

SCIENCE

SAYANSI

Telling the African science story

Issue No. 28

www.meshascience.org

NOVEMBER 2022



World leaders rally around strategies to end AIDS by 2030

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CBO rescuing autistic children

The Media for Environment, Science, Health and Agriculture (MESHA) was founded in November 2005 in Nairobi, Kenya and is an organisation that provides support to science journalists covering health, development, technology, agriculture and the environment. It does so by offering training workshops, consultancies and encouraging networking through meetings and conferences among journalists, scientists and other stakeholders in Kenya.

The association emphasises on rural journalism and communication.

The idea for the formation of this association sprang up from the fact that there were many organisations and communicators in the fields of agriculture, environment, health and development. However, few organisations in the region bring journalists covering these issues together, for better reporting in the media.

MESHA believes that in a democratic society where science must be answerable to the public, there is need to find new and innovative ways of effective mass communication about the benefits of science, and other areas of concern to the general public.

MESHA aims to ensure continuity, sustainability and consistent coverage of science and development issues as they arise.

SAYANSI

is a publication of MESHA,
P. O. Box 57458 - 00200, Nairobi, Kenya.
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www.meshascience.org

 Mesha Science

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Dr Joshua Kimani, a clinical epidemiologist in a photo taken during an interview with Sayansi Magazine reporter, Ann Mikia. Dr Kimani says that there is so much improvement in Kenya in reducing stigma and discrimination in public health institutions though the change is gradual and a work in progress.

Photo Credit | Aghan Daniel

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Mass self-testing may be the magic bullet to ending HIV infections by 2030

The world targets to end the AIDS epidemic by 2030, and part of the strategy to achieve this is by attaining the 95-95-95 target by 2025. The first 95 in this target means that at least 95 per cent of the global population need to know their HIV status by 2025 so that they can be put on anti-retroviral therapy that eventually suppresses the viral load to undetectable levels.

To achieve this target, countries must step up HIV testing. However, these efforts are hampered when countries still report shortages of HIV testing kits in public hospitals like it happened in Kenya in August this year.

Even with the availability of testing kits, many people still shy away from visiting health facilities to check their status due to the stigma surrounding HIV/AIDS.

One of the best ways to beat this stigma and enhance HIV testing and diagnosis is to make self-testing more affordable and easily accessible. This will enable one to take the test at the comfort and privacy of their home and will only need to visit a health facility for a confirmatory test in case the self-test returns a HIV positive result.

According to data from the National Syndemic Diseases Control Council (NSDCC), AIDS-related deaths in the country have reduced by 67 per cent from 58,446 in 2013 to 19,486 in 2021. This is attributed to the 83 per cent increase in the number of people on antiretroviral treatment from 656,369 in 2013 to 1,199,101 in 2021.

New HIV infections have also reduced by 68.4 per cent from 101,448 in 2013 to 32,027 in 2021, with an attendant decline in HIV prevalence from 6 per cent to 4.3 per cent during this period. This data means more Kenyans now know their HIV status and are on ART.

The reduction on new infections also indicate that those who know they are HIV positive are taking precaution not to infect their sexual partners.

This means that if self-testing is rolled out to the masses, the result will only be more impressive. Perhaps the best place to start would be to have retail pharmacies stock up self-testing kits for easy accessibility by the people. Pharmacies are usually the first point of call for most Kenyans to get over-the-counter medicine whenever they fall sick.

Top scientists and researchers have already intensified a study for an effective HIV self-testing performance method. The study dubbed 'HIV-self testing performance study', which is at the data analysis stage, has found self-testing to be appropriate for increasing HIV testing uptake and frequency among diverse populations.

The media must also play its role in informing the public of the availability and efficacy of self-testing kits, even as other stakeholders join hands in ending the HIV epidemic by 2030. Perhaps in the future, the self-testing kits should be made available for free for everyone as is the case with condoms.



UNAIDS Executive Winnie Byanyima Director addresses delegates at the 24th International Aids Conference held in Montreal, Canada from July 29 to August 2, 2022.

The world is losing ground in HIV fight, leaders warn

By **Mike Mwaniki** | mikemwaniki2016@gmail.com

Leaders attending the 24th International Aids Conference in Montreal, Canada, have warned that the world is losing ground in the fight against HIV/Aids.

Speaking during the meeting held between July 29 and August 2, 2022, the International Aids Society (IAS) President and International CO-Chair of Aids 2022, Dr Adeeba Kamarulzaman, said, "In the face of duelling pandemics, we are coming together to celebrate the resilience of our community and incredible advances in HIV prevention, treatment and cure research.

"But let's be clear, we have lost ground over the past two years and the most vulnerable have been hit hardest. That is why we're bringing together the worlds of research, policy and activism at AIDS 2022 to restore momentum in the global HIV response. To overcome HIV, we must re-engage and follow the science."

On the eve of the conference, COCQ-SIDA launched the 2022 Montreal Manifesto, an update of the historic community declaration issued in 1989 when Montreal last hosted the conference.

COCQ-SIDA conducted a broad consultation in the hopes that all people living with and affected by HIV feel the demands in the manifesto reflect their own and use the manifesto as a tool to communicate their needs to those with the power to change things.

COCQ-SIDA Executive Director Ken Monteith said, "We know that much has changed in HIV, especially in treatment, since 1989.

Photo Credit | Violet Otindo



Celebrating gains made in the fight against HIV and AIDS on World AIDS Day 2021.

We also know that access to the treatment miracles is not equitable and often fragile, and that very little progress has been made on human rights issues.”

Citing the 2022 UNAIDS Global AIDS update, titled ‘In Danger’ UNAIDS Executive Director Winnie Byanyima said about 1.5 million new HIV infections occurred in 2021 – over one million more than the global targets.

The report revealed that an adolescent girl or young woman acquires HIV every two minutes.

The UNAIDS report also showed that the number of people on HIV treatment increased more slowly in 2021 than it has in over a decade.

Other indicators of faltering progress include the fact that only 52 per cent of children living with HIV have access to life-saving medicine, and that the gap in coverage between children and adults is increasing rather than narrowing.

“There were 650,000 AIDS-related deaths last year, a life lost every minute, despite effective HIV treatment and tools to prevent, detect and treat opportunistic infections.

“Leaders must not mistake the huge red warning light for a stop sign,” Ms Byanyima said.

She added, “What we need to do is not a mystery.

We know it from what we’ve repeatedly seen succeed across different contexts: shared science, strong services and social solidarity. We can end Aids by 2030. But the curve will not bend itself. We have to pull it down, together.”

The US Global AIDS Coordinator and Special Representative for Health Diplomacy Ambassador-at-Large, Dr John Nkengasong, said through the reduction of HIV incidence and prevalence among adolescent girls and young women, women of childbearing age and adult men, an additional 3.5 million babies were born HIV-free from 2004 to 2021.

