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PARLIAMENT OF KENYA

THE SENATE

TWELFTH PARLIAMENT

SIXTH SESSION

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE PETITION CONCERNING NHIF COVER FOR KIDNEY
POST-TRANSPLANT MEDICATION

Clerk's Chambers,
First Floor,
Parliament Buildings,
NAIROBI.

③ Hon. Speaker
You may approve for
table
15/6/22

JUNE, 2022

COS.
Forwarded for processing for your approval
15/6/2022

DC-EG
Recommended & Forwarded for Approval
15/06/22
Approved
16/06/22

PREFACE

Mr. Speaker Sir,

The Senate Standing Committee on Health is established under standing order 218(3) of the Senate Standing Orders and is mandated to, “*consider all matters relating to medical services, public health and sanitation.*”

Committee Membership

The Membership of the Committee is composed of the following:

1. Sen. (Dr.) Michael Mbito, MP. - Chairperson
2. Sen. Mary Seneta, MP. - Vice-Chairperson
3. Sen. Beth Mugo, EGH, MP.
4. Sen. Beatrice Kwamboka, MP.
5. Sen. (Prof.) Samson Ongeru, EGH, MP.
6. Sen. (Dr.) Abdullahi Ali Ibrahim, MP.
7. Sen. Fred Outa, MP.
8. Sen. Millicent Omanga, MP.
9. Sen. Ledama Olekina, MP.

Mr. Speaker,

On 15th September, 2020, a petition by Mr. Daniel Ngumi and others concerning NHIF cover for kidney post-transplant medication was tabled before the Senate and committed to the Standing Committee on Health pursuant to Standing Order No. 226(1) of the Senate Standing Orders.

Mr. Speaker Sir,

The petition sought to move the Senate to initiate price subsidies for kidney post-transplant medication, and intervene for the provision of post-transplant drugs under NHIF irrespective of Job Group.

Mr. Speaker,


In conducting its investigations, the Committee met with key parties in relation to the petition, chiefly: the Petitioners, the Ministry of Health and the National Health Insurance Fund. The Committee findings and determinations arising from this process are contained in this report.

Mr. Speaker Sir,

The Standing Committee on Health wishes to thank the Offices of the Speaker and Clerk of the Senate for their support during the process of considering this petition.

Mr. Speaker Sir,

It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 226(2) of the Senate Standing Orders.

Signed.....  Date.....15/6/2022.....

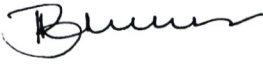
SEN. MBITO MICHAEL MALING'A, MP

CHAIRPERSON, STANDING COMMITTEE ON HEALTH

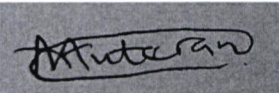
ADOPTION OF THE REPORT OF THE STANDING COMMITTEE ON HEALTH OF THE SENATE

We, the undersigned Members of the Standing Committee on Health of the Senate, do hereby append our signatures to adopt the Report-

1. Sen. (Dr.) Michael Mbito, MP

..... 

2. Sen. Mary Seneta, MP

..... 

3. Sen. Beth Mugo, EGH, MP

..... 

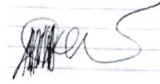
4. Sen. Beatrice Kwamboka, MP

..... 

5. Sen. (Prof) Samson Ongeru, EGH, MP

.....


6. Sen. (Dr) Abdullahi Ali Ibrahim, MP

..... 

7. Sen. Fred Outa, MP

..... 

8. Sen. Millicent Omanga, MP

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9. Sen. Ledama Olekina, MP

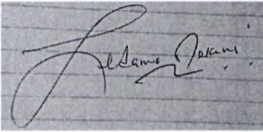
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ABBREVIATIONS

ESRD	-	End-Stage Renal Disease
MOH	-	Ministry of Health
NHIF	-	National Health Insurance Fund

EXECUTIVE SUMMARY

On 15th September, 2020, a petition by Mr. Daniel Ngumi and others concerning NHIF cover for kidney post-transplant medication was tabled before the Senate and committed to the Standing Committee on Health pursuant to Standing Order No. 226(1) of the Senate Standing Orders.

The petition was broadly in relation to the challenges faced by kidney transplant survivors and their families. To this effect, the petitioners averred that:-

- (a) They kidney failure has been on the rise globally and nationally in the recent years causing 2.1% of the total deaths (WHO) resulting to early deaths of youth and children and the aged;
- (b) The growing burden of kidney diseases has been raised as one of the most significant barriers to the attainment of Universal Healthcare (UHC);
- (c) The individuals are having difficulty in accessing quality post-transplant healthcare since there are only a few hospitals in the country which have the capacity to conduct transplant;
- (d) In line with the Big Four Agenda of UHC, NHIF covers dialysis with most patients succumbing to death;
- (e) Post-transplant medication is very costly and if the patient misses immune-suppressant drugs due to financial issues or any other reason, the transplanted kidney is rejected in the body and they either die or start the process of transplant once again;
- (f) Many patients opt to stay at dialysis stage rather than get transplanted because NHIF does not support post-transplant medication which ranges from KShs. 40,000 to KShs. 60,000 per month;

- (g) NHIF provides post-transplant cover to patients who have a comprehensive medical cover for civil servants, leaving out a huge number of Kenyans;
- (h) They Petitioners had made the best efforts to have these matters addressed by the relevant authorities all of which had failed to give a satisfactory response; and
- (i) None of the issues raised in the Petition were pending in any court of law, Constitutional or legal body.

In their prayers, the petitioners requested that the Senate :

1. Initiates price subsidy of post-transplant medicine to a more affordable price;
2. Intervenes in the provision of post-transplant drugs under NHIF cover;
3. Intervenes for the group to obtain a proper cover that is not determined by job group.

In respect of the prayers made in the petition, the Committee made the following determinations:

1. ***Prayer One:** Initiates price subsidy of post-transplant medicine to a more affordable price*

Committee Response: In respect to this prayer, the Committee noted that in line with the GoK Health Products and Technologies Strategic Plan 2020-2025, the Government has committed to developing a Pharmacy Benefits Management Concept and selective procurement models that will have the overall effect of reducing the cost of transplant procedures and post-transplant medication.

2. ***Prayer Two:** Intervenes in the provision of post-transplant drugs under NHIF cover*

Committee Response: In respect of this prayer, the Committee noted that NHIF only covers renal dialysis in the benefits packages that it offers under both its managed and national schemes;

The Committee further noted that NHIF only covers post-transplant medication for civil servants with comprehensive medical cover under their managed schemes, thus leaving out the majority of patients who require care;

Further, the Committee observed that the current Renal Dialysis package disincentivises renal transplants despite the latter being more economical in the long-term;

In relation to the above, the Committee further noted that according to the MoH, in the FY 2020/21, NHIF spent KShs. 3.8B on renal dialysis, translating to 7% of the total medical claims payout. Considering that patients with end-stage renal disease require dialysis for a lifetime, the Committee observed that the total medical claims payout for renal patients can be significantly reduced in the long-term if NHIF adopts renal transplants in its cover.

Based on the foregoing, the Committee observed that there is a need for NHIF to stop incentivising dialysis at the expense of renal transplants by expanding its renal package to include post-transplant medication for affected patients.

3. **Prayer Three:** *Intervenes for the group to obtain a proper cover that is not determined by job group.*

Committee Response: In respect of this prayer, the Committee noted that presently, civil servants, employees of the Kenya Prisons and the National Police Service, and other government employees and retirees are entitled to additional benefits under NHIF. According to the MoH, these additional benefits are paid for by the Government at an average additional cost of KShs. 35,000 per annum per employee.

Noting that section 5 of the NHIF Act mandates the NHIF Board to *facilitate the attainment of Universal Health Coverage with respect to health insurance, and to administer employee benefits provided for under the Act*, the Committee observed that there is a need for the NHIF Board to act to ensure that the benefits packages offered under its managed schemes are reasonable and equitable to all.

In light of the above, the Committee resolved that:

1. This report be dispatched to the Ministry of Health (MoH) for purposes of reporting on the progress of the Pharmacy Benefits Management Concept

envisioned under the GoK Health Products and Technologies Strategic Plan 2020-2025, within a period of **six months**.

2. This report be dispatched to the National Health Insurance Fund (NHIF) for purposes of expanding its renal package to include post-transplant medication for affected patients within a period of **six months**. This cover should be aimed at ensuring that post-kidney transplant patients receive the highest attainable standards of care in line with Article 43 of the Constitution, without incurring catastrophic health expenditure.

