KENYA NATIONAL ASSEMBLY

NINTH PARLIAMENT - FIFTH SESSION - 2006

THE DEPARTMENTAL COMMITTEE NO. D ON HEALTH, HOUSING, LABOUR AND SOCIAL WELFARE

REPORT OF THE STUDY TOUR TO CUBA, BRAZIL AND MEXICO

JUNE 01 TO 17, 2006

PARLIAMENT BUILDINGS JUNE, 2006
NAIROBI

ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome

ART - Antiretroviral therapy

ARVs - Antiretroviral

ED - Emergency Department

GDP - Gross Domestic Product

HDI - Human Development Index

HIV - Human Immuno-deficiency Virus

INAMPS - Instituto Nacional de Assistencia Medica da Previdencia Social

NGOs - Non Governmental Organizations

OVC - Orphaned and Vulnerable Children

PLWHA - People Living With HIV AIDS

PMTCT - Prevention of Mother To Child HIV Transmission

STDs - Sexually Transmitted Diseases

SUS - Sistema Unico de Saude

VCT - Voluntary Counseling and Testing

PREFACE

Mr. Speaker Sir,

1. The Departmental Committee on Health, Housing, Labour and Social Welfare was constituted at the commencement of the Ninth Parliament pursuant to provisions of Standing Order 151 (1). Under the provisions of Standing Order 151(4) the Committee is mandated to:-

(i) investigate, inquire into, and report on all matters relating to the mandate, management, activities, administrations, operations and estimates of the assigned Ministries and departments;

(ii) to study the Programme and policy objectives of the Ministries and departments and the effectiveness for the implementation;

(iii) to study and review all legislation after First reading, subject to the exemptions under standing order 101A(4);

(iv) to study, assess and analyse the relative success of the Ministries and departments as measured by the results obtained as compared with its stated objectives;

(v) to investigate and inquire into all matters relating to the assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House or a Minister; and

(vi) ***to make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.***

2. The Committee oversees the performance of the following Ministries:-

(i) Health.
(ii) Labour and Human Resource Development.
(iii) Home Affairs.
(iv) Lands and Housing.
(v) Gender, Sports, Culture and Social Services.

3. Under the above Ministries, the Committee covers the following subjects;

(i) Labour and trade union relations;
(ii) manpower planning and development;
(iii) housing policy and development;
(iv) public health;
(v) medical care and insurance;
(vi) culture and social welfare.

MEMBERSHIP

4. The Committee comprise the following Members:-

(i) Dr. the Hon. Hezron Manduku, MP - **Chairman**
(ii) The Hon. Tobias Ochola Ogur, MP
(iii) The Hon. Reuben Ndolo, MP
(iv) The Hon. Norman M. G. K. Nyagah, MP
(v) Dr. the Hon. Naomi Shaaban, MP
(vi) The Hon. Zebedeo J. Opore, MP
(vii) The Hon. Abdalla Ngozi, MP
(viii) The Hon. Dr. Julia Ojiambo, MP
(ix) The Hon. Benson Mbai, MP
(x) The Hon. David K. Koros, MP
(xi) The Hon. William K. Boit, MP

STUDY TOUR TO CUBA, BRAZIL AND MEXICO

5. The Committee had a successful study tour to Cuba, Brazil and Mexico. The purpose of the visit was to study the provision of health care and housing. These were to be achieved by:-

(i) Holding discussions with the relevant Parliamentary Committees and the personnel of the relevant Ministries.

(ii) Touring public health and housing facilities.

Mr. Speaker Sir,

6. The Committee wishes to record it's appreciation to you and the liaison Committee for the opportunity to undertake the tour. Further thanks go to the Clerk of the National Assembly for the continuous facilitation of our operations and the Ministry of Foreign Affairs for the logistical support during the tour.

7. The delegation comprised the following Members:-

(i) Dr. the Hon. Hezron Manduku, MP – **Leader of delegation**
(ii) The Hon. Zebedeo Opore, MP
(iii) The Hon. Abdalla J. Ngozi, MP
(iv) Dr. the Hon. Naomi Shaaban, MP
(v) The Hon. Tobias Ochola Ogur, MP
(vi) The Hon. Reuben Ndolo, MP

The Members were accompanied by Mr. Emejen Nicholas – Secretary to delegation/ Clerk to the Committee.

8. The delegation had a successful visit during which they held meetings and discussions with the Members of the Parliamentary Committees/Commissions, Ministry of Health and Housing personnel among other Government officials in Cuba, Brazil and Mexico.

9. It is now my humble duty, on behalf of the Committee to table the report and commend it to the House for adoption, pursuant to provisions of Standing Order 162.

Thank you,

Sign:.....

DR. THE HON. HEZRON MANDUKU, MP.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH, HOUSING, LABOUR AND SOCIAL WELFARE

Date:.....

