



## The Tobacco Control Centre opened, Tobacco Control Bill tabled in parliament, what next?



Andrew Kwizera of UHCA explains to the Speaker of Parliament Rt. Hon. Rebecca Kadaga at UHCA stall during CTCA launch

The Centre for Tobacco Control in Africa was recently opened in Kampala. It is hosted by Makerere University School of Public Health on behalf of a consortium comprising of Uganda Health Communication Alliance (UHCA) and Uganda National Association for Community and Occupational Health (UNACOH). The aim of the centre is to reduce the consumption of tobacco by supporting governments in implementing evidence based tobacco control strategies in Africa.

The Centre is to contribute to the strengthening of the National Tobacco Control programmes in the initial five target countries; Uganda, Kenya, Republic of South Africa, Mauritania and Angola. Presiding over the launch, Uganda's Speaker of Parliament, The Right Honourable Rebecca Kadaga said parliament is already working on a Tobacco Control Bill, which has already been submitted to her office and will soon be presented for the First Reading.

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## OPINION: "Improving coverage of Family Planning is critical for health journalists"

*By Deusdedit Ruhangariyo*

Colleagues, I got a privilege of attending the 2nd International Conference on Family Planning: Research and Best Practices, courtesy of Population Reference Bureau of Washington DC that fully sponsored me and many other journalists across the globe.

The conference which was held in Dakar, Senegal from 29th November to 2nd December was co-hosted by The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the Ministry of Health and Prevention in Senegal. To me as a health journalist who is willing to learn from every opportunity, the meeting dubbed ICFP 2011 was more than a semester at a college school.

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Evelyn and Linda from UHCA displays a banner during CTCA launch



Hon. Rose Seninde, MP, Wakiso District, Dr. Christine Ondoa, Min. for Health and Dr. Douglas Bettcha, Dir. Tobacco free Initiatives, addressing the media during CTCA launch

## Centre for Tobacco Control in Africa opened..cont.

The Uganda' Minister for Health Dr. Christine Ondoa said that nearly 80% of NCDs, for which tobacco is a major risk factor, occur in Low and Middle Income Countries and in Uganda they account for 25% of all deaths. She said that although there has been delayed implementation of the WHO Framework Convention for Tobacco Control Treaty, government is ready to rise to the challenge and ensure full implementation of all the enforceable articles of the Treaty.

Dr. Ondoa said the establishment of the Centre for Tobacco Control for Africa and its being hosted by Uganda is an opportunity the government of Uganda should take advantage of.

The WHO Country Representative, Dr. Joaquim Saweka in his address noted that Africa is faced with a double burden of disease; Communicable and Non Communicable Diseases.

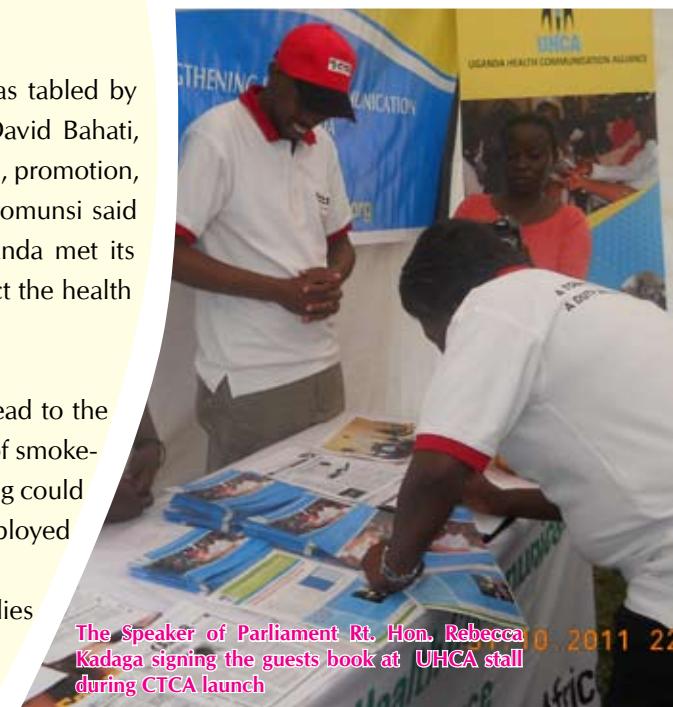
In a related development, about a month ago, a Private Members Bill was tabled by Dr. Chris Baryomunsi (Kinkiizi East), and seconded by Ndorwa West MP David Bahati, seeking mandate to regulate the manufacturing, selling, advertising, distribution, promotion, and consumption of tobacco products in Uganda. In tabling the bill Dr. Baryomunsi said that the Tobacco Control and Marketing Act of 1967 had not ensured Uganda met its obligations as provided in the 2002 Convention on Tobacco Control to protect the health of all individuals.