CHAPTER ONE

INTRODUCTION

1. Background

On 15th September, 2020, a petition by Mr. Daniel Ngumi and others concerning NHIF cover for kidney post-transplant medication was tabled before the Senate and committed to the Standing Committee on Health pursuant to Standing Order No. 226(1) of the Senate Standing Orders.

The petition was broadly in relation to the challenges faced by kidney transplant survivors and their families.

2. Allegations Raised in the Petition

The allegations raised by the Petitioner as contained in the petition are provided below: -

- (a) They kidney failure has been on the rise globally and nationally in the recent years causing 2.1% of the total deaths (WHO) resulting to early deaths of youth and children and the aged;
- (b) The growing burden of kidney diseases has been raised as one of the most significant barriers to the attainment of Universal Healthcare (UHC);
- (c) The individuals are having difficulty in accessing quality post-transplant healthcare since there are only a few hospitals in the country which have the capacity to conduct transplant;
- (d) In line with the Big Four Agenda of UHC, NHIF covers dialysis with most patients succumbing to death;
- (e) Post-transplant medication is very costly and if the patient misses immune-suppressant drugs due to financial issues or any other reason, the transplanted kidney is rejected in the body and they either die or start the process of transplant once again;

- (f) Many patients opt to stay at dialysis stage rather than get transplanted because NHIF does not support post-transplant medication which ranges from KShs. 40,000 to KShs. 60,000 per month;
- (g) NHIF provides post-transplant cover to patients who have a comprehensive medical cover for civil servants, leaving out a huge number of Kenyans;
- (h) They Petitioners had made the best efforts to have these matters addressed by the relevant authorities all of which had failed to give a satisfactory response; and
- (i) None of the issues raised in the Petition were pending in any court of law, Constitutional or legal body.

3. Prayers to the Senate

In their prayers, the petitioners requested the Senate :

1. Initiates price subsidy of post-transplant medicine to a more affordable price;
2. Intervenes in the provision of post-transplant drugs under NHIF cover;
3. Intervenes for the group to obtain a proper cover that is not determined by job group.

CHAPTER TWO

LEGAL AND POLICY PROVISIONS RELATING TO THE PETITION

1. Role and Mandate of Parliament

Articles 94 as read together with Article 96 of the Constitution provides for the role of Parliament in general, and the Senate in particular. Generally, the Houses of Parliament exercise the legislative mandate of the people, deliberate on matters of national interest and oversight the exercise of power by other arms of government.

2. Right to Petition Parliament

The right to petition Parliament is provided for under Article 119 of the Constitution, which provides as follows:-

“Every person has a right to petition Parliament to consider any matter within its authority, including enacting, amending or repealing any legislation. Parliament shall make provision for the procedure for the exercise of this right.”

Further, Standing Order 226 the Senate Standing Order outlines the procedure for the committal of a petition to a Committee and transmission of its decision to the Petitioner. The Standing Committee on Health is mandated to consider all matters related to medical services, public health and sanitation. Further, the Petition to Parliament (Procedure) Act, 2012 and the Standing Orders of the Senate provide for the procedure to be followed in the submission, processing and consideration of a Petition.

3. Right to the Highest Attainable Standard of Health

Article 43 (1)(a) of the Constitution guarantees every person the right to *‘the highest attainable standard of health, which includes the right to health care services, including reproductive health care’*.

4. Analysis of the Law in regard to the Prayers

Section 22 of the National Hospital Insurance Fund Act provides in subsection (3) *the benefits payable from the Fund shall be limited to expenses incurred in respect of drugs, laboratory tests and diagnostic services, surgical, dental or medical procedures or*

equipment; physiotherapy care and doctors' fees, food and boarding costs, subject to such limits, regulations and conditions as the Board may, in consultation with the Minister, prescribe.

CHAPTER THREE

COMMITTEE PROCEEDINGS

In conducting its investigations, on diverse dates, the Committee met with key parties in relation to the petition including:

1. The Petitioners
2. The Ministry of Health
3. The National Health Insurance Fund (NHIF)

The minutes of the above meetings have been attached to this report as *Annex 3*. Further to the above, written memoranda as submitted to the Committee by the Ministry of Health and NHIF have been annexed to this report for reference purposes.

CHAPTER FOUR

COMMITTEE DETERMINATIONS

Following its proceedings, in respect of the prayers made in the petition, the Committee made the following determinations:

1. *Prayer One: Initiates price subsidy of post-transplant medicine to a more affordable price*

Committee Response: In respect to this prayer, the Committee noted that in line with the GoK Health Products and Technologies Strategic Plan 2020-2025, the Government has committed to developing a Pharmacy Benefits Management Concept and selective procurement models that will have the overall effect of reducing the cost of transplant procedures and post-transplant medication.

2. *Prayer Two: Intervenes in the provision of post-transplant drugs under NHIF cover*

Committee Response: In respect of this prayer, the Committee noted that NHIF only covers renal dialysis in the benefits packages that it offers under both its managed and national schemes;

The Committee further noted that NHIF only covers post-transplant medication for civil servants with comprehensive medical cover under their managed schemes, thus leaving out the majority of patients who require care;

Further, the Committee observed that the current Renal Dialysis package disincentivises renal transplants despite the latter being more economical in the long-term;

In relation to the above, the Committee further noted that according to the MoH, in the FY 2020/21, NHIF spent KShs. 3.8B on renal dialysis, translating to 7% of the total medical claims payout. Considering that patients with end-stage renal disease require dialysis for a lifetime, the Committee observed that the total medical claims payout for renal patients can be significantly reduced in the long-term if NHIF adopts renal transplants in its cover.

Based on the foregoing, the Committee observed that there is a need for NHIF to stop incentivising dialysis at the expense of renal transplants by expanding its renal package to include post-transplant medication for affected patients.

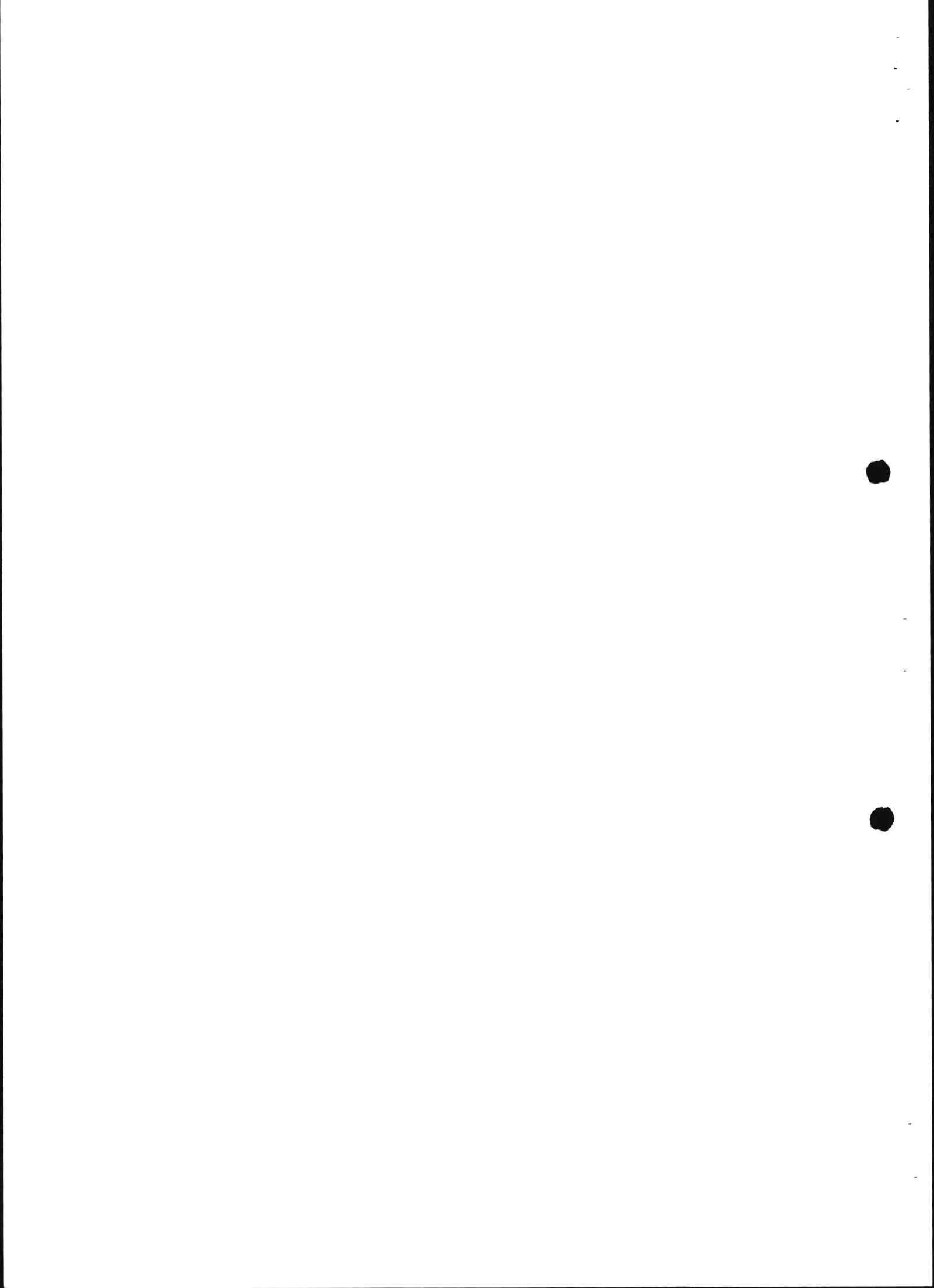
3. ***Prayer Three:*** *Intervenes for the group to obtain a proper cover that is not determined by job group.*

