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**NOVEMBER** 2024

# ETHIOPIA

## ERITREAN REFUGEES DESCRIBE POLICE CRACKDOWN IN ETHIOPIA

29<sup>TH</sup> NOVEMBER 2024

Eritrean residents in Ethiopia's capital have reported widespread arrests among their community, sparking fear among refugees and asylum seekers who fled their homes in search of a better life.

While not unprecedented, the scale and intensity of the current crackdown in Addis Ababa is significant, with hundreds reportedly detained in recent weeks.

The city's police did not respond to the BBC's requests for comment but the Ethiopian Human Rights Commission - an independent body set up by the country's parliament - said it would launch an investigation.

Eritrea and Ethiopia share a border and tension between the two neighbours has been fraught for decades.

Ties appeared to strengthen following a 2018 peace deal, only to deteriorate again.

- Remembering Eritrea and Ethiopia's border war
- Eritrea, Egypt and Somalia cement 'axis against Ethiopia'

One Eritrean refugee, who wished to remain anonymous for safety reasons, said he was arrested after someone heard him speaking Tigrinya - a language used in Eritrea, as well as Ethiopia's Tigray region.

"We were sitting in a café when someone overheard us speaking Tigrinya and called the police.

"Six officers arrived and detained us. Later, the

inspector in charge demanded cash to release us, with payments arranged secretly to avoid evidence," he alleged.

Many Eritreans in Addis Ababa are refugees who fled forced military conscription and government oppression in their country of birth.

Over 20,000 Eritreans have crossed into Ethiopia this year, adding to the 70,000 refugees already registered in the country.

While some Eritreans sought safety in Ethiopia after [a brutal civil war erupted in Sudan 18 months ago](#),

One refugee told the BBC that his sister was arrested on her way to the shops and had been held in custody for three weeks.

"I can't visit her because I fear being arrested myself, so I send Ethiopian friends to check on her and deliver food and clothes. I worry they might deport her to Eritrea," he said.

Returning to Eritrea would put many refugees at risk of imprisonment.

While some detainees have been released, many remain in custody. Some have been held for weeks or even months without due process.

The UN refugee agency (UNHCR) told BBC

Tigrinya it had received reports of Eritrean refugees being detained and expressed deep concern over the matter.

Refugees are getting increasingly desperate, with many seeking alternative ways to leave Ethiopia. But there are reports Eritreans have even been arrested while attempting to inquire about the travel documents they need to leave.

The arrests have highlighted broader concerns about Eritrean refugees' safety across Ethiopia. At Alemwach refugee camp in the Amhara region, refugees speak of frequent robberies, kidnappings, and physical assaults by armed groups.

"Some refugees have been shot, while others have been stabbed for their belongings, like mobile phones. At least nine refugees have been killed in the past year," said a representative from the camp.

Some refugees are drawing parallels to the mass arrests and deportations of Eritreans during the 1998–2000 war between the two countries, when thousands were forcibly expelled from Ethiopia.

Source: <https://www.bbc.com/news/articles/ce89717256ro>

Ties have deteriorated once again following the end of a [two-year civil war in Ethiopia's northern Tigray region](#).

[Flights and phone lines between the two countries have been suspended](#), and diplomatic contact between their leaders has ceased.

Eritrean refugees in Ethiopia are calling on the international community, particularly the UN and rights organisations, to intervene.

One Eritrean who has lived and studied in Addis Ababa for six years, described the arrests as indiscriminate and deliberate.

"Both documented and undocumented Eritreans are being targeted. Even mothers visiting detained family members have been arrested," he told the BBC.

Another refugee said: "The arrests are unjustified, and our lives are in danger. We fled persecution in Eritrea, only to face it here."

## KENYA

### UN EVACUATION IN HAITI, POLICE ASSAULT STRONGHOLD OF GANG LEADER 'BARBECUE'

*Insecurity in Haiti is rising again, forcing embassies and United Nations agencies to evacuate the capital amid gang-fueled violence.*

25<sup>TH</sup> NOVEMBER 2024

The United Nations has ordered the evacuation of its staff from Haiti's capital Port-au-Prince as clashes between armed gangs, the police and civilians armed with machetes intensified in recent days.

A UN helicopter on Monday ferried evacuees – 14 at a time – from the capital to the northern city of Cap-Haitien, with some scheduled to take flights out of the country. This comes after the main international airport in Port-au-Prince was closed due to commercial flights being hit by gunfire while landing and taking off earlier this month.