The Bill also seeks to reduce the exposure to tobacco smoke. It could also lead to the banning of tobacco advertising, tobacco tax and price legislation. Promotion of smoke-free public workplaces and placement of health messages on tobacco packaging could be reached at. However, the Bill could attract the ire of the 600,000 people employed by the tobacco industry, who might see this as a job-scaring venture.

The big question remains, if the bill is passed into a law, are the respective bodies ready to implement it? ■



Min. for Health Dr. Christine Ondoa, the Speaker of Parliament Hon. Rebecca Kadaga and Prof. William Bazeyo the Dean Malsph moving to the stalls during CTCA launch



The Speaker of Parliament Rt. Hon. Rebecca Kadaga signing the guests book at UHCA stall during CTCA launch



Media luncheon with the health journalists to forge a working relationship in reproductive health reporting, organised by UHCA in partnership with DSW.



Agnes Kyota, The New Vision, interviewing a parent during a malnutrition media excursion in Kitgum District that was organised by UHCA with support from FANTA 2

UHCA's main objectives being to train, empower and support journalists and public information specialists who disseminate health information. It engaged a number of journalists in various activities in collaboration with other partners as shown in these pictures.



UHCA and Elizabeth Glaser team plus journalists from various media houses pose for a photo during the South Western Uganda media excursion on PMTCT.



Florence Naluyimba, NTV, interviewing a pregnant mother in Kamwezi Health Centre iv, Kabale District during South West Media excursion on PMTCT



Ms. Sheila Couthino, Chief of Party TMA, CSF looks on as journalists participate in group work during capacity building workshop on HIV & AIDS Information and Knowledge Management organised by UHCA and UNASO



On-site radio trainees go through exercise in one of the family planning trainings in western Uganda, organised by UHCA with support from HCP



Nurse Mildred training radio journalists during on-site media house training on family planning organised by UHCA in partnership with HCP

## A better way for health journalists to cover Family Planning

The Conference brought together about 2200 participants from 80 countries to share research, best practices, and progress on national strategies to deliver family planning services, with the ultimate goal being universal access to family planning. The quality of presentations, the research and the speakers were all superb.

Remember, 'Family Planning is to women's health as immunization is to child health'. So if we are to improve the health of our mothers, we have to cover family planning more seriously.

However, I learnt that as health journalists, there is need to look at the following (story ideas on the side bar) more critically if we are to cover family planning well.

Each of the points can be a fantastic story; health journalists can work with experts in their areas and do stories along those lines.

Let us not forget the daily challenges our mothers go through while trying to bring life to this world. As health journalists there is need to cover those trying moments and bring to shame some of the health practitioners who do not respect pregnant women whenever they visit health centers.

Dr. Babatunde Osotimehin, the Executive Director of UNFPA, said that the meeting was not only about family but also 'about a larger effort to improve women's and children's health ----- about accelerating social and economic progress and about a new path to sustainable development'.

He continued that 'We know what need to be done. We have family planning solutions. Therefore, he said 'We must hold governments accountable for their commitments and champion innovation and access' throughout the world.

'Investing in voluntary family planning today will not only pay dividends now, but will also help history's largest generation of young people to enjoy opportunities and forge a brighter future' He added.

In the same vein, Amy Tsui, the Director of the Bill and Melinda Gates Institute for Population and Reproductive Health said about the meeting: 'Along with the efforts of many individuals and organizations, the 2nd International Conference on Family Planning managed to deliver knowledge that will serve many more couples' need to manage pregnancy-related risks and enjoy the benefits'.

As health journalists let us be the bridge for this knowledge to reach the couples in order for them to achieve their dreams.