Committee Response: In respect of this prayer, the Committee noted that presently, civil servants, employees of the Kenya Prisons and the National Police Service, and other government employees and retirees are entitled to additional benefits under NHIF. According to the MoH, these additional benefits are paid for by the Government at an average additional cost of KShs. 35,000 per annum per employee.

Noting that section 5 of the NHIF Act mandates the NHIF Board to *facilitate the attainment of Universal Health Coverage with respect to health insurance, and to administer employee benefits provided for under the Act*, the Committee observed that there is a need for the NHIF Board to act to ensure that the benefits packages offered its managed scheme are reasonable and equitable to all.

In light of the above, the Committee resolved that:

3. This report be dispatched to the Ministry of Health (MoH) for purposes of reporting on the progress of the Pharmacy Benefits Management Concept envisioned under the GoK Health Products and Technologies Strategic Plan 2020-2025, within a period of **six months**.
4. This report be dispatched to the National Health Insurance Fund (NHIF) for purposes of expanding its renal package to include post-transplant medication for affected patients within a period of **six months**. This cover should be aimed at ensuring that post-kidney transplant patients receive the highest attainable standards of care in line with Article 43 of the Constitution, without incurring catastrophic health expenditure.



Senator Mwa...
on 14/9/20

PETITION TO THE SENATE CONCERNING NHIF COVER TO KIDNEY POST-TRANSPLANT MEDICATION

At Order Petitions, the Speaker to call upon Sen. Isaac Mwaaura, MP, to present the Petition pursuant to Standing Order 230(2)(a).

(After presentation of the Petition)

1. Honourable Senators, pursuant to standing order 231, I shall now allow comments, observations or clarifications in relation to the petition for not more than thirty minutes.

[After comments by Senators or expiry of 30 minutes]

2. Honourable Senators, pursuant to standing order 232(1), the Petition is hereby committed to the Standing Committee on Health for its consideration.

3. In terms of standing order 232(2), the Committee is required, in not more than sixty calendar days from the time of reading the Prayer, to respond to the Petitioner by way of a Report addressed to the Petitioner, and laid on the Table of the Senate.

4. I thank you.

--x--

Hon. Speaker

*You may approve.
MWA
3/8/20*

*Approved
[Signature]
2/9/2020*

REPUBLIC OF KENYA

Telegraphic Address
'Bunge', Nairobi
Telephone 2848000
Fax: 2243694
E-mail: csenate@parliament.go.ke



The Senate
Parliament Buildings
P. O. Box 41842 -00100
Nairobi, Kenya

PARLIAMENT
OFFICE OF THE CLERK OF THE SENATE

Ref. SEN./12/4/PETITIONS/No. 038/2020

25th August, 2020

Sen. (Dr.) Isaac Mwaura, CBS, MP,
Nominated Senator,
P.O. Box 41842-00100,
NAIROBI.

Dear *Sen,*

**RE: PETITION TO THE SENATE CONCERNING NHIF COVER TO KIDNEY
POST-TRANSPLANT MEDICATION**

This is to acknowledge, with thanks, receipt of a Petition referenced SIM/OL/08/2020, dated, 16th August, 2020, on behalf of Mr. Daniel Ngumi and others, on the above subject matter.

Having reviewed the Petition in terms of the Petition to Parliament (Procedure) Act and the Standing Order 229 of the Senate, I wish to advise that the same complies with the Act and the Standing Orders on the form of a public petition, and is therefore admissible.

The Petition has been forwarded to the Speaker for approval to enable presentation before the Senate.

Mr. Daniel Chania, Principal Clerk Assistant (Tel No. 0723120399 and Email: daniel.chania@gmail.com), is the officer responsible for facilitating this matter.

Yours

Sincerely,

M. A. MOHAMED, MBS,
FOR: CLERK OF THE SENATE.



Please process
including
24
20/08/2020



Hon. Sen. (Dr.) Mwaure Maigun Isaac, CBS., MP.
(Senator for Person's with Disabilities)

Vice Chairperson, Senate Committee on Finance & Budget

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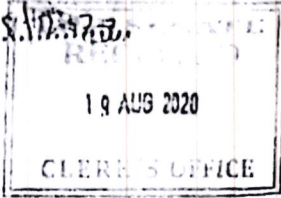
DLPS

Please facilitate
DC(MA)

Date: 19/8/2020

16th Aug 2020

SIM/OL/04/08/2020



The Clerk,
The Senate,
Parliament Buildings,
P.O. Box 41842 - 00100
NAIROBI

Dear Sir,

RE: PETITION TO THE SENATE CONCERNING NHIF COVER TO KIDNEY POST-TRANSPLANT MEDICATION.

The undersigned, citizens of Kenya AND in particular kidney transplant survivors and families;

DRAW the attention of the Senate to the following:

1. THAT kidney failure has been on the rise globally and nationally in the recent years causing about 2.1% of the total deaths (WHO) resulting to early deaths of youth and children and the aged.
2. THAT the growing burden of kidney diseases has been raised as one of the most significant barriers to the attainment of the Universal Health care(UHC).
3. THAT the individuals are having difficulty in accessing quality post-transplant healthcare since they are only a few hospitals in the country which has the capacity to conduct transplant.
4. THAT in the line with the big four agenda-universal health care ,NHIF cover dialysis with most patients succumbing to death.

PETITION TO THE SENATE CONCERNING NHIF COVER TO KIDNEY POST-TRANSPLANT MEDICATION.

SCANNER

5. THAT, post-transplant medication is very costly and if the patient misses immune-suppressant drugs due to financial issues or any other reason, the transplanted kidney is rejected in the body and they either die or start the process of transplant once again.
6. THAT, many patient opt to stay at dialysis stage than get transplanted because NHIF does not support post -transplant medication which ranges from Ksh.40,000-Ksh 60,000 per month.
7. THAT, NHIF provides post-transplant cover to patients who have a comprehensive medical cover for civil servants, leaving out a huge number of Kenyans out.
8. THAT, I/we have made the best efforts to have these matters addressed by the relevant authorities all of which have failed to give a satisfactory response.
9. THAT, none of these issues raised in this Petition is pending in any court of Law, Constitutional or any other legal body.

THEREFORE, your humble petitioners pray that the National Assembly investigates this matter and -

1. Initiates price subsidy of post-transplant medicine to a more affordable price.
2. Intervenes in the provision of post-transplant drugs under NHIF cover.
3. Intervenes for the group to obtain a proper cover that is not determined by Job group

Dated this 18th day of AUG.....2020.

NO	NAME	PHONE	ID	SIGNATURE
1	DANIEL NGUMI	0710906710	31329754	<i>[Signature]</i>
2	SAMUEL MBUGUA	0701795753	13012620	<i>SAMUEL</i>
3	CHRISTINE SIAMATO	0717396587	33030601	<i>[Signature]</i>
4	MERCY MUTINDA	0726314549	24696953	<i>Mercy</i>
5	RACHAEL LETEI	0723696746	22906988	<i>[Signature]</i>
6	ROSE NAIVASHA	0722691330	8699571	<i>[Signature]</i>
7	ELAINE MUTHONI	0791229567	34332269	<i>[Signature]</i>
8	ANTONY MUTURI	0712529079	11183990	<i>[Signature]</i>
9	PETER MACHARIA	0722647219	8762476	<i>[Signature]</i>

PETITION TO THE SENATE CONCERNING NHIF COVER TO KIDNEY POST-TRANSPLANT MEDICATION.



