are environmental causes as well, these include air pollution, occupational exposure for those who are working in industries that generate a lot of dust. Those ones can be exposed to the environment which will trigger a reaction, those are some but the list is long.

What is childhood Asthma?

Prof Sibanda: Childhood Asthma is the number of responses that I refereed to occurring to a person which is a child and a child is defined usually as a person under the age of 12 and teenagers between 12 and 15. Any age group of children can have Asthma and Asthma can occur in children as young or younger than one year. The Whole spectrum of zero to 12 years can be affected by Asthma.

Which Age Groups Are Most Prone To Asthma?

Prof Sibanda: You can get Asthma at any age in life. Even children as young as one year can have Asthma. You can have Asthma even in your old age. It can happen at any point and at any time in life.

How Prevalent Is Childhood Asthma in Zimbabwe?

Prof Sibanda: We do not have up to date statistics but we believe it is an increasing problem. Numbers of between 5% and 10% have been mentioned but I am not aware of a concrete figure which focuses on childhood Asthma. We have a colleague at the University of Zimbabwe who is working on Childhood Asthma in Zimbabwe, but once the research is completed, we might know exactly the proportion of people with childhood Asthma.

What challenges are there in dealing with Childhood Asthma?

Prof Sibanda: What makes childhood Asthma difficult is that this is also the age group which is commonly affected by respiratory tract diseases (Upper Respiratory Tract Infection URTI). These infections have symptoms that are very similar to Asthma and may lead to confusion in terms of the diagnosis of the condition in this particular age group.

How Do You Tell Your Child Is Having Asthma or Symptoms Related To Asthma?

Prof Sibanda: In Children below the age of five, the suspicion or diagnosis of Asthma is much more challenging because this is the age group that faces a challenge of URTI. It is easier to tell that my child has Asthma especially in school going children because they will be able to tell you that I feel shortness of breath, I feel tightness in the chest, I whizz and I hear noises in the chest or I cough. The cough in children with Asthma is usually at night and usually in the early hours of the morning after about midnight to 2:00 am, that's when they wake up coughing. Those children will tell you and it is the doctor who will then try to zero in and say is this coughing is due to infection or due to Asthma and using the usual symptoms of a cough, the whizz, shortness of breath tightness of chest and disruption of sleep the health expert can take further steps.

The Asthma in this age group is usually not associated with environmental factors, although environmental factors such as smoking can increase the risk. If one or more close family members of a child has Asthma, it increases the likelihood of Asthma in the child. You don't stop there, what you want to do with children under five is see if they are allergic to given environments. In our country, these children can be allergic to things like house dust mites, cockroaches, pollen from grass and trees and it helps us to understand what time of the year the child has these symptoms.

A tool has been generated to try and help us simplify the understanding or suspicion of Asthma. This is called the Asthma control test and there is an adult Asthma control test and there is also a childhood asthma control test and this covers the symptoms I have mentioned in children in ages of between about 4, 5 to 12 and that is fairly sensitive and will be able to raise a clear suspicion that this child might have asthma. It's a tool that can be used by parents and teachers as well as healthcare workers.

What Is Asthma Not Associated With?

Prof Sibanda: Asthma is not commonly associated with fever. If a child has a temperature and is coughing, then Asthma is not your first suspicion.