Now, a total of 5.5 million babies have been born HIV-free as a result of the US President’s Emergency Plan for AIDS Relief (PEPFAR) and its partners.

“In collaboration with countries, communities and our partners, PEPFAR supported comprehensive HIV prevention programming for adolescent girls and young women and voluntary medical male circumcision, and we scaled up treatment for women and men with viral suppression.

“In total, 5.5 million babies have been born HIV-free because of our comprehensive prevention programme and this is an incredible milestone for our programme and for the next generation,” Dr Nkengasong said.

Since the launch of the advocacy and communications campaign, ‘U=U’ or ‘undetectable equals untransmittable’, in 2016, advocates around the world have worked to raise awareness of the fact that people living with HIV who – through antiretroviral treatment – reach and maintain an undetectable viral load cannot sexually transmit the virus to partners.

Kenya’s Lean on Me Foundation Director Maurine Murenga said, “The scientific fact that people living with HIV on effective treatment cannot pass on HIV is revolutionary, changing millions of lives of people and accelerating progress toward ending the epidemic.”

Ms Murenga added, “Yet despite validated evidence and global recognition by health leaders, including the World Health Organisation and the International AIDS Society, U=U remains widely unknown.

“The path to ending the epidemic is right in front of us. By centering treatment access for all people living with HIV, we can stay healthy and stop new transmissions. Everyone wins with U=U.”

Key populations shy away from public health facilities due to stigma, discrimination

Photo Credit | MESHA



Dr Joshua Kimani, a clinical epidemiologist.

By Ann Mikia | annmikia@gmail.com

Nineteen-year old Delvo Kamau* is a man who has sex with fellow men. He hates public health facilities with a passion, and for a good reason.

Kamau says despite the fact that service in these public facilities are relatively cheaper, he does not visit them because he is served “reluctantly and with an attitude”.

He says that often he is made to answer questions that make him uncomfortable.

“If I present with genital warts in my anus, the health worker with a lot of contempt asks me how I got them there. The health worker should be sensitive to my plight because I have sex with other men,” says Kamau.

For this reason, he prefers going to clinics that are not only privately owned but also go out of their way to serve key populations.

He asserts that personnel in those private facilities clearly understand that he needs to be treated with dignity.

Esther Kerubo* is 18 years old and a sex worker. Her mother is battling breast cancer and life at their home in Naivasha is unbearable due to the financial needs. The want and deprivation at home pushed her into paid sex work.

Esther says she was introduced into the business by her classmate whose fortunes had her earn good money to take care of her family. She attributes her venture into the illegal trade to peer pressure and the fear of missing out. Her mother knows what she does and disapproves of it, but she also needs the money that Esther brings home.

Esther is able to pay school fees for her three siblings and her own rent and that of her mother in Naivasha. She says on a good day she makes between Ksh500 and Ksh600 and on bad days she gets nothing.

What does she not like about public health institutions’ health workers?

“They ask too many unnecessary questions when I go for Pre-Exposure Prophylaxis (PrEP) and CDs (a loose term referring to condoms),” she says. At her age, the mother of a one-and-a-half-year-old child is enlightened that she needs to take good care of herself. Since she may not be able to negotiate for safe sex with her clients, such as to use condoms, she wears the female condom herself prior to contact with male clients.

According to Esther, women health providers are the worst because they pry so much into her personal life instead of serving her quickly with the products she goes to collect and leave her alone to run her life.

“Some ask me why I cannot try other income generating activities instead of sex work yet I tried many things before joining sex work and it supports all the important people in my life,” she says.

Tushi Abdalla*, 19 prefers having sex with men (MSM).

He recounts how his cousin, who was transgender, committed suicide because he felt unwanted due to the stigma he experienced both in health institutions and at home.

“The health workers tossed him from one clinic to another and all this was too much for him. It was not better at home as his father also hated him and said he didn’t think he sired him,” narrates Tushi.

Tushi says the loss of his transgender cousin made him volunteer as a peer champion who reaches out to other transgender adolescents experiencing stigma and listens to them and refers them to the friendly clinics in town.

Photo Credit | Robert Malala

The young people interviewed say the worst health institutions for them to visit are faith-based because of the attitude of the health workers who dismiss their issues as satanic, pray and preach to them instead of offering the services that took them there.

One of the issues that came out strongly at the International AIDS Society (IAS) Conference held in July in Brisbane, Australia, is stigma and discrimination in health institutions. It was blamed for losing young people in care when they fail to fit in the hostile spaces.

Doreen Moraa Moracha was born with HIV 30 years ago. She is now a HIV champion and attended the IAS Conference.



Health advocate Doreen Moraa gives a talk in Siaya recently.

"I understand the health workers may be overwhelmed because of the numbers they serve but may be there should be consideration for HIV clinics run by young people who understand how to approach their peers in, for instance, finding out why the viral load is not getting suppressed. Does the patient have other problems at home? People living with HIV require tender, loving care to cope because they are already fragile and handling stigma among other challenges," Doreen says.

The need for targeted adolescent programmes was one of the issues that were discussed at the IAS Conference held in Montreal, Canada.

Why focus on key populations?

The World Health Organisation (WHO) defines key populations as populations who are at higher risk of HIV infection, irrespective of the epidemic type or local context and who face social and legal challenges that increase their vulnerability.

According to the National Aids and STIs Control Programme (NAS COP), there are over 200,000 people in the key populations. These constitute female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWIDs) and transgender.

There are 10 clinics that attend to key populations in Nairobi, mostly in the slums to increase accessibility to friendly and comprehensive HIV services that are suitable for the key populations.

These clinics provide information on HIV and commodities such as condoms, Pre-exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), and ARVs for those who are infected.

The clinics also provide treatment for opportunistic infections such as tuberculosis and sexually transmitted infections. They also take care of pregnancies since HIV transmission from mother to child can happen if a pregnancy is not handled with the required care.

To ensure the safety of the key populations seeking services, staff, who include receptionists, are sensitised so that they do not harass walk-in clients, some of whom may show up dressed in women clothing but their identity cards read men's names.

Dr Joshua Kimani, a clinical epidemiologist who is in charge of the 10 clinics, says there is so much improvement in Kenya in reducing stigma and discrimination in public health institutions though the change is gradual and a work in progress.

He said training should be continuous to ensure people's religious affiliations do not interfere with the services they offer to the patients regardless of what they do or what caused their disease.

"Whether a man presents with gonorrhoea of the anus or genital warts should not bother me because my business is to provide such a patient with care that is appropriate and learn to be accepting rather than judging because you cannot change these individuals," Dr Kimani says.

According to the Ministry of Health, approximately half of all new HIV infections in Kenya are among adolescents and youth. It is estimated that there are 133,455 adolescents living with HIV in the country.