MINISTRY OF HEALTH

RESPONSE TO THE SENATE STANDING COMMITTEE ON HEALTH (SCH) REGARDING VARIOUS PETITIONS PENDING BEFORE THE COMMITTEE

The Ministry refers to letters from the Clerk of the Senate Ref SEN/DCO/CORR/SCH/004/05/2022(1) and SEN/DCO/CORR/SCH/004/05/2022(2) dated 18th and 26th May, 2022 respectively on the above subject.

The Ministry's responses are as follows:

1) Petition by Ms. Marlo Juma and others on the challenges faced by patients suffering from multiple sclerosis (MS) and Neuromyelitis Optica (NMO)

Multiple Sclerosis (MS) is an autoimmune disease that attacks protective sheath (myelin) that covers nerve fibers in the brain and spinal cord. It is potentially disabling as it eventually causes permanent damage or deterioration of the nerves. Neuromyelitis Optica Spectrum Disorder (NMOSD), also known as Devic disease, is a chronic disorder of the brain and spinal cord dominated by inflammation of the optic nerve (optic neuritis) and inflammation of the spinal cord (myelitis). The management for the two conditions is mainly through use of immunomodulatory therapy (IMT) for the underlying immune disorder using disease modifying drugs and therapies to relieve or modify symptoms.

The actual burden of these two diseases has not been fully established but data from hospitals published, for example Agakhan hospital reported 99 cases over 10 years (2008-2018). In 1988-89, KNH registered six patients of MS while a private physician recorded 9 cases of MS over a 10 year period (1989-1999). Between 2008-2020, 11 cases of NMO was recorded in Agakhan University Hospital. These data shows that MS and NMO are not very rare in Kenya and there is need to increase awareness and strengthen our system to be able to diagnose and provide appropriate management.

The management of these two conditions is led by a neurologist and supported by various health worker cadres including mental health specialist/psychiatrist/psychologist, physiotherapists, occupational therapist, nutritionist among others.

1. **Subsidy of price of medicine to a more affordable price. A DMG (disease modifying drugs) or injections can cost as high as ksh. 100,000 per week**

The Ministry of Health has been putting measures in place to reduce cost of medicines. The Disease Modifying Drugs including Etanercept, Abatacept, Golimumab, Infliximab, Ritximab and Tocilizumab among others that are used to treat the two conditions have been included in the essential drugs list. This gives guidance to government procurement and prioritization of the products to be availed to all health facilities through KEMSA.

In addition, the Ministry has formed committees to discuss and provide recommendations on price control and local productions which are targeted towards reduction of price of medicine. The Ministry of Health is further advocating for taxation incentives to make all essential products affordable and easier to produce locally.

2. **Intervene in the matter with a view to ensure that there are more qualified specialists especially in all hospitals especially district hospitals to ensure early diagnosis and management**

The lead specialist needed to support treatment of these two conditions is the neurologist who are currently available mainly in level five and six facilities. The Ministry recognizes the shortage of specialists in general and one of the measures undertaken is through the Kenyan Cuban project of increasing specialist services in Kenya. Through this project, three neurologists and three ophthalmologists were recruited to service provision at the county referral hospitals.

In addition, in the annual training plan, the specialty of neurology, ophthalmology, psychiatry has been identified as priority for scholarship by the Ministry. In the FY 2021/2022, the Ministry offered scholarship for **5, 13, and 10** positions for **Neurology, Ophthalmology and Psychiatry** training respectively. We are also looking out for any potential scholarship for training outside the country in collaboration with Ministry of Education as we seek to build critical mass needed.

In addition, the Ministry is taking steps to strengthen rehabilitation services in the country and one of the plans being included in Medium Term Plan IV is to scale up these services to primary health care facilities to increase access, train more physiotherapists, Occupational therapist, language and speech therapists among others in skills needed to provide quality services.

The county health service including hiring human resources for health is also a function of the counties and the Ministry appeals to the counties to also increase its specialists pool to provide this service

3. Initiate the recognition of this group as a group of People Living with Disability and therefore be exempted from taxation

The registration of persons with disability and implementation of benefit that is granted to the registered persons including tax exemption is the mandate of National Council of Persons with Disabilities. In the past, the assessment and categorization was undertaken in health facilities through assessment committees and then the forms were submitted to the Ministry to be signed off and forwarded to the council. This centralized approach caused delays in the process.

To address this, the Ministry in collaboration with the Council and other partners, developed a new guideline for assessment and categorization to standardize the process and also move the verification and validation of the assessment to County Director of Health's Office. By doing so, no person with disability needs to travel to Nairobi to get the forms verified or follow up on them.

One of the categories in the guideline is on the disabilities caused by progressive chronic conditions which can include diabetes, MS and NMO among others. Once assessments are done and signed off by County Director of Health, the reports are submitted to National Council of Persons with Disability for further action. The Council, based on its criteria for registration, will then register and take lead in the vetting of person with disability to identify those eligible for benefits including tax exemption in collaboration with Ministry of Health and Kenya Revenue Authority.

The Ministry of Health will continue to support the Council in delivering its mandate as it has done over the years.

4. Initiate free counseling and therapy

Counselling services are available in all level 4, 5, and 6 facilities in the country undertaken by various cadres including counsellors, psychologists, psychiatrists and other mental health experts. These services are available to all patients seeking care in these facilities including patients suffering from MS and NMO. In recognition of the rising need of mental health support especially during the COVID-19 pandemic, the Ministry recruited 160 psychologists. The Ministry of Health has also completed an exercise to map out mental health human resource and this report will inform planning for this critical resource.

The UHC NHIF packages include counselling and mental health packages that can be utilized by patients with MS and NMO. Considering that health service provision is devolved, the Ministry cannot unilaterally make services free, but we will engage the counties for further discussion.

5. Initiate the process of funds allocation to carry awareness campaigns that will involve the Government and Private section to understand the different conditions of the diseases and management of patients affected

Creation of awareness of the two conditions needs to be holistic, comprehensive and inclusive for it to be effective. There is need of involvement of the specialists in government facilities and private sector, professional bodies, County and National Government, partners and other non-governmental organizations. It is also important to note that for the Counties and MoH, the planning for financial year 2022/23 is complete. However, the Ministry will advocate for inclusion of creation of the two conditions in continuous medical education undertaken by various hospitals, professional association and regulatory bodies. In addition, the Ministry of Health will advocate to counties and partners to support awareness creation and refresher trainings for health workers on diagnosis and management of patients with MS and NMO among others. The Ministry will consider allocation of funds for awareness creation campaigns in future.

6 Intervene for the group to obtain a proper cover to the affected group under the NHIF like the case of cancer patients who gets free drugs and chemotherapy.

Looking at the spectrum of services needed by the patients affected by MS and NMO, some services like rehabilitation, imaging, counselling and other outpatient services are already covered in NHIF UHC packages. It is important to note that there is no exclusion of any ailments under any applicable cover under NHIF cover. However, MS and NMO have been singled out for comprehensive cover like Cancer, renal diseases and other diseases of high burden that significantly contribute to both morbidity and mortality.

The Ministry will initiate discussion around understanding the actual burden of the conditions as initial step to determine the best way forward in terms of NHIF cover.

2) Petition by Mr. Daniel Ngumi and other patients on NHIF cover for kidney post-transplant Medication

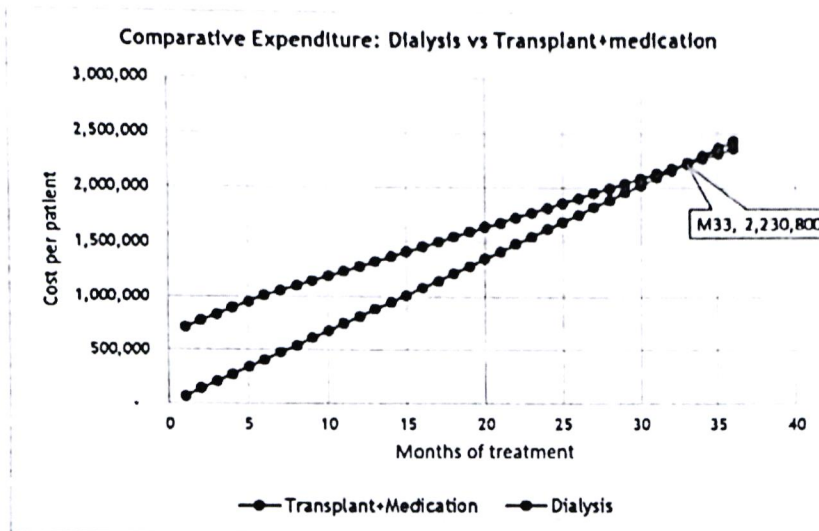
Answer

The National Hospital Insurance Fund was established under the National Hospital Insurance Fund Act (Cap. 255 of the Laws of Kenya) in 1966, which was later replaced by the National Hospital Insurance Fund Act, of 1998; and the revised act in 2022, to be operated and managed by the Board of Management.