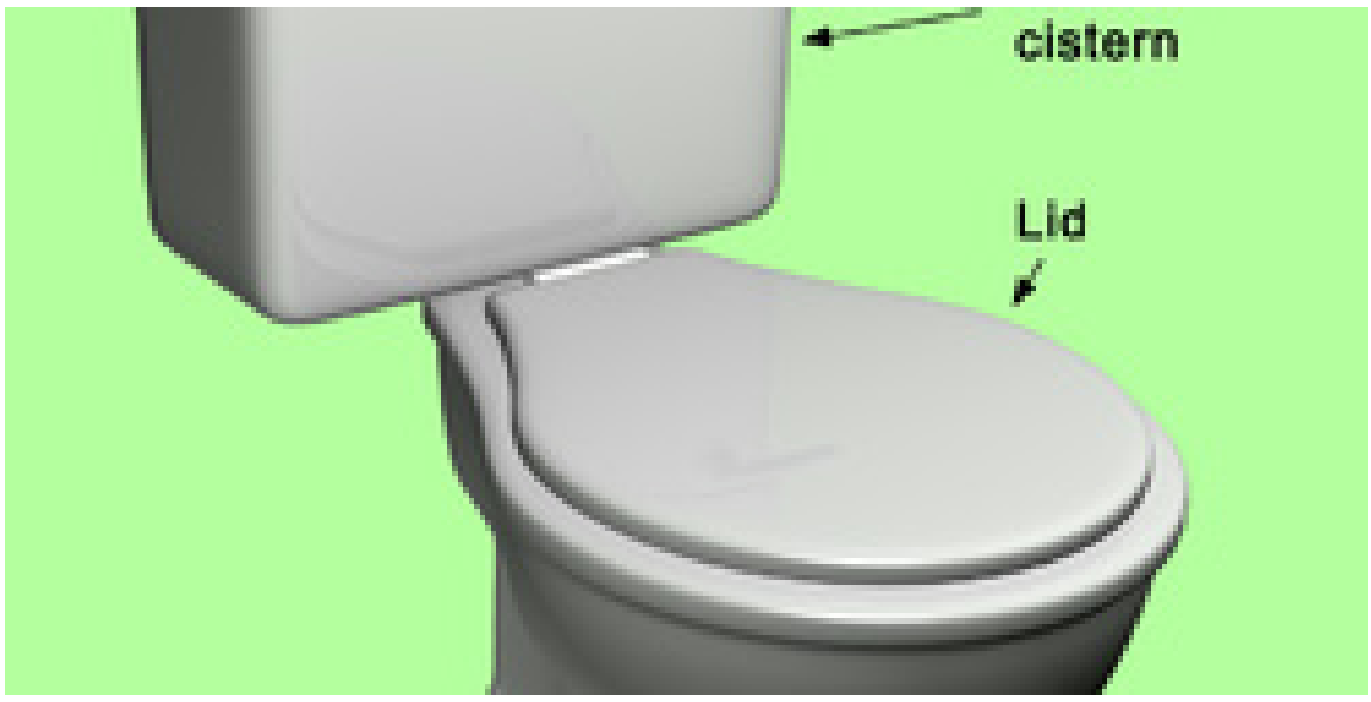
Is There A vaccine For Asthma?

Prof Sibanda: There is no vaccine for Asthma. However, you can perform what is called specific immunotherapy which when given to a person, a child with Asthma will improve the tolerance to the allergen source that is triggering the condition. This specific immunotherapy is administered through an injection so it can be said there is an injection or there is a vaccine but medically, we say it is desensitization of an allergen specific immunotherapy. That is available if we have identified the allergen that is causing the problem in a given child. However, its not everybody that can be desensitized but many of the people that are allergic to house dust mites, pollen and molds can be offered specific immunotherapy and that tends to improve the symptoms by increasing the tolerance of the children to the allergen source that is implicated.

Are There Inhalers That Are Specifically Made For Children Under The Age Of 5?

Prof Sibanda: Yes, the inhalers are available. They may not be of specific sizes or children but we do have inhalers. The inhalers are two broad groups, one of them are the preventers and others are relievers. The relievers include Salbutamol this will give you relief in a very short period of time, and....To Page 12

Flush Toilet Systems For Rural Communities To End Open Defecation



THE Zimbabwe Cabinet has approved the implementation of Eaziflush Sanitation Technology for Waste Management in Peri-urban and Rural Communities, which was presented by the Minister of Public Service, Labour and Social Welfare, as the Acting Chairman of the Cabinet Committee on Social Services and Poverty Eradication.

Briefing Journalists during a post cabinet media briefing, Information minister, Senator Monica Mutsvangwa said, "Government wishes to get rid of open pit latrines, implement alternative innovations suitable for transforming rural communities with respect to the provision of clean water and improved sanitation. "Government is taking a deliberate position to provide modern, sustainable, and affordable infrastructure in both urban and rural communities. It is highlighted that Vision 2030 speaks to Sustainable Development Goal (SDG) Number 6 which seeks to "Ensure availability and Sustainability of the Management of Water and Sanitation for all."

She added that some innovation have been developed and the Eaziflush programme may be funded through the Schools Development Associations, the Constituency Development Fund, Devolution Funds or donor participation.

"The nation is advised that the Eaziflush Sanitation Technology is an innovation that seeks to ameliorate the challenges occasioned by the need to improve hygiene practices on open defecation in these peri-urban and rural communities. The technology which uses two (2) litres of water per flush, compared to the seven (7) to nine (9) litres used by the conventional system, will convert the existing pit latrine infrastructure. This will reduce construction costs for new ablution facilities by up to eighty (80) percent.