The airlift also includes foreign embassies and other relief agencies, diplomatic and security sources told Al Jazeera.

A United States Air Force C-130 aircraft landed in the capital Port-au-Prince's airport on Sunday to transport American diplomats who were ordered to leave the US embassy, the US Southern Command said.

Most foreign embassies are now effectively closed, with staffing limited to a handful of senior officials and security details.

In a statement, the UN said it was "adapting its operations", with some staff moving to safer parts of the country and others leaving Haiti but continuing to work remotely.

"The United Nations is not leaving Haiti. Our commitment to the Haitian people

remains unwavering," Stephane Dujarric, the spokesperson for the UN secretary-general, said in a statement.

"We are temporarily reducing our footprint in the capital," he added. "The critical humanitarian programmes in Port-au-Prince as well as support for the Haitian people and authorities continue."

Doctors Without Borders, known by its French initials MSF, also announced late last week that it was suspending critical care in Port-au-Prince as it accused police of targeting its staff and patients, including threats of rape and death.

"Every day that we cannot resume activities is a tragedy, as we are one of the few providers of a wide range of medical services that have remained open during this extremely difficult year," said Christophe Garnier, MSF mission director in Haiti.

Food for the Poor (FFTP), which runs feeding programmes in Haiti, said it was no longer able to make regular food deliveries because of gang disruptions, noting the closure of the airport and gang roadblocks that make access to the main seaports "extremely hazardous".

While the police had made “good efforts to respond to gang advances”, FFTP Haiti director Mario Nicoleau said he worried about access to fuel for food trucks. “There are still lines for fuel at the gas stations, but this seems to be getting better. There is still lots of shooting in several areas every day, and people are still being pushed out of neighbourhoods,” he added.

### ‘MAJOR OPERATIONS’ AGAINST GANGS

A 430-strong UN-backed security mission comprised mostly of Kenyan police, which was sent in June to support Haiti’s understaffed police department, defended its role in the face of public criticism of its “handling of the current security situation amid an apparent surge in gang activities”.

In a message on Sunday on X, the Multinational Security Support Mission to Haiti (MSS) said “major operations” were under way in a gang stronghold in the Delmas area of the capital controlled by a notorious gang leader and former policeman, Jimmy “Barbecue” Cherizier. The gang leader later appeared on social media to say he had “crushed” the police attack and remained at large.

Lionel Lazarre, deputy spokesman for Haiti’s National Police, did not return messages for comment.

The UN estimates that at least 220 people, including 115 gang members, were killed in more than a dozen coordinated attacks between November 11 and 19 that were aimed at forcing the government to resign, according to a confidential UN situation report obtained by Al Jazeera.

More than 4,500 people were reported killed in Haiti so far this year, the UN says. An estimated 41,000 people were forced to flee their homes in the last two weeks alone,

Source: <https://www.aljazeera.com/news/2024/11/25/un-evacuation-in-haiti-police-assault-stronghold-of-gang-leader-barbecue>

according to the International Organization for Migration (IOM). There are overall more than 700,000 people displaced in Haiti due to the conflict, the IOM says.

“The scale of this displacement is unprecedented since we began responding to the humanitarian crisis in 2022,” Gregoire Goodstein, IOM Chief in Haiti, said in a statement.

### CHILDREN RECRUITED

An unprecedented number of children have been recruited by gangs in Haiti, the UN Children’s Fund (UNICEF) said on Monday, underscoring a worsening protection crisis in the violence-ridden Caribbean island.

In a report, UNICEF said the recruitment of minors increased by 70 percent last year.

### UNCERTAIN FUTURE

The Haitian government, backed by the US and by other Caribbean nations, is calling for the UN Security Council to authorise a full-scale peacekeeping operation to be sent to Haiti. They argue that the Kenya-led MSS lacks equipment and numbers to make a difference, and remains far below the 2,500 personnel originally envisioned for the mission.

“This is not just another wave of insecurity; it is a dramatic escalation that shows no signs of abating,” Miroslav Jenca, UN assistant secretary general for Europe, Central Asia and the Americas, said last week at a UN Security Council meeting to discuss the peacekeeping proposal.

But Russia and China oppose a UN peacekeeping mission, accusing the US of not listening to Haitian civil society and saying efforts should be focused on strengthening the Haitian police.