Under the provisions of the Act and the approvals by the Board of management, the Fund implemented a cover for Renal Dialysis with the most common indication being End-Stage Renal Disease/Failure (ESRD). The Fund also made provisions for the cover for Kidney transplants, with the liability capped at KES 500,000. In the last financial year, 2020/21, the Fund spent KES 3.8B on renal dialysis, more than 7% of the total medical claims payout.

Presently, the Civil Service, Kenya Prisons and National Police Service, and other government employees and retirees can purchase an enhanced cover, which entitles them to additional benefits, unlike the national scheme beneficiaries. This is unlike the lack of equity that is alluded to in petition 7 in the memo, and request number three that implies the cover is dependent on the Job Groups, with the higher job groups having superior covers. The enhanced covers cost the government an additional KES 35,000 per year per employee for the enhancement, above the statutory contribution that is dependent on salary.

The Fund also acknowledges that renal transplants are a better long term plan in managing ESRD. From the projection estimates, a "break-even" is achieved at month 33, of dialysis, assuming 100% success rate with renal transplants.



Graph 1: Financing Dialysis vs Kidney Transplants

In line with this, the Fund has developed a long term plan to enable transition by incentivizing transplants without exposing the population to a significant risk of illegal organ harvesting and trafficking. These include:

- I. A selective procurement model in the purchasing of the transplant procedures.
- II. A pharmacy benefits management concept in line with the GOK Health Products and Technologies Strategic plan 2020-2025 to reduce the cost of post-transplant medication.
- III. A payment for performance model to incentivize success-rates and quality of care for these and other long-term care patients.

3)Petition Mr. Mikeson Mugo and other patients living with AutoImmune Diseases concerning payment of medical and healthcare costs and provision of health cover for persons living with autoimmune diseases by the National Hospital Insurance Fund.

1. Initiate the subsidy of the price of medicine to a more affordable price

Refer to answer on question 1(1) above

2. Intervene in the matter with a view to ensure that there are more and qualified dermatologist and rheumatologist in all hospitals especially district hospitals with a doctor/patient ration of 1:100,000

Refer to 1 (2) above. The Ministry of Health has prioritized specialist training and as outlined above, is undertaking various measures to increase the pool of specialists including dermatologists and rheumatologists. However, it is important to note that health service delivery remains to be a devolved function and allocation of specialist at County level remains at the discretion of the County Departments of Health. The Ministry can only guide the Counties on areas to allocate resources according to need as influenced by evidence.

3. Initiate the recognition of this group as people with disabilities with an aim of exempting them from tax

Refer to answer on question 1(3) above

4. Initiate the process of fund allocation to carry awareness campaigns that will involve the government and private sector to understand the different conditions of the diseases and management of patients affected.

Refer to answer on question 1(5) above

5. Intervene for the group to obtain a proper cover under the NHIF like the case of cancer patients who get free drugs and chemotherapy

Refer to answer on question 1(6) above

4) Petition by Mr. Collins A. Omolo on alleged taxation of pharmacies in Kenya.

The PPB has taken note of the contents of the petition by Mr. Collins A. Omolo and wishes to respond as follows:

The Pharmacy and Poisons Board (PPB) is the National Medicines Regulatory Authority established under the Pharmacy and Poisons Acts, Cap 244 of the Laws of Kenya. The PPB has the sole responsibility to protect the health of the public by regulating the profession of pharmacy and ensuring quality, safety, and efficacy of the health products technologies.

1. The law makes it a requirement for all premises where pharmaceutical services are offered to be registered and that the pharmacists and pharmaceutical technologists take out annual practice licenses. These regulatory processes of registration and licensing attract annual fees payable to the PPB.
2. Pharmacy practice goes beyond the traditional distribution and dispensing of pharmaceuticals and other health products and technologies (HPTS). Previously the roles of pharmacists have been perceived to be heavily product-focused and less patient-centered. The pharmaceutical industry and profession take on several roles (apart from dispensing) in making drug therapy safe, effective and affordable for the patient which include; *Pharmaceutical Care, is a practice in which the practitioner takes responsibility for a patient's drug-related needs (appropriateness, effectiveness, safety, adherence), and is held accountable for this commitment*".
3. In the course of the practice of pharmacy, responsible drug therapy is provided for the purpose of achieving positive outcomes. It should be noted, however, that this is a complimentary service for the overall care of the patient. Medical diagnosis and prescribing remains the prime responsibility of the physician while identifying, resolving and preventing of drug therapy problems would be the primary responsibility of the pharmacist in the Pharmaceutical Care model.
4. Pharmacy practice, therefore, includes offering of pharmaceutical services in a patient-oriented manner. The scope includes counselling of patients on medication therapy, family planning, immunization and other emerging areas of practice.
5. In view of the above, the PPB is of the considered opinion that pharmacy is a regulated profession and pharmacies are not just trade centers as perceived by the counties. They should therefore not be subject to the single business permit fees like other general traders as the regulatory fees are duly paid to enable the practice of pharmacy.

5) Petition by Dr. Alexander Irungu Wanjiru on the appointment of the Chief Executive Officer (CEO) for the National Health Insurance Fund.

Dr. Alexander Irungu Wanjiru filed a Petition before the Senate concerning the appointment of the Chief Executive Officer (CEO) to the Fund. The Petition alleges that the current (CEO) was appointed to the position without undergoing a competitive recruitment as envisaged by Section 10 (1) of the National Hospital Insurance Fund Act No. 9 of 1998.

The due processes and procedures were followed in undertaking the exercise on the recruitment of the CEO by initially publishing the vacancy by public advertisement in the local dailies, Standard and Daily Nation, published in July 2019. The short listing of candidates and interview process was carried out