OVERVIEW OF THE REPUBLIC OF CUBA

The Republic of Cuba (República *de Cuba*]) consists of the island of Cuba (the largest of the Greater Antilles), the Isle of Youth and adjacent small islands. Cuba is located in the northern Caribbean at the confluence of the Caribbean Sea, the Gulf of Mexico and the Atlantic Ocean. Cuba is south of the eastern United States and the Bahamas, west of the Turks and Caicos Islands and Haiti and east of Mexico. The Cayman Islands and Jamaica are to the south.

It is the most populous country in the Caribbean. The island has a tropical climate that is moderated by the surrounding waters; the warm currents of the Caribbean Sea and its location between water bodies also make Cuba prone to frequent hurricanes.

The Republic of Cuba gained formal independence on 20 May 1902, with the independence leader Tomás Estrada Palma becoming the country's first president. Under the new Cuban constitution, however, the U.S. retained the right to intervene in Cuban affairs and to supervise its finances and foreign relations. Under the Platt Amendment, Cuba also agreed to lease to the U.S. the naval base at Guantánamo Bay.

The Republic of Cuba is constitutionally defined as a "socialist state guided by the principles of José Martí, and the political ideas of Marx, Engels and Lenin". The present constitution also ascribes the role of the Communist Party of Cuba (PCC) to be the "leading force of society and of the state". The first secretary of the Communist Party, Fidel Castro, is concurrently President of the Council of State (President of Cuba) and President of the Council of Ministers (Prime Minister of Cuba). Members of both councils are chosen by the National Assembly of People's Power. The President of Cuba serves for a five-year term and there is no limit to the number of terms of office. Castro has been President since the adoption of the current Constitution in 1976 when he replaced Osvaldo Dorticós Torrado. The Supreme Court of Cuba serves as the nation's highest judicial branch of Government. It is also the court of last resort for all appeals from convictions in provincial courts.

Cuba's national legislature, the National Assembly of People's Power (Asamblea Nacional de Poder Popular), has 609 members who serve

five-year terms. Candidates for the Assembly are approved by public referendum. All Cuban citizens over sixteen years of age who have not been found guilty of a criminal offense can vote. Article 131 of the Constitution states that voting shall be "through free, equal and secret vote". Article 136 states: "In order for deputies or delegates to be considered elected they must get more than half the number of valid votes cast in the electoral districts". Votes are cast by secret ballot and are counted in public view. Nominees are chosen at local gatherings from multiple candidates before gaining approval from election committees.

No political party is permitted to nominate candidates or campaign on the island. The republic of Cuba comprises of fourteen provinces and one special municipality (the Isla de la Juventud).

The Cuban Government adheres to socialist principles in organizing its largely state-controlled planned economy. Most of the means of production are owned and run by the government and most of the labor force is employed by the state. Recent years have seen a trend towards more private sector employment. Capital investment is restricted and requires approval by the government. The Cuban government sets most prices and rations goods to citizens.

GENERAL OVERVIEW OF CUBAN HEALTH CARE SYSTEM

The Cuban health care system depends on the social welfare system and has been under strong Government control. Health issues have played an important role in the history of Cuba. Cuba maintains over 16,000 healthcare workers in impoverished nations.

Health and health care during the revolution have been recognized and propagandized as major achievements of the revolutionary experience. The Cuban people have been trained during the revolution to have access to health care and to expect appropriate health care.

The Cuban population is mostly young with nearly 22% of the people being younger than 15 years of age. Life expectancy has been increasing and infant mortality has been decreasing in Cuba.

Diseases that appear to be important in Cuba are cardiovascular disorders, cancer, diabetes, alcoholism and mental illness. Attention to all common disorders must be addressed.

The investments made by Cuba in the field of biotechnology have surpassed 800 million dollars. Cuba has been able to produce a number of biotechnology-produced vaccines as a result of vast investments in facilities, both physical plant and human resources.

MEETING WITH THE COMMISSION ON REPRODUCTIVE ACTIVITY

Provision of housing in Cuba

Housing provision received a relatively high priority in the immediate post-Revolutionary period. Early in the 1960s, legislation was passed to provide security of tenure, to reduce rents and to transform many tenants into owners. Cubans have a great deal of security in their housing and pay relatively little for it. Many own outright or pay only around 10% of incomes towards their homes (more like hire purchase than a mortgage). It is illegal to buy and sell housing for profit in Cuba, though residents have rights to exchange housing.

These legal reforms were accompanied by mass building programmes to relieve the worst of the pre-Revolutionary slum conditions. The state took a lead in planning for housing but much of the construction was undertaken on a state-supported 'self-help' basis. The Government of Fidel Castro initiated the idea of micro brigades of workers given leave from their usual occupations to contribute to the construction programmes.