What is worrying is that access to and uptake of HIV testing and counselling (HTS) by adolescents is significantly lower than for adults, while antiretroviral therapy (ART) coverage rates are lower for adolescents than for other age groups of persons living with HIV.

Photo Credit | UNAIDS



Kenya is among 12 countries that have joined the alliance in the first phase. The alliance aims at ensuring that no child living with HIV is denied treatment by the end of the decade.

New global alliance launched to end AIDS in children by 2030

By Mike Mwaniki | mikemwaniki2016@gmail.com

Newly released data shows that globally, only half (52 per cent) of children living with HIV are on life-saving treatment, far behind adults of whom three quarters (76 per cent) are receiving antiretrovirals.

Concerned about the stalling of progress for children, and the widening gap between children and adults, UNAIDS, UNICEF, World Health Organisation (WHO) and partners have formed a global alliance to ensure that no child living with HIV is denied treatment by the end of the decade and to prevent new infant HIV infections.

The new Global Alliance for Ending Aids in Children by 2030 was announced by leading figures at the International AIDS Conference, which took place in Montreal, Canada, from July 29 to August 2.

In addition to the United Nations agencies, the alliance includes civil society movements, including the Global

Network of People Living with HIV, national governments in the most affected countries, and international partners, including PEPFAR and the Global Fund.

Kenya is among 12 countries that have joined the alliance in the first phase. The others are Angola, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.

Consultations by the alliance have identified four pillars for collective action, which include closing the treatment gap among breastfeeding adolescent girls and women living with HIV and optimising continuity of treatment as well as preventing and detecting new HIV infections among pregnant and breastfeeding adolescent girls and women.

Others are accessible testing, optimised treatment, and comprehensive care for infants, children, and adolescents exposed to and living with HIV as well as addressing rights, gender equality, and the social and structural barriers that hinder access to services.

Speaking at the conference, Limpho Nteko from Lesotho narrated how she discovered she was HIV positive at the age of 21 while pregnant with her first child. This led her on a journey to where she now works for the pioneering women-led mothers2mothers programme. Enabling community leadership, she said, is key to an effective response.

"We must all sprint together to end AIDS in children by 2030," said Ms Nteko.

"To succeed, we need a healthy, informed generation of young people who feel free to talk about HIV, and to get the services and support they need to protect themselves and their children from HIV.

PDTG medicine. The fact that only half of children with HIV receive antiretrovirals is a scandal and a stain on our collective conscience, says WHO boss Tedros Ghebreyesus.

Mothers2mothers has achieved virtual elimination of mother-to-child transmission of HIV for our enrolled clients for eight consecutive years—showing what is possible when we let women and communities create solutions tailored to their realities.”

The alliance will run for the next eight years until 2030, aiming to fix one of the most glaring disparities in the AIDS response.

Alliance members are united in the assessment that the challenge is surmountable through partnership.

“The wide gap in treatment coverage between children and adults is an outrage,” said UNAIDS Executive Director Winnie Byanyima.

“Through this alliance, we will channel that outrage into action. By bringing together new improved medicines, new political commitment, and the determined activism of communities, we can be the generation who end AIDS in children. We can win this – but we can only win together.”

UNICEF Executive Director Catherine Russell noted, “Despite progress to reduce vertical transmission, increase testing and treatment, and expand access to information, children around the world are still far less likely than adults to have access to HIV prevention, care, and treatment services.



“The launch of the Global Alliance for Ending AIDS in Children is an important step forward – and UNICEF is committed to working alongside all of our partners to achieve an AIDS-free future.”

The WHO Director General, Dr Tedros Ghebreyesus said, “No child should be born with or grow up with HIV, and no child with HIV should go without treatment.

“The fact that only half of children with HIV receive antiretrovirals is a scandal, and a stain on our collective conscience. The Global Alliance to End AIDS in Children is an opportunity to renew our commitment to children and their families to unite, to speak and to act with purpose and in solidarity with all mothers, children and adolescents.”

Nigeria’s Health Minister, Dr Osagie Ehanire, pledged to “change the lives of children left behind” by putting in place the systems needed to ensure that health services meet the needs of children living with HIV. Dr Ehanire announced that Nigeria will host the alliance’s political launch in Africa at a ministerial meeting in October 2022.

The new alliance seeks the broad participation of stakeholders, national governments, implementing agencies, regional and country-based organisations, faith-based and community partners, including women, children and adolescents living with HIV.

Flavoured ARV set to be game-changer in HIV fight among children, adolescents

By Violet Otindo | votindo@gmail.com

Photo Credit | Violet Otindo

In September 2021, Kenya received a consignment of the newly formulated Dolutegravir (DTG) drugs flavoured with strawberry.

The donation of 47,000 packs of Dolutegravir (DTG) 50mg from UN agencies and 28,000 packs of Dolutegravir 10mg from UNITAID (through the Clinton Health Access Initiative) was received by Health Chief Administrative Secretary Dr Mercy Mwangangi to support ongoing efforts to suppress HIV/AIDS.

“The drugs seek to optimise treatment for children living with HIV/AIDS in the country. The drug has fewer side effects and patients are less likely to develop resistance to medication,” said Dr Mwangangi.

Speaking to the media while officially receiving the donation, in an event held at Nyumbani Children’s Home in Karen, Mwangangi said Kenya was among the first group of African countries to introduce the generic version of the DTG regimen to repress HIV/AIDS.

In 2018, the government had embarked on a plan to phase out the Nevirapine drug use among adolescents and the Efavirenz use among infants in favour of the DTG regimen. The programme has now transitioned to include more than 65 per cent of children on first-line antiretroviral therapy (ART) in DTG based regimens.

“Studies show that Dolutegravir (DTG) based regimens have high potency, a high genetic barrier to HIV drug resistance, low toxicity, and fewer drug-to-drug interactions. Evidence supports using DTG as a preferred first-line ARV drug for children and adolescents living with HIV with approved dosing and for people co-infected with TB,” said Catherine Ngugi, former Head of National AIDS and STIs Control Programme (NAS COP).



Kenya is among the first African countries to introduce the generic version of the DTG regimen to repress HIV.

“The programme was implemented in phases in different parts of the country in line with the WHO guidelines. Phase I transition, which involved children and adolescents living with HIV, kicked off in October 2019 with the aim of phasing out Nevirapine-based regimens,” added Dr Ngugi.

In April 2020, the Health ministry rolled out Phase II of paediatric treatment optimisation for children weighing 20kg and more. The ministry said the new HIV treatment is easily tolerated by children and adolescents. With the previous ARV regimen, many of those on treatment responded poorly due to incorrectly dosed ARVs. Several younger patients were forced to take drugs that were meant for adults, which were bitter to taste.

“The availability of DTG 50mg film-coated tablets foster improved adherence among the children and adolescents living with HIV, thereby improving their treatment outcomes,” Mwangangi said.