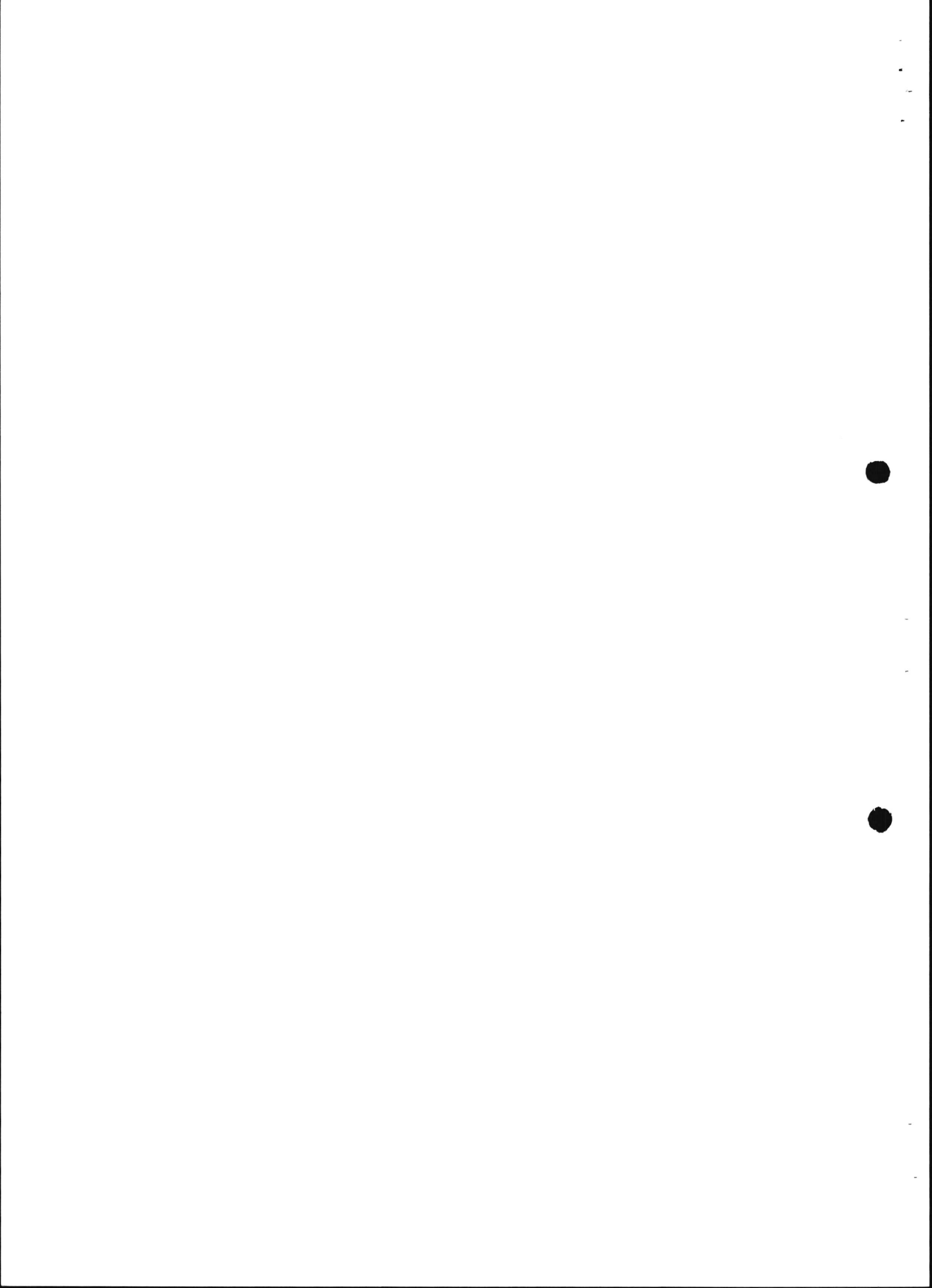
A subsequent re-advertisement was published for the same position in February 2020, after it was noted that the initial advertisement did not include qualifications in the medical field. Thereafter the Fund undertook the preparation of the long lists and short listing, carried out the interviews and final to the appointment of the current CEO.

There is a constraint in tabling a complete report to the Senate Standing Committee on Health noting that there is suit filed in court, *Employment and Labor Relations Court Petition No. 54 of 2022 filed by Okiya Omtatah Okoti Versus the Board of Management - National Hospital Insurance Fund, the Public Service Commission, Cabinet Secretary Ministry Of Health, the Hon. Attorney General and the Salaries & Remuneration Commission, the National Hospital Insurance Fund and Dr. Peter Kamunyo Gathege as Interested parties*. This matter was served on the Fund on 21st April 2020 and sought to nullify the appointment of the Chief Executive.



Dr. Rashid A. Aman, Bpharm, PhD, CBS
FCR: CABINET SECRETARY

2nd June, 2022



TWELFTH PARLIAMENT |FOURTH SESSION



MINUTES OF THE 8TH SITTING OF THE SENATE STANDING COMMITTEE ON HEALTH, HELD ON THURSDAY, 19TH AUGUST, 2021, AT 9.30A.M. ON THE ZOOM ONLINE MEETING WITH PETITIONERS

PRESENT

- 1) Sen. (Dr.) Michael Mbito, MP - Chairman
- 2) Sen. Mary Seneta, MP
- 3) Sen. Beth Mugo, EGH, MP
- 4) Sen. Millicent Omanga, MP
- 5) Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP
- 6) Sen. Beatrice Kwamboka, MP
- 7) Sen. Fred Outa, MP

APOLOGY

- 1) Sen. (Prof) Samson Ongeru, EGH, MP
- 2) Sen. Ledama Olekina, MP

SECRETARIAT

- 1) Ms. Emmy Chepkwony - Principal Clerk Assistant 1
- 2) Ms. Caroline Njue - Clerk Assistant III
- 3) Mr. Malcom -Legal Counsel
- 4) Mr. Robert Rop -Audio Officer
- 5) Mr. Farhiya Ibrahim - Serjeant-at-Arms
- 6) Ms. Lynn Aseka - Parliamentary Intern, Committees

PETITIONERS

- 1) Mr. Daniel Ngumi - Petitioner and Patient
- 2) Mercy Mutinga - Petitioner and Patient
- 3) Joab Wako - Petitioner and Patient
- 4) Sheila Olunga - Petitioner and Patient
- 5) Dr. Sam Kagenyi PHD

MIN. NO. SCH. 37/8/2021: PRELIMINARIES

The Chairperson called the meeting to order at 9.35 a.m and the meeting commenced with a word of prayer.

MIN. NO. SCH. 38/8/2021: ADOPTION OF THE AGENDA

The Committee adopted the agenda of the sitting, as set out below, having been proposed by **Sen. Millicent Omanga, MP** and seconded by **Sen. Dr. Abdullahi Ali, MP**: -

1. Preliminaries
 - a) Prayer
 - b) Adoption of the Agenda
2. Confirmation of Minutes of the Previous Sittings
3. **Meeting with Petitioners Regarding NHIF Cover for Post –Transplant Medication**
4. Any other business.
5. Date of the Next Meeting.
6. Adjournment

MIN. NO. SCH. 39/8/2021 : CONFIRMATION OF MINUTES OF THE PREVIOUS SITTINGS

The agenda was deferred to a later date.

MIN. NO. SCH. 40/8/2021 : MEETING WITH PETITIONERS REGARDING NHIF COVER FOR POST –TRANSPLANT MEDICATION

The Committee held a meeting with the Petitioners to consider a Petition regarding NHIF Cover for Post Kidney Transplant Medication by Mr. Daniel Ngumi and others. The Petition was read in the Senate on 15th September, 2020 and sponsored by Sen. Isaac Mwaura, MP.

In the Meeting the Petitioners the Committee was informed as follows-

- i. That the NHIF cover does not cover Kidney Post- Transplant Medication which is a critical component of treatment.
- ii. That the cost of medication after surgery was between ten to fifteen thousand shillings which was beyond reach to many Kenyans living below a dollar per day.
- iii. The Petitioners requested the Senate to consider recommending policy change to protect patients who undergo successful surgery and die due to lack of medicine.
- iv. The Committee noted that NHIF covered surgery and dialysis and fail to cover a critical part of treatment that is medication after surgery.


The Committee resolved to invite NHIF and the CS Health, and the Council to give views on the matter. Meetings to be scheduled.

MIN. NO. SCH 41/8/2021: ANY OTHER BUSINESS

- a) The Committee resolved to invite NHIF to ascertain the matter of cover for Kidney Post-Transplant medication cover.
- b) Committee Retreat: The Committee noted that most members would not be available in the first week of September, 2021. The Chairman was tasked to consider rescheduling it to the week of devolution or the second week of September, 2021.

MIN. NO. SCH 42/8/2021: ADJOURNMENT & DATE OF THE NEXT SITTING

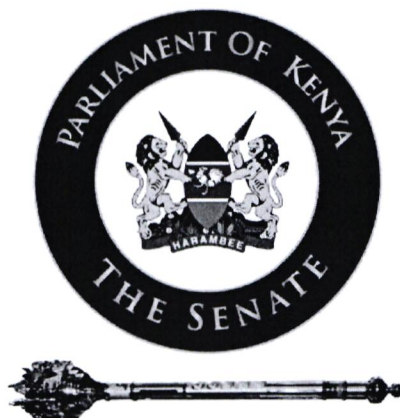
There being no other business, the meeting adjourned at 11.30am to Friday, 20th August, 2021 at 9.30am

SIGNED: 

CHAIRPERSON

DATE:15/6/2022.....

TWELFTH PARLIAMENT | FIFTH SESSION



MINUTES OF THE SITTING OF THE SENATE STANDING COMMITTEE ON HEALTH, HELD ON WEDNESDAY, 13TH SEPTEMBER, 2021 AT 9:00 A.M. ON THE ZOOM ONLINE PLATFORM

PRESENT

1. Sen. Mary Seneta, MP - Vice-Chairperson
2. Sen. Beth Mugo, EGH, MP
3. Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP
4. Sen. Fred Outa, MP
5. Sen. (Prof) Samson Ongeru, EGH, MP
6. Sen. Millicent Omanga, MP

APOLOGY

1. Sen. (Dr.) Michael Mbiti, MP - Chairperson
2. Sen. Ledama Olekina, MP
3. Sen. Beatrice Kwamboka, MP

IN ATTENDANCE

1. Dr. Peter Kamunyo - CEO, NHIF

SECRETARIAT

1. Dr. Christine Sagini - Clerk Assistant
2. Ms. Caroline Murugi Njue - Clerk Assistant
3. Ms. Farhiya Ali - Sergeant-at-Arms
4. Mr. Mbithi - Sergeant-at-Arms
5. Ms. Sombe Toona - Legal Counsel
6. Mr. Robert Rop - Audio Officer

MIN. NO. SCH2/23/10/2021: PRELIMINARIES

The Meeting commenced at 9:25 a.m with a word of prayer from the Chairperson.