## UGANDA

### TIKTOKER JAILED FOR 32 MONTHS FOR INSULTING UGANDA’S PRESIDENT

18<sup>TH</sup> NOVEMBER 2024

A 21-year-old has become the latest Ugandan TikToker to be sent to prison after creating a video that was said to insult President Yoweri Museveni.

Emmanuel Nabugodi appeared for the sentencing on Monday after pleading guilty last week to four charges, including hate speech and spreading malicious information about the president.

He was sentenced to 32 months in jail.

Nabugodi, known for sharing comedy content to his 20,000 followers, made a film of a mock trial of the head of state. In it he called for Museveni’s public flogging.

Rights groups have frequently complained about restrictions on the freedom of speech in the country, alleging that the president - in power since 1986 - does not tolerate criticism.

In July, Edward Awebwa was handed a six-year sentence on similar charges to Nabugodi regarding a TikTok post. Three others are awaiting trial over content on the social media app.

When handing down Nabugodi’s sentence, Stella Maris Amabilis, the chief magistrate of the court in Entebbe, said he was not remorseful and the sentence would help prevent social media attacks against people including the person of the president.

Source: <https://www.bbc.com/news/articles/cd7njyvvwn5o>

“This court hopes that by the time the convict leaves prison, he would have learnt that abusing people in the name of getting content is bad,” she said.

She added that he had the right to appeal against the sentence within 14 days.

He was convicted under a controversial amendment in 2022 to the Computer Misuse Act.

It made it illegal to “write, send, or share any information through a computer, which is likely to ridicule, degrade, or demean another person, group of persons, a tribe, an ethnicity, a religion or gender”.

In its human rights report on Uganda last year, the US State Department said the «authorities used this law to intimidate internet users from criticizing government policies».

Rights groups also regularly denounce the Ugandan authorities over violations of human rights and the freedom of expression.

In 2022, award-winning Ugandan author Kakwenza Rukirabashaija was charged with two counts of “offensive communication” after making unflattering remarks about the president and his son on Twitter.

He fled the country to Germany after spending a month in jail, where he said he had been tortured.

## AT LEAST 15 KILLED, MORE THAN 100 MISSING AS LANDSLIDES BURY UGANDA HOMES

*Dozens of houses in six villages of Bulambuli district in eastern Uganda submerged in landslides triggered by heavy rainfall.*

8<sup>TH</sup> NOVEMBER 2024

At least 15 people have been killed and more than 100 others are missing after heavy rains caused landslides in eastern Uganda.

Police on Thursday updated the death toll to 15 and said 113 others were missing after landslides in six villages of the mountainous district of Bulambuli the previous night.

Images on local media showed huge swaths of fallen earth covering the land in the village of Masugu, about a five-hour drive from the capital, Kampala. Videos and photographs shared on social media purported to show people digging for survivors in the village of Kimono.

The Uganda Red Cross Society said the rescue effort was continuing but the death toll was likely to rise.

"We lost about 30 people," district commissioner Faheera Mpalanyi told the AFP news agency, adding that six bodies, including that of a baby, had been recovered so far.

"Given the devastation and the size of the area

affected and from what the affected families are telling us, several people are missing and probably buried in the debris," she said.

The heavy rains in recent days caused flooding in the northwest after a tributary of the Nile River burst its banks, prompting the prime minister's office to issue a disaster alert on Wednesday, saying that main roads across the country had been cut off.

Emergency teams were sent to rescue stranded motorists.

A road connecting the country with South Sudan was impassable late on Wednesday, with emergency boat crews deployed near the town of Pakwach.

"Unfortunately, one of the boats capsized, resulting in the death of one engineer," Uganda's defence forces said on X.

Source: <https://www.aljazeera.com/news/2024/11/28/casualties-after-landslides-bury-homes-in-uganda>

## UGANDA'S KIZZA BESIGYE 'KIDNAPPED' IN KENYA, TAKEN TO MILITARY COURT

*Opposition leader's wife says he was seized in Nairobi and is being held in a Kampala jail as she calls for his immediate release.*

20<sup>TH</sup> NOVEMBER 2024

Prominent Ugandan opposition politician Kizza Besigye has appeared in a military court in Kampala after his wife said he had been kidnapped in neighbouring Kenya.