"Cabinet acknowledges that the adoption and implementation of the Eaziflush Sanitation Technology will go a long way in reducing the transmission of water-borne diseases such as typhoid, diarrhoea, dysentery, and cholera, which result from lack of adequate sanitation facilities. The project will be implemented in phases beginning with rural schools and clinics. It will then be cascaded to homesteads once the concept has been demonstrated and popularized. Presently, the technology is already installed and being piloted at Glenwood Primary School in Epworth and has proved to be effective, functional and user-friendly in terms of applicability and cost."

Merck Foundation, ARCS Partner To Build Fertility Care And Advocacy In Africa

Merck Foundation, the philanthropic arm of Merck KgaA, announced their partnership with Africa Reproductive Care society(ARCS) based in Lagos, Nigeria to build fertility and reproductive tube care capacity, build advocacy to break the stigma of infertility,and raise awareness about infertility prevention and male infertility in Africa as part of Merck Foundation More than a Mother campaign.

Senator Dr. Rasha Kelej, CEO of Merck Foundation emphasized, "We are very happy to partner with an important and inclusive Society like Africa Reproductive Care Society with the aim not to only provide scientific and clinics training to African Doctors and Embryologists but to also build advocacy to break the stigma of infertility and raise awareness about infertility prevention, management and male infertility.

We at Merck Foundation partnered with 20 African First Ladies, Ministries of Health, Information, Education, Communication and Genders, Academia, Media & Art communities to achieve our goals to transform the landscape of fertility care in Africa,and we have achieved very important milestones. I believe with our new partnership with ARCS we will continue our efforts and address different aspects of this topic."

Prof. Oladapo Ashiru, President of Africa Reproductive Care Society (ARCS) emphasized, "I am very happy to partner with Merck Foundation.



Merck Foundation has been creating awareness and building fertility care capacity in Africa. It is very critical to create awareness around infertility prevention and management as around 85% of infertility cases in Africa are caused by untreated infectious diseases, hence are preventable in many cases.

"I also thank Merck Foundation CEO, Senator, Dr. Rasha Kelej for her energy, inspiration, and innovations. Together will do well for Africa."

"I invite all fertility care experts & embryologists, media experts, fashion designers who are our Merck Foundation Alumni to join this society.

Also, I invite policymakers, community leaders and members, singers and filmmakers to apply for the membership which is free and inclusive for all Africa", Senator, Dr. Rasha Kelej added.

Merck Foundation announced this partnership during their 8th edition of Merck Foundation Africa Asia Luminaryon 29th April 2021during the Fertility and Reproductive care session,where they provided scientific and medical training for more than 400 doctors from Africa and Asia. And, discussed challenges, strategies,and solutions to improve access to quality, equitable and regulated fertility care in Africa and Asia.

This partnership is part of the Merck Foundation More than a Mother initiative.

Prof Sibanda Speaks On Childhood Asthma

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must be used when a child has an Asthmatic attack but this drug does not prevent an attack. There are inhalers that do prevent an attack and these are called glucocorticosteroids. These have to be used for a longer period and they tend to be more expensive and unfortunately, many parents will get any remedy that they can afford and hope it will work, it will work to relieve but you can keep on relieving Asthma 10 times a day when you could put a child on a course of preventer to prevent the attacks for a longer period of time. Inhalers are recommended in Children and there are two types of inhalers, the emergency reliever and the long-term preventer. We encourage the use of long-term preventers once we confirm that this child has Asthma and use relievers when you have to relieve.

Misconceptions Around Asthma:

Prof Sibanda: There are many misconceptions on Asthma and each country has its own specific ones and in Zimbabwe we have our own. Some of these misconceptions are that Asthma is a childhood disease. It is not, it can occur at any age. Others say Asthma if for the elderly, that is not true, Asthma can occur at any age. Some say Asthma will go away, yes it can but it is not an issue that it will always go away. There is also a misconception that Asthma should be treated only when there is an acute attack. No, it has to be treated continuously. There is a misconception that it is inherited. That is partly true and partly false. There are people who have Asthma that runs in the family and there are people who do not have Asthma that runs in the family.

What To Do If You Suspect Your Child Has Asthma?

Prof Sibanda: Your first port of call is your health worker and that health worker could be your local nurse, your local doctors, your General Practitioner or it can be your specialist doctor who will be able to say I suspect this is Asthma. In people under the ages 4 or 5, it's easy to confuse an infection with Asthma. Asthma is chronic and an infection is acute. An infection needs treatment there and then. A practitioner will be able to say this is an infection and institute treatment without delay. The chronic condition that Asthma is, its diagnosis is associated with delays. Now within the facilities where we work, they listen to you, do test in order to clinch a diagnosis of Asthma. We suspect that many people walking may be Asthmatic when they are not. So if they are suspicions from the health fraternity, we can offer services.