As a result of the cutting-edge research conducted over the year, people living with HIV/AIDS (PLHIV) in the country, including children, can now access potent and safe treatment regimens that ensure durable viral suppression. In recent times, PLHIV in the country have experienced supply constraints and delay in the distribution of antiretroviral drugs in the face of the COVID-19 pandemic.

“We are happy that we will no longer have to contend with bitter pills, especially for children.



Dr Andrew Mulwa, Ag, Director of Promotive and Preventive Health, Ministry of Health, hands over pDTG to Nyumbani Children's Home.

NEPHAK is ready to work through its networks to support sensitisation of people living with HIV and ensure that they understand these drugs and take them properly," said Quinter Nyagwero, who spoke on behalf of Nelson Otwoma, CEO, the National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK).

The Ministry of Health has committed to responsively deal with this challenge by partnering with other donor stakeholders to start the local manufacture of antiretroviral drugs in the country.

"Effects of the COVID-19 pandemic have particularly been felt this year as optimal stocking of HIV commodities is yet to be achieved. Though a challenge, it has created an opportunity to strengthen collaboration as is the case today and improve research among countries in addition to boosting the local manufacture of commodities," said Mwangangi.

Dr Andrew Mulwa, Acting Director of Medical Services/Preventive and Promotive Health, said there had been a gradual increase in mother-to-child transmission of HIV between 2012 and 2019, impacting the efforts made towards fighting the epidemic.

In 2021, an estimated 5,201 new HIV infections among children occurred compared to 6,806 in 2020, that is, 19 and 14 children got infected daily in 2020 and 2021, respectively.

"This is unacceptable. I know we can change this tide," said Dr Mulwa. He lamented that children and adolescents have been left behind when it comes to research done to combat different pandemics, including the COVID-19 pandemic.

"We have not done much on COVID-19 research when it comes to children. Children should not come last since they cannot champion their needs," he said.

In 2018, WHO recommended DTG for children over the age of four weeks and weighing more than three kilogrammes. However, in the past, only those weighing 20kg or more could access medication due to lack of age-appropriate formulations.

The Ministry of Health has committed to responsively deal with this challenge by partnering with other donor stakeholders to start the local manufacture of antiretroviral drugs in the country.

Photo Credit | IAS



Outgoing International Aids Society President and International Co-Chair Aids 2022, Dr Adeeba Kamarulzaman, says long-acting PrEP could play a major role in ending HIV.

Momentum builds to deliver long-acting PrEP for HIV prevention

By Mike Mwaniki | mikemwaniki2016@gmail.com

Oral PrEP was first approved by the US Food and Drug Administration a decade ago, but uptake and adherence have been limited, partly because some people have difficulty taking daily pills.

In recent years, studies have shown that cabotegravir-LA (CAB-LA), administered by injection once every two months, is a safe and effective alternative to oral PrEP.

CAB-LA is approved for PrEP only in the US, but its maker, ViiV Healthcare, has submitted marketing applications in additional countries.

Speaking during the 24th International Aids Conference held in Montreal, Canada, the International Aids Society President and International Co-Chair of AIDS 2022, Dr Adeeba Kamarulzaman said,

“Long-acting PrEP could play a major role in ending the HIV pandemic, but right now, very few people can get it. Scaling up affordable access to this game-changing prevention tool must be a top global priority.”

During the conference, researchers presented new data confirming that CAB-LA is safe and effective for PrEP in trans and cisgender women. The World Health Organisation (WHO) also released its first guidelines for CAB-LA for PrEP, and ViiV Healthcare and the Medicines Patent Pool announced that they have signed a voluntary licensing agreement for patents relating to CAB-LA for PrEP.

Finally, WHO, Unitaid, UNAIDS and The Global Fund announced the launch of a global coalition to accelerate access to long-acting PrEP with AVAC as the secretariat.

Researchers announced the first trans-specific analysis of data from the landmark HPTN 083

study confirming that CAB-LA is a safe and highly effective HIV prevention option for transgender women.

HPTN 083 is a Phase 3 study comparing CAB-LA to daily oral TDF/FTC for HIV prevention in cisgender men and trans women who have sex with men.

In 2020, researchers announced that HPTN 083 had demonstrated a 66 per cent reduced risk of HIV acquisition for CAB-LA compared to TDF/FTC.

The new analysis, which was presented at AIDS 2022 by Beatriz Grinsztejn of the Evandro Chagas National Institute of Infectious Diseases – Fiocruz (Brazil), reports on the safety, prevention efficacy and pharmacokinetics of CAB-LA in trans women during the blinded phase of HPTN 083.

Of 4,566 study participants, 570 (12.5 per cent) were trans women, 330 (57.9 per cent) of whom reported use of gender-affirming hormonal therapy.

HIV incidence among trans women was lower in the CAB-LA group (0.54 per cent) than in the TDF/FTC group (1.80 per cent).

CAB-LA was well tolerated in trans women and, importantly, initial findings suggest there is no impact of gender-affirming hormonal therapy on CAB concentrations

New data from the HPTN 084 study shows that among individuals assigned female at birth, CAB-LA continues to be superior to daily oral TDF/FTC in preventing HIV infection.

HPTN 084 is an ongoing Phase 3 randomised controlled trial of CAB-LA for PrEP in individuals assigned female at birth.

In late 2020, a planned interim review found that CAB-LA was superior to daily oral TDF/FTC for HIV prevention in this population.

The blinded portion of the trial was then stopped; participants were subsequently unblinded and continued on their original randomised study regimen pending a protocol amendment to offer open-label CAB-LA.

This update, which was presented at AIDS 2022 by Sinead Delany-Moretiwe of the University of the Witwatersrand (South Africa), reports that 23 incident infections (3 CAB-LA, 20 TDF/FTC) were detected in the 12-month unblinded period.

Of these, two (1 CAB-LA, 1 TDF/FTC) occurred during the blinded phase, and only one of the CAB-LA cases had ever received an injection.

Cumulatively, 62 incident HIV infections (6 CAB, 56 TDF/FTC) have been observed over 6,626 person-years of follow-up (HIV incidence 0.94 per cent). In addition, no new safety concerns were identified.

Also during the press conference, WHO released new guidelines for the use of CAB-LA as PrEP for HIV and called for countries to consider this safe and highly effective prevention option for people at substantial risk of HIV infection.

The guidelines will support countries as they plan for CAB-LA introduction and facilitate urgently needed operational research.

The WHO's Director (Global HIV, Hepatitis and Sexually Transmitted Infections programme) Meg Doherty said, "Long-acting cabotegravir is a safe and highly effective HIV prevention tool, but isn't yet available outside study settings. We hope these new guidelines will help accelerate country efforts to start to plan and deliver CAB-LA alongside other HIV prevention options, including oral PrEP and the dapivirine vaginal ring."