Besigye, 68, a doctor and critic of President Yoweri Museveni, was brought to the Makindye General Court Martial under a heavily armed military escort on Wednesday.

His lawyer Erias Lukwago told the AFP news agency that Besigye appeared in the dock with Hajji Lutale Kamulegeya, another opposition figure.

Lukwago said the two men were accused of being in possession of two pistols and soliciting "logistical support in Uganda, Greece and other countries with the aim of compromising the country's national security".

"[Besigye] has denied the charges and challenged the court's jurisdiction to try him, and he has been remanded to Luzira Prison until December 2," he added.

Earlier, Winnie Byanyima had called on the Ugandan government to release her husband immediately.

In a post on X, Byanyima, who is the executive director of the Joint United Nations Programme on HIV and AIDS, said

Besigye was kidnapped on Saturday while he was in Kenya's capital, Nairobi, to attend a book launch of another politician.

"I am now reliably informed that he is in a military jail in Kampala," she wrote. "We his family and his lawyers demand to see him. He is not a soldier. Why is he being held in a military jail?"

The Ugandan military has not commented on the incident. But Chris Baryomunsi, Uganda's information minister, said the Ugandan government does not carry out abductions, and any arrests abroad would be made in collaboration with a host country.

"So being arrested from Kenya should not be a problem. The assurance we give the country is that the [Ugandan] government does not arrest somebody and keeps him or her incommunicado for a long time," he told Uganda's public broadcaster.

However, Korir Singoei, Kenya's principal secretary of foreign affairs, told local media that Kenya was not involved in the incident.

In July, Kenyan authorities arrested 36 members of Besigye's Forum for Democratic Change party, one of Uganda's main opposition groups.

They were then deported to Uganda, where they were indicted on charges related to “terrorism”.

Besigye has been arrested numerous times over the years. He was once Museveni’s personal doctor in the 1980s during Uganda’s civil war between government and rebel forces but later became an outspoken critic and political opponent.

He has run against Museveni, who has ruled the East African country since 1986, four times.

Source: <https://www.aljazeera.com/news/2024/11/20/ugandan-opposition-politician-kidnapped-in-kenya-taken-to-military-jail>

He lost all the elections but rejected the results and alleged fraud and voter intimidation.

Over the decades, Museveni’s government has been accused of repeated human rights violations against opposition leaders and supporters, including illegal detentions, torture and extrajudicial killings.

Authorities in Uganda have rejected these accusations, saying those arrested are held legally and are given due process in the judicial system.

## RWANDA

### DISEASE OUTBREAK NEWS: MARBURG VIRUS DISEASE - RWANDA, SITUATION AT A GLANCE

1<sup>ST</sup> NOVEMBER 2024

It has been over a month since the declaration of the Marburg virus disease (MVD) outbreak in Rwanda on 27 September 2024. As of 31 October 2024, 66 confirmed cases, including 15 deaths (CFR: 23%), have been reported including two new confirmed cases since the previous Disease Outbreak News report. WHO continues to support the Government of Rwanda in responding to the outbreak. Enhanced surveillance, contact tracing and infection prevention and control measures must be maintained until the outbreak is declared over.

#### DESCRIPTION OF THE SITUATION

Since the last Disease Outbreak News on this event was published on 25 October 2024, two additional laboratory-confirmed cases of Marburg virus disease (MVD) were reported in Rwanda on 26 and 30 October respectively. These cases are known contacts of a previously confirmed case and are currently in isolation and receiving treatment. As of 31 October 2024, 66 confirmed cases, including 15 deaths (CFR: 23%), have been reported. Excluding the four recently reported confirmed cases, 70% of confirmed cases are males, and 48% are adults between 30 and 39 years of age. Health workers from two health facilities in Kigali account for almost 80% of all confirmed cases. Most cases are reported from the three districts in Kigali city.

The highest number of new confirmed cases were reported in the first two epidemiological weeks of the outbreak with 26 cases reported in epidemiological week 39 (23 to 29 September 2024) and 23 cases in week 40 (30 September to 6 October). Following just one case reported

in epidemiology week 42 (14 to 20 October), three cases were reported in epidemiology week 43 (21 to 27 October) and one case in week 44 (reported on 30 October).

Since the declaration of the outbreak by the Government of Rwanda on 27 September and as of 31 October, 49 confirmed cases have recovered, and two cases are still receiving care at the designated Marburg treatment center. As of 31 October 2024, 6099 tests for Marburg virus have been conducted, with approximately 100-350 samples being tested daily at the Rwanda Biomedical Center.

