THE CITIZEN

BRELA'S INITIATIVE TO PROTECT INNOVATIONS A POSITIVE STEP

The initiative by the Business Registrations and Licensing Agency (Brela) to forge agreements with five esteemed universities, aimed at safeguarding the intellectual property of Tanzania's burgeoning entrepreneurs is a step in the right direction.

This collaborative endeavour holds the promise of empowering innovators to tackle global challenges head-on and propel economic prosperity within the nation.

The impending agreements, set to be inked with Mzumbe University, the Tanzania Commission for Science and Technology (Costech), the Tanzania Institute of Accountants (TIA), and several other institutions, underscore the paramount importance of intellectual property protection in fostering a conducive environment for innovation.

The imperative of intellectual property protection cannot be overstated. Without adequate safeguards, Tanzanian innovators find themselves vulnerable to exploitation by unscrupulous entities seeking to capitalise on their ingenuity.

Brela's proactive stance in this regard is not only timely but also imperative in nurturing a culture of innovation and entrepreneurship. Amidst the backdrop of rapid digital advancements and increasing youth participation in innovation and startup ventures, Brela's proactive stance assumes even greater significance.

However, to fully unleash Tanzania's vast innovation potential and catalyse a thriving entrepreneurial ecosystem, it is imperative that the government expeditiously advance the Startup Policy and its accompanying legislation.

The existing regulatory framework, marred by archaic company legislation ill-equipped to accommodate the dynamic nature of modern startup business formations, has long stifled the growth of the Startup landscape. The protracted delay in enacting the Startup Policy exacerbates this predicament, impeding the realisation of Tanzania's entrepreneurial aspirations and syphoning away valuable resources that could otherwise fuel the proliferation of innovative projects.

ACTION CRUCIAL ON CLEAN FUELS

The Tanzanian government's commitment to curbing deforestation through clean cooking initiatives is commendable, but it must translate into concrete actions to save our precious forests. President Samia Suluhu Hassan's recent announcements regarding the prohibition of non-renewable cooking fuels in large gatherings and efforts to lower the cost of cooking gas cylinders are steps in the right direction.

However, the implementation of the ten-year National Strategy for Clean Cooking Energy (NSCCE, 2024-2034) requires substantial funding and coordinated efforts across sectors. President Hassan's directive to mobilise funds for subsidising cooking gas and cylinders is crucial, but it must be swiftly followed by tangible measures to ensure its success.

The alarming rate of deforestation, exacerbated by the demand for charcoal and firewood, poses a grave threat to Tanzania's ecosystems and biodiversity.

Urgent action is needed to halt this destructive trend and safeguard our forests for future generations. Government officials must deliver on their promise to shift institutions catering to large gatherings away from firewood and charcoal towards clean energy sources.

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Empowering the nation

Impact of hand hygiene in reducing the burden of communicable diseases

VICTORIA LYIMO AND SHIMBO PASTORY

Thorough hand cleaning is a primary measure of hygiene and remains an effective public health measure to prevent spread of infections in our communities by reducing risks of transmission of infections.

The commemoration of World Hand Hygiene Day this year comes with a critical reminder for societal collective responsibility on the importance of hand hygiene in safeguarding public health and wellbeing against the spread of infectious and communicable diseases. Although hand hygiene is a universal concern, the focus this year is on promoting knowledge and capacity-building among healthcare workers on infection prevention and control.

In clinical practice and healthcare setting, hand hygiene is a critical component of infection prevention and control (IPC) aiming at preventing microbial transmission during patient care, thus reducing the burden of healthcare associated infections (HCAIs).

Hand hygiene (HH) was advanced as a procedure by a Hungarian obstetrician named Ignaz Semmelweis in the 19th century, who is honoured today as 'Father of Hand Hygiene'. The Center for Disease and Control (CDC), which was established in 1946, recognised hand hygiene as an important area in healthcare settings and included it in the guidelines for prevention of HCAIs in 1975 and 1985.

Among the advancement of hand hygiene was the use of alcohol hand rub, which began in 1990s, shifting from the use of soap and water only. In 2006, WHO provided new directions of hand hygiene based on fostering and promoting system change, feedback provision for outcomes of effective and efficient hand hygiene (performance feedback), education provision and availing of reminders of hand hygiene in workplaces.

Apart from the WHO hand hygiene guide, each country has local adaptations of hand hygiene guidelines in healthcare. WHO member states are committed to enabling access to quality essential healthcare services which has an Infection Prevention and Control component, including hand hygiene (WHO: Global Strategy on Infection and Prevention Control, 2022).

Hand hygiene has been practised poorly in the regular life of the general public in our countries, a reason why it looked so new during the Covid-19 pandemic. Research in Tanzania shows that, prior to the outbreak, 59 percent of Tanzanian households had handwashing facilities that included soap and water. However, only 22.83 percent of these facilities were functional (Shao et al., in *Tropical Medicine and Health Journal*, 2021).

In low- and middle-income countries (LMICs), due to lack of accessible hand washing facilities and poor clean water supply, the habit faded away post-pandemic despite the risks being still higher. Knowledge and practice of handwashing has increased rapidly during and after the Covid-19 due to rigorous IPC training, yet the practice is unparalled (Shao et al., in *The East African Science Journal*, 2021).

Equally, in Tanzania, Water, Sanitation and Hygiene (WASH) and healthcare waste management (HCWM) services need serious improvement. A good number of rural healthcare facilities under public management lack reliable on-site water sources and a constant supply of running water with soap, or alcohol-based hand rub, and functioning safe toilets for patients (Mosti Rugema et al., 'Equity in water, sanitation, hygiene, and waste management services in healthcare facilities in Tanzania, in *Pub-Nr Health Practice Journal*, 2022).

Hand hygiene will be a mythical practice to healthcare workers in adherence to IPC standards when the Water, Safety and Hygiene (WASH) minimum requirements for healthcare facilities are still low. With the naturally endowed supply of water in Tanzania, we should have this problem solved for common good.

In 2022, only 4 out of 106 countries which were assessed had met minimum requirement for Infection Prevention and Control (IPC) in place at the national and facility level, with training and education scoring as the weakest components by WHO surveys (WHO-IPC Global Report Executive Summary, 2022, p. V). 14 percent of healthcare facilities globally had limited water supply, meaning that the source that was either located away from the premises or had no water available at the time of the survey (Geta Berhun et al., in *PLOS Journal*, 2022).

The WHO reports that more than 500,000 deaths annually are due to poor hand hygiene, and also 1 million out of 4.1 million of maternal and neonatal deaths, are due to the same. Poor hand hygiene impact lives and productive workforce irrepairably due to economy and social burden of diseases.

There is need for public awareness. With multisectoral implementation among public health specialists and continuous public trainings, even from primary schools, we will see change, especially to high-risk populations in crowded towns, and places with water scarcity. The SDG Target 6.2 which states "To achieve access to adequate and equitable sanitation and hygiene for all and end open defecation" is our target.

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