At the same time, ViiV Healthcare and the Medicines Patent Pool (MPP) announced that they had signed a voluntary licensing agreement for patents relating to CAB-LA for HIV PrEP to help enable access in least developed, low-income, lower-middle-income and sub-Saharan African countries.

Through this agreement, selected generic manufacturers will have the opportunity to develop, manufacture and supply generic versions of CAB-LA for PrEP in 90 countries, subject to required regulatory approvals.

ViiV Healthcare and MPP will now work closely with stakeholders and selected generic manufacturers to enable access to generic CAB-LA for PrEP as soon as possible.



Blood samples are transported by a motorcyclist. WHO released new guidelines for the use of CABLA as PrEP, saying it is safe and highly effective.

The MPP Executive Director, Charles Gore, said, "We are delighted to sign this voluntary licence with ViiV for cabotegravir LA for PrEP.

"Long-acting technologies open up a whole new dimension that facilitates medicine uptake, and this product brings a much-needed option for those at risk.

ViiV Healthcare Chief Executive Deborah Waterhouse said, "This announcement represents a potentially game-changing moment in HIV prevention.

Enabling at-scale access to generic cabotegravir LA for PrEP could play a significant role in averting the transmission of HIV, particularly amongst women and adolescent girls, and help end the HIV epidemic.

During the occasion, the new Coalition to Accelerate Access to Long-Acting PrEP was launched.

Convened by WHO, Unitaid, UNAIDS and The Global Fund, and with AVAC as the secretariat, the coalition will coordinate key stakeholder activities on PrEP access, including jointly developing strategies to identify and overcome access challenges for new PrEP options in the near to medium term (especially related to ViiV's injectable CAB, including generics) and the medium to longer term (related to future PrEP products).

"New HIV prevention options now reaching the market, such as injectable cabotegravir, hold the promise to transform HIV prevention," said Unitaid Deputy Director Tenu Avafia.

"But we must move far more quickly than we did with oral PrEP if we are to have real impact on the epidemic. This new coalition being formed will prioritise the acceleration of affordable, equitable and widespread access to injectable long-acting cabotegravir for PrEP without delay."

The Global CAB facilitator at Afrocab, Jacque Wambui said, Afrocab and our community partners are excited about this announcement.

"Since we began mobilising community partners around the world almost six months ago, we have been encouraged to see the responsiveness and engagement from global partners that have made this announcement possible."

Ms Wambui added, "However, we recognise this is just the first step on this path for long-acting cabotegravir for PrEP.

"Speedy technology transfer and low-cost pricing have still not been secured. Until then, the promise of accessible, affordable CAB-LA will not be realised. Afrocab and our community partners will continue to advocate around these issues until they are resolved."

Eight facts you should know about post-exposure prophylaxis

Photo Credit | MESHA



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Technology (JKUAT)

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Some of the ways to get exposed to HIV is unprotected sex, sharing needles, syringes, or other injecting equipment, and sexual assault. Clinicians approved Post-Exposure Prophylaxis (PEP) medicine to protect exposed individuals from HIV infection as soon as possible. However, worries about young people misusing the drug have surfaced, just as with some antibiotics. Prof Kenneth Ngure, Associate Professor of Global Health at Jomo Kenyatta University of Agriculture and Technology (JKUAT), says the drug should be used only in extreme cases. We caught up with him on the sidelines of a MESHA science café on August 31 and asked him to respond to eight PEP-related questions.

Q What is Post-exposure prophylaxis? (PEP)

A Post-exposure prophylaxis (PEP) for HIV is given after somebody has had accidental exposure to HIV with a contact who is HIV infected or has unknown HIV status.

Q Why do you say “accidental”?

A I say accidental because for any exposure that is not accidental then people need to use the current prevention strategies and they are many. There is the old ABCs, PrEP, or taking a test before sexual intercourse. So there are many pre-exposure interventions that you can use before sex. So post-exposure prophylaxis should be for an accidental encounter. It should not be planned. It is not even designed as a regular HIV prevention method.

Q Is PEP an injection or a tablet?

A PEP is a tablet that is already available and many combinations of tablets are taken for a whole month.

Q Where can one find PEP?

A PEP is found in all government and private hospitals.

Q Who is eligible to use PEP?

A Those who can access it are those who have had accidental exposure to HIV. Accidental exposure could even include a condom break. So you had taken all the measures, you had even had your condom then you've had a breakage.

Q How soon after exposure should someone start using PEP?

A This should be accessed within 72 hours. You should go to a hospital and ideally before you start PEP, you should be tested for HIV.

Q What about circumstances where young people fail to act when those they want to have sex with disclose that they are HIV positive?

A Ideally, you should be given PEP. But the young people are making it a regular method of HIV prevention. So it is not accidental, it is by design. So you take PEP this month, and after next month you take it again. That is not ideal.

Q What are the risks associated with using PEP as a routine HIV prevention strategy?

A If, for example, you are not able to finish your PEP because many people are unable to take it for a full month due to the taste or side effects experienced, if HIV is able to penetrate then you are risking resistance.

So, once it becomes very regular then people start facing challenges such as not being sure of their HIV status or they are not finishing their treatment because they say, “I had PEP last month.”

I would encourage, especially young people, to use the known methods and only use PEP in very exceptional circumstances.

I know there may be health providers who would say that they would not give you PEP because you had decided to expose yourself. However, ideally, anybody who has had exposure should be given PEP, but with proper counselling so that they know the HIV prevention methods available.



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Stakeholders call for concerted efforts to end the triple threat

Photo Credit | Violet Otindo



Vivian Awuor, a peer educator at Siaya County Referral Hospital.

By Violet Otindo | votindo@gmail.com

In 2018, Mzee Abok Okundi, a father of four, woke up to what he terms a rude shock. Her daughter, 12 years old, in Standard Seven, was pregnant.

Abok, a peasant farmer in Homa Bay County, had hopes that the girl, the firstborn in his family, would complete school and then help him with the burden of raising the other children.

"I was so angry that I chased her away with her mother. I felt that the mother was responsible for the bad behaviour. It was her fault," he says. For him, this was the end of life for his daughter.

School re-entry was never an idea that crossed his mind. For months, his wife who had run away with her daughter back to her parents' home, attempted to return in vain.

Efforts by other family members to have her back bore no fruit. The area chief and Elizabeth Glaser Foundation (EGPAF), a local Non-Governmental Organisation, heard about the girl's predicament and immediately tried to reach him, still in vain.

It took the effort of EGPAF national officers to come to the ground to reinforce the efforts by the local administration and media.

"When we came, we had to camp on the ground for some time," said Job Akuno, Senior Project Manager/Technical Lead Adolescents and Youth, EGPAF.