Contact tracing is ongoing, with 559 contacts listed under follow-up as of 31 October 2024.

WHO continues to support the Government of Rwanda to respond to the ongoing outbreak. Enhanced surveillance, contact tracing and infection prevention and control measures must be maintained until the outbreak is declared over.

## EPIDEMIOLOGY

MVD is a highly virulent disease that can cause haemorrhagic fever and is clinically similar to Ebola virus disease. Marburg and Ebola viruses are both members of the Filoviridae family (filovirus). People are infected with Marburg virus when they come into close contact with *Rousettus* bats, a type of fruit bat, that can carry the Marburg virus and are often found in mines or caves. Marburg virus then spreads between people via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. Health workers have previously been infected while treating patients with suspected or confirmed MVD. Burial ceremonies that involve direct contact with the body of the deceased can also contribute to the transmission of Marburg virus.

The incubation period varies from two to 21 days. Illness caused by Marburg virus begins abruptly, with high fever, severe headache

and severe malaise. Severe watery diarrhoea, abdominal pain and cramping, nausea and vomiting can begin on the third day. Although not all cases present with haemorrhagic signs, severe haemorrhagic manifestations may appear between five and seven days from symptoms onset, and fatal cases usually have some form of bleeding, often from multiple areas. In fatal cases, death occurs most often between eight and nine days after symptom onset, usually preceded by severe blood loss and shock. There is currently no approved treatment or vaccine for MVD. Some candidate vaccines and therapeutics are currently under investigation.

Seventeen outbreaks of MVD have previously been reported globally. The most recent outbreaks were reported in Equatorial Guinea and the United Republic of Tanzania between February and June 2023. Additional countries that previously reported outbreaks of MVD in the African Region include Angola, the Democratic Republic of the Congo, Ghana, Guinea, Kenya, South Africa, and Uganda.

## PUBLIC HEALTH RESPONSE

- The Government of Rwanda is coordinating the response with support from WHO and partners.
- A surge team from WHO has been deployed to support the in-country response across the functions of incident management, epidemiology, health operations, case management, infection prevention and control, laboratory, health logistics, therapeutics and vaccines research, and partner coordination.
- WHO is continuously engaged with its viral hemorrhagic fever collaborating centers and other reference laboratories

and partners to support Rwanda in assessing laboratory test performance and providing technical support.

- WHO is supporting the Government in the establishment of a programme for recovered patients, by sharing technical guidance and protocols for the establishment of a national programme and by supporting the Rwanda Ministry of Health (MOH) implementation effort.
- WHO is supporting the implementation of the nationally approved and recently launched Marburg therapeutics clinical trial. The trial is enrolling patients as

they are admitted to the established MVD treatment center. WHO supported MOH in assessing the national Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) readiness for response capabilities to MVD outbreak

- WHO and partners supported MOH in developing and finalising the national IPC operational guidance for MVD adapted from WHO IPC guidelines. This operational guidance, together with IPC standard operating procedures, is being rapidly disseminated to all health facilities.
- WHO supported MOH in developing and finalizing the training materials for the upcoming national IPC training of trainers targeting the national IPC focal persons.
- WHO is collaborating with MOH to enhance IPC capacities by continuing onsite training activities for healthcare workers and providing mentorship and supervision in different priority health facilities.
- WHO supported MOH in the enhancing of IPC measures in the isolation sites.
- WHO has provided technical advice to public health authorities in Rwanda and at-risk countries on the implementation of evidence-informed and risk-based health measures; the strengthening of detection, reporting and management capacities at points of entry and across borders; and travel advice.
- WHO has published interim guidance on the Considerations for border health

and points of entry for filovirus disease outbreaks, which applies to but is not limited to the current MVD outbreak in Rwanda.

- WHO has also published a statement advising against any travel restrictions and against any trade restrictions with Rwanda in the context of the ongoing MVD outbreak.
- WHO is providing support in surrounding countries to assess the readiness of healthcare facilities, points of entry and border communities within surrounding countries and specifically risk mapping for areas bordering Rwanda.
- WHO is supporting the MVD treatment center with direct support from clinical experts in infectious disease, ICU and nursing as well as health logistics and WASH expertise.
- WHO is conducting training of clinical staff at MVD treatment on general aspects of MVD health operations, case management and optimized supportive care. MoH providing to trainees.
- WHO is supporting the national case management pillar to collect standardized patient level data based on WHO electronic case report form from the WHO Global Clinical Platform and making descriptive reports of case management responses to outbreak.