MIN. NO. SCH2/24/10/2021: ADOPTION OF THE AGENDA

The Committee adopted the agenda of the sitting as set out below, having been proposed by Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP and seconded by Sen. Fred Outa, MP.

1. Preliminaries
 - a) *Prayer*
 - b) *Adoption of the Agenda*
2. *Meeting with the CEO NHIF to consider the Petitions on challenges facing patients suffering from Multiple sclerosis, NHIF cover for kidney post-transplant medication, payment of medical and healthcare costs and provision of health cover for persons living auto-immune diseases.*
3. Any other business.
4. Date of the Next Meeting.
5. Adjournment.

MIN. NO. SCH2/25/10/2021: RESPONSES TO PETITIONS BEFORE THE STANDING COMMITTEE ON HEALTH

Regarding the petition by Mr. Daniel Ngumi and other patients on NHIF over for kidney post-transplant medication.

The CEO informed the committee that the uptake of kidney transplant in Kenya remains low due to inadequate regulatory framework regulating organ donation, cost of the procedure, coupled with cultural believes surrounding the same. Locally, an average of thirty (30) kidney transplants are performed annually, and about twenty (20) are done overseas. As a result of the low-uptake, the cost of post- transplant medication remains high, when compared to other countries where organ transplant is higher. This makes designing of a stand-alone benefit package for these medicines costly. We envision that with UHC scale-up and with passing of a regulatory and legal framework on organ donation, the uptake of kidney transplant can improve and thereby considerations for a stand-alone post-organ transplant medication package can be considered. NHIF however covers post-transplant medication for enhanced scheme beneficiaries.

Regarding the petition by Mikeson Mugo and other patients living with Autoimmune Disease and payment of medical and healthcare cost

He mentioned that as explained under **Petition No.2** above, NHIF covers autoimmune diseases, not as a stand-alone benefit package, but through the existing benefit packages based on the current needs of the beneficiary. He also explained that each package is stand alone and paid separately.

MIN. NO. SCH.26/10/2021: ANY OTHER BUSINESS

There was no other business.

MIN. NO. SCH2/27/10/2021: ADJOURNMENT

There being no other business, the meeting was adjourned at 11:09 am.



SIGNED:

(CHAIRPERSON)

15/6/2022

DATE:

TWELFTH PARLIAMENT | SIXTH SESSION



MINUTES OF THE SITTING OF THE SENATE STANDING COMMITTEE ON HEALTH, HELD ON THURSDAY, 2ND JUNE, 2022, AT 9:00 A.M. ON THE ZOOM ONLINE PLATFORM

PRESENT

- | | | |
|-------------------------------|---|------------------|
| 1. Sen. Michael Mbito, MP | - | Chairperson |
| 2. Sen. Mary Seneta, MP | - | Vice-Chairperson |
| 3. Sen. Beatrice Kwamboka, MP | | |
| 4. Sen. Millicent Omanga, MP | | |
| 5. Sen. Fred Outa, CBS, MP | | |

APOLOGY

1. Sen. Beth Mugo, EGH, MP
2. Sen. (Prof) Samson Onger, EGH, MP
3. Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP
4. Sen. Ledama Olekina, MP

SECRETARIAT

- | | | |
|-------------------------|---|-------------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant I |
| 2. Ms. Caroline Njue | - | Clerk Assistant II |
| 3. Mr. Moses Kenyanchui | - | Legal Counsel |
| 4. Mr. Robert Rop | - | Audio Officer |
| 5. Mr. Frank Mutulu | - | Media Relations Officer |

IN ATTENDANCE

- | | | |
|------------------------------|---|---|
| 1. Dr. Peter Kamunyo | - | CEO NHIF |
| 2. Ms. Janet Boit | - | Legal Dept NHIF |
| 3. Ms. Grace Kimani | - | Legal Dept NHIF |
| 4. Dr. Rashid Aman | - | CAS Ministry of Health |
| 5. Mr. Fred Siyoi | - | CEO Pharmacy and Poisons Board |
| 6. Ms. Nancy Arunga
Board | - | Legal Counsel Pharmacy and Poisons
Board |

MIN. NO. SCH/01/06/2022: PRELIMINARIES

The Chairperson called the meeting to order at 9:11 a.m. and the meeting commenced with a word of prayer.

MIN. NO. SCH/02/06/2022: ADOPTION OF THE AGENDA

The Committee adopted the agenda of the sitting, as set out below, having been proposed by **Sen. Beatrice Kwamboka, MP** and seconded by **Sen. Mary Senet, MP**:

1. Preliminaries

a. Prayer

b. Adoption of the Agenda

2. Meeting with CS Ministry of Health and the Chief Executive Officer, National Hospital Insurance Fund in relation to pending petitions before the Committee

3. Any Other business.

4. Date of the Next Meeting

5. Adjournment.

MIN.NO.SCH/03/06/2022: CONFIRMATION OF MINUTES OF THE PREVIOUS SITTING

The Chief Administrative Secretary, Ministry of Health took the committee through a presentation that included all the petitions pending before the committee as follows:

1. Petition by Ms. Mario Juma and others on the Challenges faced by patients suffering from Multiple Sclerosis (MS) and Neuromyelitis Optica (NMO)

He started by defining Multiple Sclerosis as an autoimmune disease that attacks the protective sheath (myelin) that covers nerve fibers in the brain and spinal cord. It is potentially disabling as it eventually causes permanent damage or deterioration of the nerves. He also defined Neuromyelitis Optica Spectrum Disorder (NOSD) also known as Devic disease, as a chronic disorder of the brain and spinal cord dominated by inflammation of the spinal cord (myelitis).

He mentioned that the management of the two conditions is. Mainly through the use of immunomodulatory therapy (IMT) for the underlying immune disorder using disease modifying drugs and therapies to relieve or modify symptoms.

The continued to say that actual burden of these two diseases has not been fully established but data from hospitals published, for example Aga Khan hospital reported 99 cases over 10 years (2008-2018). In 1988-89, KNH registered six patients of MS while a private physician recorded 9 cases of MS over a 10-year period (1989-1999). Between 2008-2020, 11 cases of NMO were recorded in Agakhan University Hospital. These data shows that MS and NMO are not very rare in Kenya and there is need to increase awareness and strengthen our system to be able to diagnose and provide appropriate management.

He informed the committee that the management of the two conditions was led by neurologists and supported by various health worker specialists psychiatrist/psychologist, physiotherapists/occupational therapist, nutritionists among others.

He informed the committee of the following ways of managing of the two conditions:

- a) Subsidy of price of medicine to a more affordable price. A DMG (disease modifying drugs) or injections can cost as high as Ksh. 100,000 per week
- b) Intervene in the matter with a view to ensure there are more qualified specialists especially in all hospitals especially district hospitals to ensure early diagnosis and management
- c) Initiate the recognition of this group as a group of people living with disability and therefore be exempted from taxation

- d) Initiate the process of funds allocation to carry awareness campaigns that will involve the government and Private section to understand the different conditions of the diseases and management of patients affected
- e) Intervene for the group to obtain a proper cover to the affected group under the NHIF like the case of cancer patients who get free drugs and chemotherapy
- f) Initiate free counselling and therapy

2. Petition by Mr. Daniel Ngumi and other patients on NHIF cover for kidney post-transplant Medication

He informed the committee that the National Hospital Insurance Fund was established under the National Hospital Insurance Fund Act (Cap. 255 of the Laws of Kenya) in 1966, which was later replaced by the National Hospital Insurance Fund Act, of 1998, and the revised act in 2022, to be operated and managed by the Board of Management.

Under the provisions of the Act and the approvals by the Board of management, the fund implemented a cover for Renal Dialysis with the most common indication being End Stage Renal Disease/Failure (ESRD). The fund also made provisions for the cover for kidney transplants, with the liability capped at KES 500,000. In the last financial year, 2020/21, the fund spent KES. 3.8B on renal dialysis, more than 7% of the total medical claims payout.