After relentless efforts, Abok agreed to take back his wife and daughter. "I saw sense in what they were saying, and I took her back to school after she gave birth. She sat her national exam this year, 2022, and I know she will pass and continue with her studies," said the beaming father.

Abok has now become a grand champion of readmission to school of adolescent mothers. "Though I do not encourage early pregnancies, I would like to tell parents that when a mistake happens, let it not be the end of your child's dream. Pregnancy is not the end of life," he said.

Abok shared his inspiring story during the national dialogue on the triple threat with regional and county commissioners in Mombasa. The commissioners pledged to support Mr Abok's daughter with her college education as soon as the results were out.

Abok's case is not unique. Kenya has made great strides towards ending AIDS as a public health threat. However, these three threats – HIV, teenage pregnancy, and sexual and gender-based violence – still weigh down on the lives of this age cohort.

Kenya has a predominantly young population, with 59 per cent aged 24 years and below, and these young people should acquire primary education comprehensively if they are to make a meaningful contribution to the economy.

"While the Ministry of Health has embarked on a journey to ensure that every Kenyan has access to quality health services, securing the health of young girls must remain a key priority.



Mary Mugambi, Program Manager PrEP HTS (right) swipes Health Chief Administrative Secretary Mercy Mwangangi with a HIV self-testing kit.

This is why we must approach this agenda through the One-Government Approach,” said Health Principal Secretary Susan Mochache.

During the meeting, Dr Ruth Laibon-Masha, CEO National AIDS Control Council (NACC), called on stakeholders to re-mobilise the nation and ensure ownership and leadership towards effectively providing a way forward in ending the triple threat.

She said leadership plays a vital role in ending the HIV burden in Kenya, considering the impact of the Universal Health Coverage (UHC) programme by President Uhuru Kenyatta.

The UHC programme was part of President Kenyatta’s Big Four Agenda. One of its pillars is affordable healthcare for all and entails coverage of quality services, access to services and affordability, and financial protection.

“Significant progress has already been made regarding HIV response in the country. However, there are still challenges that require the attention of leaders. Kenya is currently struggling to get drugs for children with HIV and AIDS because most of the drug manufacturing countries do not have the HIV and AIDS problem and are therefore cutting down on the manufacture of these drugs,” said Dr Masha.

Effective HIV response would require a focused investment on preventing new infections, investing in care and treatment, effectively stopping the stigma and reducing HIV-related deaths.

Dealing with HIV, she said, requires leadership at all levels, hence the need for a dialogue with the county commissioners.

Dr Masha said change should happen at the individual level for the adolescent and young person, and at the interpersonal level among peers, parents, and guardians.

It should also happen at the organisational level among school administrators, teachers, lecturers, and the Commission of University Education; at the community level among the community and religious leaders; and at the societal level through policies, political and cultural issues.

Sex workers are also among the population at risk. Sex work is no longer confined to Nairobi, Mombasa, and Kisumu but is now across the country. There is even a new category of sex workers called “married sex workers” who offer their services between 8am and 5pm.

Photo Credit | Violet Otindo



An adolescent mother narrates her story to NACC Chief Executive Officer Dr Ruth Laibon-Masha and Kwale Governor Fatuma Achani during a meeting to explore ways to end the triple threat.

We've to rethink strategies to address teen pregnancy and HIV among adolescents, says NACC boss

By Cyphrene Wasike | info@meshascience.org

Kabuoch Kachieng village in Ndhiwa Sub-county, Homa Bay County, is the home of about 50 young girls whose teenage life was disrupted by early pregnancies.

Anyango (not her real name) is a 13-year-old mother. She was lured to conceive her first baby by her peers, to "gauge her fertility". In the village, the 'fertility test' is used to measure young girls' ability to bear children.

After conceiving, Anyango was still determined to complete her education. So she went back to school and sat her final Kenya Certificate of Primary Education (KCPE) exam.

However, shuttling between school and motherhood was a daunting task for the young mother. When she was asked how she managed the situation, Anyango broke down. "Maisha ni ngumu sikujua (Life is hard. I didn't know)," she says as she weeps.

This is the disturbing situation that many young girls and women face, not just in Ndhiwa but the whole country. Sadly, a good number of them are also living with HIV and AIDS, complicating the situation even further.

Homa Bay County is one of the heavily burdened counties with HIV and AIDS. With a 26.6 per cent prevalence rate, the county has one of the highest prevalence in the country.

"We can't afford to lose this generation, we can't afford to let them down. As the National AIDS Control Council (NACC) together with our partners, we must do what it takes to change this situation by rethinking strategies and rechanneling resources," said NACC Chief Executive Officer Dr Ruth Laibon-Masha.

Dr Masha said critical sectors like education and faith should take a more harmonised approach in addressing HIV and early pregnancy among teenagers.

According to HIV Estimates Report of 2020, one in every two new adult HIV infections occur among the age group of 15-24 years.

Photo Credit | Violet Otindo

The report also shows that adolescents aged 10-19 account for 16.5 per cent of the country's 32,027 new infections recorded in 2021.

Teen pregnancy is a clear indicator of unprotected sex acting as a proxy for new HIV infections among this group.

Mary Ouma, a teacher in Ndhiwa Sub-county, says poverty and social norms contributes to the increase in new HIV infections and teen pregnancies.

"Our young girls are lured into sex because of poverty. Girls from poor backgrounds cannot afford sanitary pads and other basic needs. They are forced into early sexual relationships with the so-called 'sponsors' who meet such needs. In the long run, this has led to the current sad situation," said Ms Ouma.

In 2018, about 40 per cent (14,733) of the total first ANC visits in Homa Bay County were adolescents aged 10-19 years. The proportion of adolescent pregnancies declined to 25 per cent (10,116) in 2021. Between January and May 2022, Mbita Sub-county had the highest proportion of adolescent pregnancies reported at 29.3 per cent, while Homa Bay Sub-county had 15.1 per cent of all pregnancies being among adolescents, and the lowest in the county.



An adolescent mother from Homa Bay County. Teen pregnancy is a clear indicator of unprotected sex acting as a proxy for new HIV infections among this group.

Overall, Ndhiwa Sub-county reported 686 pregnancies among adolescents (representing 21 per cent of all pregnancies in the county) between January and May 2022.

While on a fact-finding mission in the area, Dr Masha reiterated the need to rethink strategies in addressing teen pregnancy and HIV among young women and girls.

"We have to go back to the ground and use a bottom-up approach in addressing this problem," she said.

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Group comes to the rescue as society urged to embrace autistic children

By **Rolex Omondi** | rolex.omondi81@gmail.com

Joseph Othoth | joothoth@gmail.com

Photo Credit | Courtesy

In Africa, society frowns upon children born with disability. In most cases, parents usually abandon such children and do not give them the care they need. In the best case scenario, the children are put in seclusion, hidden from the watchful eyes of a judgmental society.