## WHO RISK ASSESSMENT

Marburg virus disease (MVD) is caused by the same family of viruses (Filoviridae) that causes Ebola virus disease. MVD is an epidemic-prone disease associated with high CFR (24-88%). In the early course of the disease, MVD is challenging to distinguish from other infectious diseases such as malaria, typhoid fever, shigellosis, meningitis and other viral haemorrhagic fevers.

Epidemiologic features can help differentiate between viral hemorrhagic fevers (including history of exposure to bats, caves, or mining) and laboratory testing is important to confirm the diagnosis.

With 66 confirmed cases reported, this is the third largest MVD outbreak reported to date, with almost 80% of confirmed cases reported among health workers. Healthcare-associated infections (also known as nosocomial infections) of this disease can lead to further spread if not controlled early. The importance of screening all persons entering health facilities as well as inpatient surveillance for prompt identification, isolation, provision of care and notification cannot be overemphasized. This is in addition to the importance of contact identification and listing and daily follow-up of all contacts.

Based on the outbreak investigation which included record review in health facilities, review of epidemiological data, serology and genomic sequencing, as well as environmental and animal testing, the source of the outbreak

is reported to be of zoonotic origin, linked to exposure in a cave inhabited by fruit bats. However, the dates of symptom onset of cases are still unknown to WHO.

On 30 September, WHO assessed the risk of this outbreak as very high at the national level, high at the regional level, and low at the global level. However, based on the evolution of the outbreak and ongoing investigations, this risk assessment may be revised. MVD is not easily transmissible (i.e. in most instances it requires contact with the body fluids of a sick patient presenting with symptoms or with surfaces contaminated with these fluids). In addition, there are ongoing public health measures in place, including active surveillance in facilities and communities, testing suspected cases, isolation and treatment of cases and contact tracing.

## WHO ADVICE

MVD outbreak control relies on using a range of interventions, including prompt isolation and case management; surveillance including active case search, case investigation and contact tracing; a laboratory service; infection prevention and control, including prompt safe and dignified burial; and social mobilization – community engagement is key to successfully controlling MVD outbreaks. Raising awareness of risk factors for Marburg virus infection and protective measures that individuals can take is an effective way to reduce human transmission. WHO advises the following risk reduction measures as an effective way to reduce MVD transmission in healthcare facilities and in communities:

- To reduce human infections and deaths, it is essential to raise community awareness about the risk factors for Marburg virus infection particularly of human-to-human transmission, and the protective measures individuals can take to minimize exposure to the virus. This includes encouraging anyone with symptoms to seek immediate care at a health facility or designated treatment center to lower the risk of community transmission and improve their chances for recovery.
- Reducing the risk of bat-to-human transmission arising from prolonged exposure to mines or caves inhabited by fruit bat colonies. People visiting or working in mines or caves inhabited by fruit bat colonies should wear gloves and other appropriate protective clothing (including masks).
- Surveillance activities, including the wide dissemination of the MVD case definition,

should be strengthened in all affected districts, including contact tracing and active case finding.

- Critical infection prevention and control measures should be implemented and/or strengthened in all health care facilities, per WHO's Infection prevention and control guideline for Ebola and Marburg disease. Health workers caring for patients with confirmed or suspected MVD should apply Transmission-based precautions in addition to: Standard precautions, including appropriate use of PPE and hand hygiene according to the WHO 5 moments to avoid contact with patient's blood and other body fluids and with contaminated surfaces and objects. Waste generated in healthcare facilities must be safely segregated, safely collected, transported, stored, treated and finally disposed. Follow the national guidelines, rules and regulations for safe waste disposal or follow the WHO's guidelines on safe waste management
- Patient-care activities should be undertaken in a clean and hygienic environment that facilitates practices related to the prevention and control of health-care-associated infections (HAIs) as outlined in Essential environmental health standards in health care. Safe water, adequate sanitation and hygiene infrastructure and services should be provided in healthcare facilities. For details on recommendations and improvement, follow the WASH FIT implementation Package
- A comprehensive strategy to manage deceased individuals in communities should be implemented. Safe and dignified burials should be carried out, with strong engagement of communities.
- Rapid qualitative assessments should be implemented to collect socio-behavioural data, which can then be utilized to guide the response.