I assure you that our work will not be in vain ■



Ruhangariyo (R) talking to Dr. Kelly of Family Health International 360 during the conference in Senegal

### "Probable story Ideas"

#### General

- Patterns and trends in contraceptive use and method mix
- Effective family planning programs
- National strategies and plans for contraceptive security
  - Youth and family planning (leadership and service delivery models)
- Innovations in contraceptive service delivery (community-based approaches, task-shifting, direct-to-consumer, information technology)
- Translating family planning research to action and scaling up

#### Family Planning and Development

- Family planning and poverty eradication or wealth creation
- Family planning and gender equity
- Family planning, child and family development
- Family planning, nutrition and reproductive health (pre-conception, gestational and postpartum)
  - Family planning and maternal survival and health
  - Family planning and unsafe abortion
  - Family planning, the environment and national security

#### Family Planning Programs and Operations

- Access to and quality of family planning services (including decentralization models)
- Family planning service integration (e.g., STI/HIV, safe motherhood, post-abortion care, postpartum care, child immunization)
- Contraceptive financing models, how can some of them work for our mothers?
- Contraceptive technology development, how far has it gone?
- Family planning for population subgroups (urban poor, men, adolescents, vulnerable/displaced, intellectually disabled, older)

## “Effectiveness and Efficiency (E2) is needed in national AIDS programs” - International AIDS Society (IAS)

*By Deusdedit Ruhangariyo*

Prof. Françoise Barre-Sinoussi, a 2008 Nobel peace prize winner told Ugandan doctors that the world will not sustain long-term HIV/AIDS treatment programmes unless scientists discover a cure.

She said this while speaking during a public lecture at the Makerere University College of Health Sciences. The meeting was attended by top HIV/AIDS researchers in Uganda.

In the same vein, Prof. Sheila Tlou, the UNAIDS Regional Director for Eastern Africa asked the government of Uganda to increase funding towards the fight against HIV/AIDS so as to curb the increasing infection rate in the country. She was concluding a weeklong visit to Uganda.

However, HIV professionals, people working on the frontline against HIV/AIDS and IAS members recently concluded that ‘Country ownership is central to any sustainable HIV/AIDS response’.

The members agreed that to be able to scale up HIV programmes on treatment, prevention and care in a period of scarcity and an environment of competing priorities, governments in affected countries, HIV professional (including Health Journalists) as well as donors must improve the effectiveness and efficiency of national HIV programmes.

The focus of the consultation was:

- Sharing the latest evidence on measuring effectiveness and efficiency (E2) of national AIDS programs
- The importance of country ownership and how stakeholders in a country can be involved, not only governments, but people living with HIV/AIDS, key

populations, HIV professionals and local providers of prevention, treatment and care.