The situation is worse for autistic children, whose parents rarely understand their condition and let them waste away instead of seeking help.

However, this unfair treatment of disabled children is slowly changing in Kisumu and its environs, thanks to Winam Child Without Limits (WCWL), a community-based organisation (CBO), which facilitates children with special needs to realise their full potential and dreams.

Founded in 2017, WCWL creates awareness among parents and caregivers by stressing the uniqueness of every child, especially those living with autism.

It also encourages parents and caregivers to accept their children despite their condition.

Farida Sat, the Founder and Director of WCWL, says they work closely with both the county and national governments, and various organisations, including the Kenya Red Cross Society, to distribute cereals and other foodstuff and clothes from the organisation and well-wishers to the parents and guardians of children with special needs.

"No person abled differently is limited, hence giving the society a positive understanding on disability is important," says Sat.



Farida Sat, the Director of Winam Child Without Limits (WCWL) inspects the progress of children with autism in Oyugis, Homa Bay County.

To mark the World Autism Day 2022 on April 2, the CBO organised a celebration at Kisumu Day Secondary School in collaboration with the county government and other stakeholders.

"Without the awareness, there is no preparation and acceptance. We need to create a positive acceptance of disability with a major focus on autism," Sat said.

She said their offices in Mambleo, along the Kisumu-Miwani road maintain an open-door policy for those seeking guidance on how best to care for special needs children.

Autism, also known as Autism Spectrum Disorder (ASD), is a neurological developmental disability that impacts the nervous system. The diversity of the disability means that each person's individual experience of autism and needs for support and services can vary widely.

The Centre for Disease Control and Prevention (CDC) says autistic children have poorly developed social skills, difficulty with expressive and receptive communication, as well restrictive and repetitive behaviours. They have unexpected reactions to extreme sounds, tastes, sights, touches and smells.

Statistics from the World Health Organization (WHO) indicate that the condition's prevalence is four times higher in boys than in girls.

In May 2014, the 67th World Health Assembly adopted a resolution that urges WHO to work with member states and partner agencies to strengthen national capacities to address ASD and other developmental disabilities.

The resolution was supported by more than 60 countries.

Photo Credit | Rolex Omondi



Stakeholders during World Autism Day celebrations at Kisumu Day High School in April.

The WCWL supports parents by conducting identification, assessment, and placement of autistic children in various institutions either for specialised treatment or education. It also conducts sensitisation and hospital referrals, and follow up with the registration process with the National Commission on Persons Living with Disability (NCPLD).

"We visit schools and homes to check on their progress, give advice on nutrition and do capacity building for teachers on how to handle autistic children," says Sat, who is a psychology student at Great Lakes University, Kisumu. The organization also accords parents psycho-social support through the WCWL programme's WhatsApp group on how best to care for the children. Perskila Ondieki, a parent living with an autistic child, shares her trials and tribulations soon after she discovered her son's neurodiversity disability.

"I was shocked when the assessors carried out tests and told me that Damon, my firstborn son, was autistic," Perskila says.

"We had to take him to the hospital for another round of medical tests to ascertain the condition."

She says Damon is always hyper-active whenever he gets angry, and can even knock his head on the wall to express his emotions.

Perskila says her family faced frequent rejection from neighbours, relatives and friends and they to keep relocating in a bid to live normally.

She thanks WCLW and her husband for giving Damon the support he needed, despite the tribulations.

"My social life has changed a lot and I have lost many friends because I thought that they would be there for me," she says. "Some people accused me of having sacrificed my son's well-being to gain wealth."

Perskila is actively involved in a volunteer programme with WCLW in creating awareness among other parents and caregivers, and more emphasis is laid on 'acceptance of the condition.'

Damon is now a Grade One pupil at JPC Junior, Nyamasaria in Kisumu County. His usual diet is rich in whole foods such as fresh fruits and

vegetables, seeds, nuts and whole grains, which are naturally higher in vitamins and minerals.

"I reduced sugar-related foodstuff in his menu as advised by WCLW, and successfully used honey to control his hyper reactions," says Perskila.

Caroline Agwanda, the Kisumu governor's Special Adviser on Persons Living with Disability, encourages parents and caregivers to form an association to champion the plight of such children in society.

Occupational therapist, Amara Michael, echoes similar sentiments on sensitisation to encourage parents to understand autistic children.

Amara called for a joint responsibility in handling autistic children and took a swipe at those who abandon them.

Sat says their biggest challenge at WCLW is inadequate funding to enable them run their programmes accordingly.

"Every child should be given space, accepted as they are, able to attend school and allowed to coexist in society," she says.

Study: Pregnant women with COVID-19 at higher risk of death, ICU admission

By **OMBOKI MONAYO** | omboki2725@gmail.com

Photo Credit | Aghan Daniel

At least half of the pregnant COVID-19 patients in sub-Saharan Africa faced a higher risk of ICU admission, oxygen therapy and death, a recent study has shown.

Prof Jean Nachega revealed the findings at a science cafe organised by the Media for Environment, Science, Health and Agriculture (MESHA) on July 6, 2022.

The study carried out in six countries looked at the records of 1,315 patients admitted between March 2020 and March 2021 in 22 health facilities spread across South Africa, Kenya, Ghana, the Democratic Republic of Congo, Nigeria and Uganda.

Prof Nachega, who has over 30 years' experience in HIV and TB research in pregnant women, said half of the pregnant women enrolled in the study were found to be at risk of death from COVID-19 infection.

"We demonstrated that pregnancy independently increased the risk of ICU admission, oxygen supplementation and death among COVID-19 patients," said Prof Nachega.

He said the risk of death was attributed to the effect of the viral infection on the pregnant woman's immune system.

"As you progress in pregnancy, the risk of admission, oxygen therapy and death increases. So, that may make sense to the majority of them to make some adjustments," Prof Nachega said.

"Also, pregnancy by itself is a relative natural event that lowers the mother's overall immunity and increases her vulnerability to infections."



A study, carried out in six African countries revealed that pregnant women were more likely to be admitted to the ICU upon COVID -19 infections that those who are not pregnant.

According to Prof Nachega, who serves as an Adjunct Associate Professor of Epidemiology and International Health at Johns Hopkins Bloomberg School of Public Health in Baltimore, USA, COVID-19 infection added to the overall burden of morbidity and death among pregnant and non-pregnant women.

"What jumped out at us right way is that those who are pregnant with COVID-19 are more likely to be admitted to the intensive care unit (ICU), require oxygen therapy and more likely to die," he said.

Non-pregnant women were also likely to be admitted to the ICU upon COVID-19 infection, but at a lesser rate than the pregnant infected women.

Additionally, the risk of death among COVID-19 patients was higher among those with comorbidities such as HIV, TB and sickle cell anaemia.