- Results of the phone Knowledge, Attitude and Practices (KAP) survey and other surveys should be integrated into the response strategy and interventions.
- Timely laboratory testing of all suspected cases needs to be maintained and supported with a reliable sample transportation system.
- WHO encourages the sharing of genomic sequencing data to inform the public health response.
- Border health readiness and response capacities should be strengthened at points of entry and in communities bordering areas reporting MVD cases and onboard conveyances, and public health advice should be provided to travellers in line with WHO's interim guidance on considerations for border health and points of entry for filovirus disease outbreaks.
- WHO encourages all countries to send the first samples that tested positive for Marburg virus and a subset of negative samples to a WHO Collaborating Centre or a regional reference laboratory for inter-laboratory comparison.
- WHO recommends that clinical data from suspected and confirmed Marburg virus disease cases be systematically collected to improve the limited understanding of the clinical course and direct causes and risk factors for poor outcomes. This can be done by contributing anonymized data to the WHO Global Clinical Platform for viral haemorrhagic fevers.
- WHO advises that all patients with MVD receive holistic care including optimized supportive care including critical care and mental health services in a treatment center designed for optimal patient care and patient centered experience with biosecurity measures such as unidirectional patient and staff flow and WASH services in place.



Based on the current risk assessment, WHO advises against any travel restrictions or any trade restrictions with Rwanda at this time. For further information, please see WHO

advice for international traffic in relation to the Marburg virus disease outbreak in Rwanda.

Source: <https://reliefweb.int/report/rwanda/disease-outbreak-news-marburg-virus-disease-rwanda-1-november-2024>

## TANZANIA

### AFRICA'S INCOMING HEALTH BOSS DIES AGED 55

27<sup>TH</sup> NOVEMBER 2024

The incoming director of the UN's World Health Organization (WHO) in Africa, Tanzania's Dr Faustine Ndugulile, has died, just three months after he was elected to the position.

Ndugulile, a 55-year-old lawmaker and a medical doctor, died on Wednesday morning in India while undergoing treatment, Tanzania's speaker of parliament said.

He is known for having stood up to President John Magufuli at the height of the Covid pandemic in 2020, when he served as deputy health minister.

In August this year, he was elected as the WHO regional head, to take over from Botswana's Dr Matshidiso Moeti, who has served two five-year terms.

He was due to assume the role in February next year.

On Thursday, WHO chief Tedros Adhanom Ghebreyesus said he was "shocked and deeply saddened" by Ndugulile's death.

Tanzanian President Samia Suluhu also sent her condolences to the family of the deceased lawmaker.

The reasons he was being treated have not been disclosed.

Before his election to the WHO position, Ndugulile had a distinguished career in both politics and public health.

He represented the Kigamboni constituency in Dar es Salaam as a legislator and held several key governmental positions, including deputy minister for health and communications minister.

He was appointed to the health ministry position in 2017 and stayed there until Magufuli sacked him in May 2020, at the height of the coronavirus pandemic.

No reason was given for his sacking, although media reports suggested that it was related to his stance on the fight against coronavirus in the country, which went against the president's views.

Magufuli was a vehement Covid sceptic and refused to put in place measures that the rest of the world had taken to control the spread of the virus, such as wearing face masks.

In parliament and elsewhere, Ndugulile was often photographed wearing a mask when hardly any Tanzanians were doing so.

A month before his sacking, he had warned against using traditional means of treating patients for Covid, such as inhaling boiled herbs, saying this would block the respiratory system.

Magufuli had openly supported traditional remedies as a way of dealing with Covid.

He asked Tanzanians to be mindful so that they could not be "used for trials of some doubtful vaccinations" and advocated

steam inhalation saying that «because the coronavirus is made up of fats, when exposed to such high temperatures above 100°C, it will just disintegrate».

He also urged Tanzanians to pray. "I don't expect to announce any lockdown because our God is living and he will continue to protect Tanzanians," he said.

But at the beginning of his second term in office in December of the same year, President Magufuli appointed Ndugulile as minister of communication and information communication technology.

Ndugulile held the position until Magufuli's death in 2021.

Before joining politics in 2010, Ndugulile had served as a director in the health ministry overseeing diagnostic services.