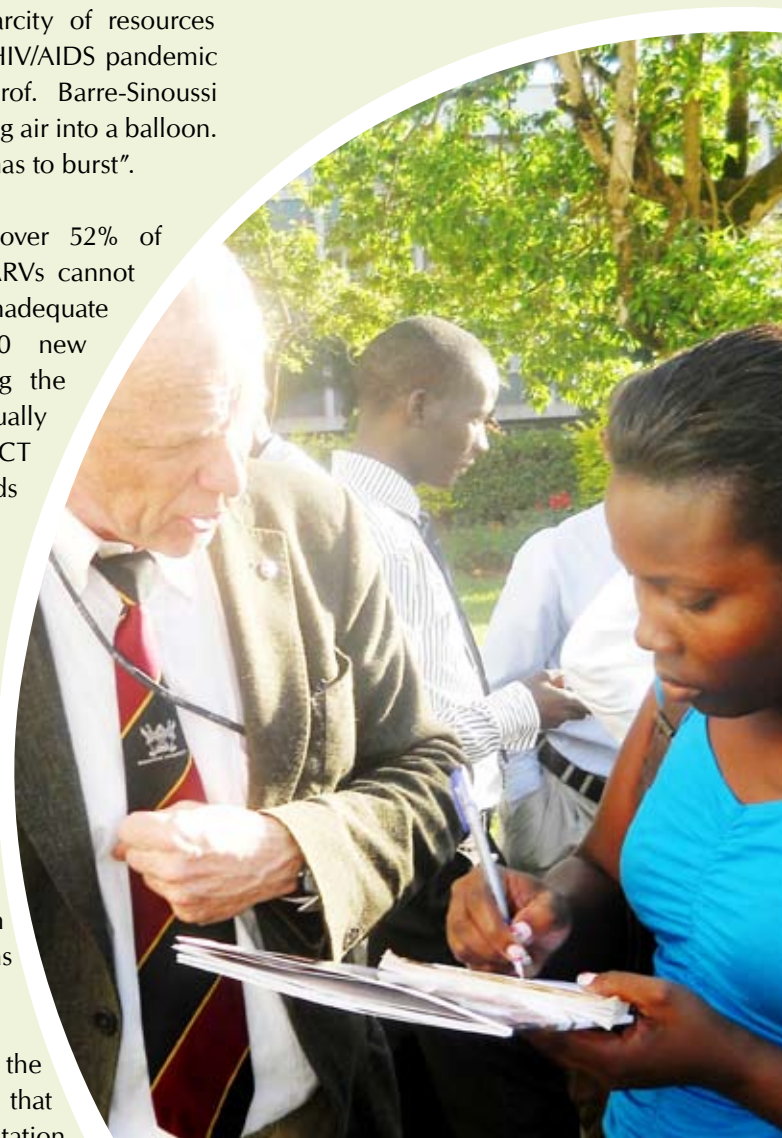
- Explore programme synergies across health areas for strengthening of health systems.
- Bridging learning and evidence to be a draft template for other affected countries.
- The problem of scarcity of resources to fight against the HIV/AIDS pandemic is so acute that Prof. Barre-Sinoussi equated it to “Blowing air into a balloon. At a certain point it has to burst”.

Currently in Uganda over 52% of Ugandans who need ARVs cannot access them due to inadequate funding. Over 24,000 new infections occur among the new born babies annually due to a poorly run PMTCT program which also needs more funding.

It is a shame that Uganda which was hailed for a good fight against HIV/AIDS in the 1980s, which fight reduced the prevalence from 17% to under 5% in early 1990s, has since had the prevalence go up to about 6.4% with over 350 new infections occurring daily.

It is because of the current ugly situation that the Kampala consultation group called on all HIV/AIDS professionals to improve on the effectiveness and efficiency of national AIDS programs.

The President of the International AIDS Society (IAS) prof. Elly Katabira says: ‘Our key stakeholder group that can contribute significantly is the HIV professional, and it is this group’s voice and resources that IAS plans to capture’ ■



A health journalist interviewing Stefan Peterson a professor of Global Health Karolinska Institutet



## Our view: What can we do to promote effectiveness and efficiency as health journalists?

### By Our Reporter

**A**s a health journalist who attended this important consultation on E2, I concluded that health journalists are sitting idle as the HIV epidemic goes from bad to worse.

However, the situation can be reversed, if we, the health journalists do the following:

We have the knowledge of what happened in the late 1980s when our government owned the HIV/AIDS challenge. We also know that today things have changed. So we need to challenge the government to wake up and own up to the situation and provide political leadership.

Let us ask our leaders from the grass roots to come out clearly with their plans for dissemination of information that will help curb the spread of this disease. Prevention as the old adage goes, is better than cure, now that the life line drugs are even becoming scarce. This is the only way our people will survive.

Look at our grass roots health systems; highlight challenges that can be addressed by the local leaders. For example ask the local council 2 and 3 about their frame work for implementing HIV/AIDS programmes. Talk to the HIV professionals

near you, invite them to your local radios for talk shows, and give them airtime on your local Television stations to talk to the community.

I also learnt that there is a big problem of lost follow up. Our friends and relatives go for HIV testing but later disappear never to be seen again. Let us talk to the local HIV professionals in our location and ask them what we can do to make our friends and relatives to go for follow up. Let us talk about the importance of follow up on the radios and TVs and also write in the newspapers. The disappearance of these people causes a lot of harm in our communities.

Our cultural leaders are people who have a big following in our communities. Let us challenge them to go for HIV testing with their spouses and also ask them to come to the radios and TV stations to talk about the importance of doing that. Let us challenge them to go public about their results and advise the youth about the killer disease.

Our churches/mosques are preaching morality and stigmatizing the condom. But what are they saying about prevention of HIV? Let us challenge them to mobilize

our young people against the disease.