Scientists found that pregnant COVID-19 patients were 2.4 times more at risk of needing intensive care and two times higher at the risk of death compared to non-pregnant women.

Those with COVID-19 had a five times risk of death as compared to those without the disease.

"HIV, prior TB and sickle cell anaemia also increased the burden of morbidity in this group by two and a half times. Patients with sickle cell anaemia were more likely to be admitted to ICU," said Prof Nachega.

Most of the women enrolled in the study were in the third trimester. Prof Nachega attributed the trend to lack of test numbers for expectant mothers in the other trimesters.

"We did not have a sufficient number of women in the second trimester to make the comprehensive comparison between the groups," said the scientist.

He said the team had observed that women in sub-Saharan countries are affected by a different set of comorbidities not commonly experienced in the West.

Prof Nachega is now calling on the global health system to prioritise the vaccination of pregnant mothers to stave off high hospitalisation and death rates due to COVID-19 infection.

"Vaccination for pregnant women should be prioritised as part of public health and antenatal healthcare," he said.

He reminded the audience that the World Health Organisation (WHO) updated guidelines for 2022 recommends vaccination for pregnant women.

"Apart from pathogenesis and treatment management, the WHO has also recommended vaccination of pregnant women as a measure to reduce the risk and consequences of severe COVID-19 infection," he said.

The researcher vouched for the vaccines' safety and efficacy, saying they could be used by expectant mothers.

"A growing amount of data confirms mRNA, vector and adenovirus-based vaccines are completely safe for use during pregnancy," said Prof Nachega, who is also a tenured Associate Professor of Medicine, Infectious Diseases, Microbiology and Epidemiology, at Graduate School of Public Health, University of Pittsburgh, USA.

He admitted that false news and unfounded claims against the vaccines had scared many pregnant women off the job.

"Pregnant women have been bombarded with false information that they will become infertile, or promote prematurity.



A medic conducts a COVID-19 in Nairobi. A researcher has called on the global health system to prioritise vaccination of pregnant women to stave off high hospitalisation and death rates due to COVID-19 infection.

"All these allegations are completely false, and cannot stand scientific scrutiny," said Prof Nachega, who is also an Infectious Diseases-Internist and Epidemiologist and a Professor Extraordinary of Medicine at Stellenbosch University, Faculty of Medicine and Health Sciences, Cape Town, South Africa.

Vaccine hesitancy continues to be a major obstacle to the drive to immunise at least two billion Africans from COVID-19.

So far, Africa Centres for Disease Control (CDC) data indicates that some 620.1 million doses have been administered on the continent, which procured most of its shots through the COVAX facility. Fully vaccinated individuals represent just 19.7 per cent of the continent's population currently estimated at slightly over 1.4 billion.

Among the study's weakness, Prof Nachega said, was the lack of focus on other health indicators among the participants to get a wider look at a cross-section of health data.

"One disadvantage or limitation of the study was that we did not carry out a comprehensive study on other health indicators. We also do not have enough detailed information on some of the babies' follow-up data," he told Sayansi.

The study also examined the regular vaccination history of the participants.

"We looked at those inoculated with the vaccines in the antenatal programme, which also vaccinates infants against diphtheria, polio, measles and other vaccine-preventable illnesses," he said.

Prof Nchega said the team was planning to carry out more research on the effect of the viral infection on mothers and babies during pregnancy.



COVID-19 disrupted people's livelihoods leading to various agencies to distribute food to various households. However, efforts to vaccinate many people, including expectant women were hampered by vaccine hesitancy based on unfounded fears, myths and misconception.

He expressed confidence that the effort to more intensively examine those indicators would shed more light on COVID-19 in pregnant women.

"We did not carry out PCR tests on the babies to determine their COVID-19 status. We tend to do it prospectively, follow up on the mothers and babies and see what the data reveals," said Prof Nachega.

The study has also laid bare the need for continued public health information to sensitise communities on COVID-19.

Prof Nachega said the importance of COVID-19 vaccination cannot be over-emphasised, adding that the reduction of risk remained a key pillar of post and antenatal care programming.

"Pregnancy is a risky time for the mother as her immune system is weakened and she is vulnerable to a number of

infections. It is therefore important for women to get vaccinated during this particularly sensitive period," he said.

Sylvia Nakazi, the Acting Executive Director for the Uganda Network of AIDS Service Organisations (UNASO), said her organisation has been actively encouraging pregnant and non-pregnant women to get the jab.

"We work with civil society organisations to ensure that the communities are empowered with health knowledge to enable them make the right decision to protect themselves and their unborn babies," she said.

Ms Nakazi said the efforts are bolstered by the news coverage of the pandemic as it unfolds.

She however observed that efforts to vaccinate expectant women were hampered by vaccine hesitancy based on unfounded fears, myths and misconception.

"Many people are unwilling to get vaccinated because of rumours, fake news and using social media sites that regularly publish misleading and unverifiable information," said Ms Nakazi.

She said there was need to intensify efforts to create vaccine awareness and dispel commonly touted but false conspiracy theories.

Ms Nakazi said her community-based organisation is actively involved in efforts to encourage Ugandans to get vaccinated.

"We use public forums such as public health meetings to spread the message," she said.

The study was sponsored by a National Institutes of Health grant, Africa Forum for Research and Education in Health (AFREHealth), Central and West Africa Implementation Science Alliance (CAWISA).

Nairobi, October 27, 2022

Call for Applications: Biodiversity podcast

MESHA invites journalists and podcasters to submit in-depth podcast proposals on efforts in place to promote, study and save East African biodiversity. Podcasts should aim for a length of 3-10 minutes.

The call is under MESHA's Journalists Acting for Biodiversity Project (The JAB project) funded by the JRS Biodiversity Foundation.

The project seeks to underscore the important role biodiversity plays in our existence, society, economy and ecosystems. The mission is to create awareness of the status of biodiversity in our region and to profile initiatives by communities and organisations that seek to study, protect, value and preserve our rich heritage of East African biodiversity.

Topics under consideration

- The critical importance of biodiversity to sustaining tourism
- Community involvement in research and conservation efforts
- Emerging issues and new innovations relating to biodiversity

- Valuing ecosystem services (i.e. water regulation, medicine, food/fiber sources, soil fertility) of biodiversity to our society and economy Broadcast

The episodes will be broadcast on podcasters own platform, MESHA's podcast platform and YouTube in both English and Kiswahili.

Eligibility

- Primary beneficiaries of story grants should be local journalists focusing on environment biodiversity or those that have worked with MESHA before engaged in science-related reporting activities.
- We recommend collaborative reporting that will involve more than one journalist and at least one scientist or researcher willing to share resulting coverage; we are looking for proposals that seek to leverage their work for the greatest possible reach and impact.

Deadline

Pitches should be sent to sayansimagazine@gmail.com by December 30, 2022.