He played a key role in establishing the National Blood Transfusion Services in 2006, where he served as the founding programme manager.

Source: <https://www.bbc.com/news/articles/cly0e3x1w01o>

He had also worked at the US Centers for Disease Control and Prevention (CDC) in South Africa.

Tanzania proposed him for the WHO post earlier this year, citing his experience and commitment to global health.

After his election in August, he had expressed commitment to advancing health in the continent.

"I promise to work with you and I believe that together we can build a healthier Africa," he said then.

The outgoing Africa director, Dr Moeti, has described his death as an "immense loss".

It is the first time a WHO regional director-elect has died before assuming office.

The political process of electing another director is a long and complex one.

## 'MY MOTHER IS STILL TRAPPED AFTER TANZANIA BUILDING COLLAPSE'

18<sup>TH</sup> NOVEMBER 2024

A man in Tanzania's biggest city, Dar es Salaam, has told the BBC he is waiting to hear news of his mother, who remains trapped two days after a building collapsed.

Rescuers have so far pulled 86 people from the rubble alive but 16 are known to have died, Prime Minister Kassim Majaliwa said.

Emmanuel Mallya told the BBC his mother was working in the building when it fell down on Saturday morning.

"She called me and later told me that she was

attending to customers. Two hours later, I was informed that the building had collapsed," he said.

"The rescue team told us they are in touch with her and other people there.

"Looking at the efforts being done, we have hope that she will come up alive, we do leave that to God."

Mr Mallya is among a number of people waiting to hear from loved ones trapped by the collapsed building, which is located in the busy Kariakoo market area. However, it is not clear how many people remain trapped

Rescuers have been sending supplies of water, glucose and oxygen to those trapped through small gaps in the debris.

Prime Minister Majaliwa said once the mission to retrieve everyone from the rubble is complete, an investigation into the cause of the collapse will be launched. The authorities have been pursuing the building's owner for information about the incident.

Mr Majaliwa was speaking at a ceremony in Dar es Salaam's Mnazi Mmoja grounds, where thousands of mourners gathered to pay their respects and collect the bodies of their loved ones for burial.

The prime minister said that of those rescued alive, five remained in hospital under

Source <https://www.bbc.com/news/articles/cwy4xn37780o>

## RESCUERS SEND WATER THROUGH HOLES TO BUILDING COLLAPSE TRAPPED

17<sup>TH</sup> NOVEMBER 2024

Rescue teams in Tanzania say they have managed to establish contact with people who are still trapped a day after a four-storey building collapsed in the biggest city, Dar es Salaam.

They are managing to send them supplies of water, glucose and oxygen through small gaps in the debris.

Tapping sounds have been heard from inside the building in the city's busy Kariakoo market area.

Thirteen people are known to have died,

observation.

"The rescue activities will continue day and night until we get the last person saved," he said.

After the building first gave way at about 09:00 local time (06:00 GMT) on Saturday morning, hundreds of first responders used sledgehammers and their bare hands to pull away the debris, the AFP news agency reported.

Cranes and other heavy machinery were later brought in to help.

Fortunately, the building came down before the market area had become too busy.

A team of 19 people has been formed to inspect buildings across the city. The group will assess structural integrity and recommend safety measures in an effort to prevent future tragedies.

The president added that the police would

collect full details of the collapsed building from its owner.

Large crowds of bystanders applauded as rescue teams ferried survivors on stretchers past huge piles of concrete debris to take them to hospital.

Seven people were rescued on Sunday from the building's basement, Dar es Salaam's regional commissioner Albert Chalamila told The Citizen newspaper.

"We are hopeful that more survivors will be found," he said.

It is not clear how many people remain trapped.

Prime Minister Kassim Majaliwa said the authorities "won't rest until we have made sure we have been able to rescue each and every

Source: <https://www.bbc.com/news/articles/cx24jdy1yzeo>

person or soul who is trapped in the rubble".

After the building first gave way at about 09:00 local time (06:00 GMT) on Saturday morning, hundreds of first responders used sledgehammers and their bare hands to pull away the debris, reports the AFP news agency.

Cranes and other heavy machinery were later brought in to help.

Fortunately, the building came down before the market area had become too busy.

Authorities are yet to determine the cause of the collapse, but investigations are expected to begin once rescue efforts are complete.

Dar es Salaam is one of the world's fastest-growing cities and reports say that building regulations are not always enforced.

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