On supervision and accountability to enhance effectiveness and efficiency, let us ask the religious leaders to challenge the HIV professionals to enhance supervision and accountability.

As health journalists we need to put our HIV and political leaders on their toes about each dollar we spend on the disease.

The Microsoft billionaire philanthropist Bill Gates said at the International AIDS Conference in Vienna last year that: 'We can't keep spending AIDS resources in exactly the same way we do today. As we -- advocate for more funding, we also need to make sure we're getting the most benefit from each dollar of AIDS funding and every ounce of effort... even if we advocate for more funding, we can do more to get the most benefit from each dollar. (--) If we push for new focus on efficiency in both treatment and prevention and we continue (--) to create new tools, we can drive down the number of infections dramatically and start writing the story of the end of AIDS'.

As health journalists, we can commit to achieving what Bill Gates is saying can be achieved ■



Intra Uterine Device in a woman's uterus

IUD stands for intrauterine device, a T-shaped piece of plastic that is placed inside the uterus by a doctor. The copper IUD, ParaGard, works for as long as 12 years. The hormonal IUD, Mirena, must be replaced after 5 years. Both types make it more difficult for sperm to fertilize the egg. Fewer than eight in 1,000 women get pregnant.

Intrauterine devices (IUDs) come in two different types: 1) copper-releasing, or 2) progesterone-releasing.

The TCu380A (Paragard) is a copper-containing IUD. It releases copper from a copper wire that is wrapped around the base. The released copper contributes to an inflammatory reaction in the uterus that helps prevent fertilization of the egg. It is approved to remain in place for up to 10 years.

**Levonorgestrel-releasing IUD (Mirena):** This form of IUD releases a progestin hormone from the vertical part of the T. Progestin acts to thicken cervical mucus, creating a barrier to sperm, as well as renders the lining of the uterus inhospitable to implantation of a pregnancy. This form of IUD is approved for up to five years of use ■

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*With so many options, choosing a form of birth control can be daunting. Begin with a few questions: Do you need to protect against STDs? How important are convenience and cost? What about effectiveness? Only abstinence is 100% effective, but one method comes close as Rebecca Birungi explores*

## Myths surrounding the IUD

By Rebecca Birungi

While attending a community dialogue on family care, one community in Kiryagonja village, Wakiso district there was expression of myths such as IUD interfering with enjoyment of sex. Some ladies claims that when a woman grows thin, the Fallopian tubes became smaller and so are is IUD.

According to Sherina Kyeswa, Service provider in Charge Luwero Branch, neither the uterus nor tubes or IUD will grow thin. Myths come as a result of fear and imaging that people use a method and react differently just like medication. This is where the media plays a critical role in changing people's perception towards the use of family planning. Meeting Mama Fm staff at UMWA conference center, she continued that, the health worker has to measure the size of the uterus before it is inserted. "You have to measure the size of the uterus. It is imperative to measure the uterus so that it fits wells such that a woman is protected from getting pregnant" she said.

However incase an unskilled worker makes a mistake such as inserting a short IUD, or inserts it above the cervix instead of the uterus chances are high that a woman will become pregnant, especially if the size of the uterus has not been measured.

Similarly Kyeswa observed that, the IUD cannot interfere with the sexual intercourse despite threads hanging out. People who spread rumours are only to scare women from using family planning.

### Protect your private parts

Meanwhile the Executive Director Catherine Othieno Concern for Children and Women Empowerment (COFCAWE) while sensitizing residents on understanding family care for a woman in Kiryagonja village, Wakiso district cautioned couples to protect their private parts by not engaging themselves in the sexual network.

Once the IUD is inserted in a woman's uterus, it is important that a man does not indulge in having sex with other women because it will increase the risk of acquiring sexually transmitted infections. In the long run, this will cause discomfort to the woman's uterus and fallopian tubes as a result of pain. Othieno said that for couples to protect their private parts, they need to stay away from having multiple sexual partners.

She encourages women to accept the method as good enough for them and having a good attitude towards their choice. The IUD is one of the best options for women because it lasts for 12 years and the beauty about it is that a woman can choose when to remove it. Ladies out there try IUD for comfort and remember to stay safe. Men protect your partner by keeping away from "side dishes" ■