Presently, the Civil Service, Kenya Prisons and National Police Service, and other government employees and retirees can purchase an enhanced cover, which entitles them to additional benefits, unlike the national scheme beneficiaries.

This is unlike the lack of equity that is alluded to in petition 7 in the memo, and request number three that implies the cover is dependent on the Job Groups, with the higher job groups having superior covers. The enhanced covers cost the government an additional KES 35,000 per year per employee for the enhancement, above the statutory contribution that is dependent on salary.

3. Petition by Mr. Mikeson Mugo and other patients living with Autoimmune Diseases concerning payment of medical and healthcare costs and provision of health cover for persons living with autoimmune diseases by the National Hospital Insurance Fund

He informed the committee that the answers to this petition was similar to the first petition by Ms. Mario Juma.

4. Petition by Mr. Collins A. Omolo on alleged double taxation of pharmacies in Kenya

The CAS informed the Committee that the Pharmacy and Poisons Board had taken note of the contents of the petition by Mr. Collins A. Omolo and wished to respond as follows:

- a) That the law makes it a requirement for all premises where pharmaceutical services are offered to be registered and that the pharmacists and pharmaceutical technologists take out annual practice licenses. These regulatory processes of registration and licensing attract annual fees payable to the PPB.
- b) That Pharmacy practice goes beyond the traditional distribution and dispensing of pharmaceuticals and other health products and technologies (HPTS). Previously, the roles of pharmacists have been perceived to be heavily product-focused and less patient-centered. The pharmaceutical industry and profession take on several roles (apart from dispensing) in making drug therapy safe, effective and affordable for the patient which include; Pharmaceutical care, is a practice in which the practitioner takes responsibility for a patients drug-related needs (appropriateness, effectiveness, safety and adherence), and is held accountable for this commitment”.
- c) That in the case of the practice of pharmacy, responsible drug therapy is provided for the purpose of achieving positive outcomes. It should be noted, however, that this is a complimentary service for the overall care of the patient. Medical diagnosis and prescribing remains the prime responsibility of the physician while identifying, resolving and preventing of drug therapy problems would be the primary responsibility of the pharmacist in the pharmaceutical Care model.
- d) That pharmacy practice, therefore, included offering of pharmaceutical services in a patient-oriented manner. The scope includes counselling of patients on medication therapy, family planning, immunization and other emerging areas of practice.
- e) In view of the above, the PPB is the one considered opinion that pharmacy is a regulated profession and pharmacies are not just trade centers as perceived by the counties. They should therefore not just be subject to the single business permit fees like other general traders as the regulatory fees are duly paid to enable the practice of pharmacy.

5. Petition by Dr. Alexander Irungu Wanjiru on the appointment of the Chief Executive Officer (CEO) for the National Insurance Fund

The CAS informed the Committee that Dr. Alexander Irungu Wanjiru filed a petition before the Senate concerning the appointment of the Chief Executive Officer was appointed to the position without undergoing a competitive recruitment process as envisaged by Section 10(1) of the National Hospital Insurance Fund Act No. 9 of 1998.

The mentioned that the due processes and procedures were followed in undertaking the exercise of the recruitment of the CEO by initially publicizing the vacancy by

public advertisement in the local dailies, Standard and Daily Nation, published in July 2019. The short listing of candidates and interview process was carried out

A subsequent re-advertisement was published for the same position in February 2020, after it was noted that the initial advertisement did not include qualifications in the medical field. Thereafter, the fund undertook the preparation of the 2022e longlist and short listing, carried out the interviews and final to the appointment of the current CEO.

He noted that there was a constraint in tabling the complete report to the Senate Standing Committee on Health noting that there is a suit filed in court, Employment and Labor Relations Court Petition No. 54 filed by Okiya Omutatah Okolti sersus the Board of Management-National Hospital Insurance Fund, the Public Service Commission, Cabinet Secretary Ministry of Health, the Attorney General and the Salaries and Remuneration Commission, the National Hospital Insurance Fund and Dr. Peter Kamunyo Gathege as interested parties. He informed the Committee that the matter was served on the fund on 21st April, 2020 and sought to nullify the appointment of the Chief Executive Officer.

MIN. NO. SCH/04/06/2022: ANY OTHER BUSINESS

The committee was informed that the secretariat would do draft reports of the petitions and the members will adopt the report in the next meeting.

MIN. NO. SCH/05/06/2022: ADJOURNMENT

There being no other business, the meeting was adjourned at 9:45 a.m.



SIGNED:
(CHAIRPERSON)

DATE:15/6/022.....

TWELFTH PARLIAMENT | SIXTH SESSION



**MINUTES OF THE SITTING OF THE SENATE STANDING COMMITTEE ON
HEALTH, HELD ON WEDNESDAY, 15th JUNE, 2022, AT 9:00 A.M. ON THE
ZOOM ONLINE PLATFORM**

PRESENT

- | | | |
|--|---|------------------|
| 6. Sen. Michael Mbiti, MP | - | Chairperson |
| 7. Sen. Mary Seneta, MP | - | Vice-Chairperson |
| 8. Sen. Beth Mugo, EGH, MP | | |
| 9. Sen. Beatrice Kwamboka, MP | | |
| 10. Sen. Fred Outa, CBS, MP | | |
| 11. Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP | | |
| 12. Sen. Ledama Olekina, MP | | |
| 13. Sen. Millicent Omanga, MP | | |

APOLOGY

5. Sen. (Prof) Samson Ongeru, EGH, MP

SECRETARIAT

- | | | |
|-------------------------|---|-------------------------|
| 6. Dr. Christine Sagini | - | Clerk Assistant I |
| 7. Ms. Caroline Njue | - | Clerk Assistant II |
| 8. Mr. Moses Kenyanchui | - | Legal Counsel |
| 9. Mr. Robert Rop | - | Audio Officer |
| 10. Mr. Frank Mutulu | - | Media Relations Officer |

MIN. NO. SCH/6/06/2022: PRELIMINARIES

The Meeting commenced at 9:20 a.m. with a word of prayer from the Chairperson.

MIN. NO. SCH/7/06/2022: ADOPTION OF THE AGENDA

The Committee adopted the agenda of the sitting, as set out below, having been proposed by Sen. Fred Outa, CBS, MP and seconded by Sen. (Dr.) Abdullahi Ali, MP: -

1. Preliminaries
 - a) *Prayer*
 - b) *Adoption of Agenda*
2. Consideration and adoption of the following reports:
 - *Report on the petition by Dr. Alexander Irungu on the appointment of the NHIF CEO;*
 - *Report on the petition by Mr. Collins Omollo on double taxation of pharmacies;*

- *Report on the petition by Mr. Daniel Ngumi et al on NHIF cover for post-transplant kidney patients;*
- *Report on the petition by Mr. Mikeson et al on payment of medical and health care costs for persons with autoimmune diseases;*
- *Report on the petition by the Wachangwame Community on the status of Mkomani Clinic Society trading as Bomu Hospital.*

3. Any other business
4. Date of Next Meeting
5. Adjournment

MIN. NO. SCH/8/06/2022: CONSIDERATION AND ADOPTION OF PETITION REPORTS

The Committee considered and adopted the report on the petition on the payment of medical and health care costs, and provision of health cover for persons with auto-immune diseases having been proposed by Sen. Mary Seneta, MP, and seconded by Sen. Millicent Omanga

The Committee considered and adopted the report on the petition on the double taxation of pharmacies in Kenya having been proposed by Sen. Mary Seneta, MP, and seconded by Sen. Ledama Olekina, MP.

The Committee considered and adopted the report on the petition on the NHIF cover for kidney post-transplant kidney patients having been proposed by Sen. Mary Seneta, MP, and seconded by Sen.

The Committee considered and adopted the report on the petition by the Wachangamwe Community on the status of Mkomani Clinic Society trading as Bomu Hospital having been proposed by Sen. Mary Seneta, MP, and seconded by Sen.

The Committee considered and adopted the report on the petition on the appointment of the NHIF CEO having been proposed by Sen. Mary Seneta, MP, and seconded by Sen.

MIN. NO. SCH/9/06/2022: ADJOURNMENT

There being no other business the meeting was adjourned at 11:00 a.m.

B. ...

SIGNED:

(CHAIRPERSON)

DATE:15/6/2022.....