Housing construction continued through the 1960s – 1980s and micro brigades continue to play an important role in house building and renovation today. The long term impact of these policies means that absolute homelessness is practically non- existent in Cuba.

The Government through the Commission has a housing programme which aims at building 100, 000 houses per year. Out of this 50, 000 are already half way built. The Government is currently conducting

restoration of houses in which the people themselves are directly involved.

The Government gives credit and provides transport of materials to the construction site. House are constructed according to needs which are discussed at a personal level. Colleagues at work and the community help to identify the need of the individual to have a house.

Since the revolution 4, 000, 000 houses have been built through an ambitious Government project that seeks to build 100, 000 houses per year. Initially 80% of the cost was paid by the Government with the cost being reduced by 10 % to cater for the effort put in by the owner of the house. 80% of the population now owns houses.

Due to economic recession, the economy can't allow the Government to support the building of houses but can only offer technical support and loans for people to build their houses. Interest is charged at 1% per year. The Government also offers infrastructure to the construction industry.

Cuba is now moving into a new era in resident participation in housing projects. It is recognised that the old-style micro brigades were essentially a self-help labour force for implementing state policy. Residents are now involved in the detailed design of their homes from start to finish intensive community participation). Cuba's culture of mass participation in social, political and cultural life presents a solid basis for resident involvement in these housing projects.

The Government guarantees to provide secure, adequate, affordable housing for all of the population. But population change and the current economic circumstances have severely undermined this revolutionary dream.

Challenges in Cuban housing sector

Cuba's housing programme was drastically affected by the economic crisis of the 1990.A key problem today is the absolute shortage of 'spare' dwellings for newly forming households. Population growth,

combined with the added pressure from internal migration to Havana has led to an acute shortage of housing in the capital.

Another challenge to the housing situation is the crumbling colonial buildings, some of which are structurally unsound and pose a danger in the older parts of Havana but reconstruction and restoration works have just begun. Although many residents own their own homes, the economic situation has limited their ability to invest in the physical infrastructure meaning that few have resources to undertake major repairs or improvements.

Response to HIV/ AIDS

Cuban pharmaceutical industry produces ARV's which are offered for free and distributed by social workers. Government departments are also involved in the fight against the scourge as part of the inter-sectoral approach. There is a policy in place whereby all retailers are mandated to sell condoms. Special care is also given to people living with HIV/AIDS (PLWHA). In Cuba it is illegal to transmit the disease when you are aware of your sero status.

Despite the hard economic times research is being undertaken on biotechnology with tremendous achievements in the development of vaccines for cholera, and vaccines to heal and cure head tumours. Research is ongoing for the development of HIV/AIDS and Cancer vaccines.

Cuba's healthcare network is intended to reach every citizen and has been kept running constantly. He said that given its encouraging experiences in combating HIV/AIDS, Cuba should make more active contributions to devising a global strategy against the disease.

The country's regular HIV/AIDS campaigns which have drawn the voluntary participation of people from all walks of life, especially young people. One such campaign calls on people to learn to live with HIV/AIDS.

VISIT TO THE LATIN AMERICA SCHOOL OF MEDICINE

The institution has been in operation for the last seven years and its main objective is to train doctors for the poor world. It has a total of 12, 000 students and 1, 600 graduate every year. The university offers more than 60 specialities (post graduate) and is in the process of opening faculties in African universities. As part of Cuba's collaboration efforts in Africa, Cuban doctors are operating medical universities in Ghana, Equatorial Guinea and Guinea Bissau.

Before the revolution there were only 6, 000 doctors and only one medical university based in Havana but currently there are 22 medical universities and 444 primary health care providers also known as polyclinics. There are 300, 000 nurses in Cuba and the ratio of doctors to patients is 162:10, 000 i.e. 67 patients per doctor.

VISIT TO THE MUNICIPALITY OF HAVANA

The City of Havana has a population of 2, 200, 000 people. The local Government or the Government of the city takes care of the education, health, welfare and transport of the inhabitants of the City. Education and health care take more than 50 % of the City's budget.

There are 82 polyclinics in the City of Havana with integrated hospital services so as to avoid complication in patients. These polyclinics give the first medical care/ attention to patients.

Education in Cuba is offered free up to the university level for all Cubans including convicts and is mandatory up to the 9th grade. The Government guarantees quality of education in all schools. Further, the Government runs TV teaching programmes with channels reserved for education. Every class has a TV and video for these programmes. Each class at secondary level is composed of a maximum of 15 students only; this guarantees the quality of education. Each municipality has a university centre.

The Government has the responsibility of taking care of the aged and employs social workers to take care of this segment of the population.

VISIT TO A MUNICIPALITY POLYCLINIC

Provision of Primary Health Care

There are three levels in the provision of health care in Cuba i.e. primary (polyclinic), hospitals and research centres/institutions. The polyclinic is the first step of the medical care system in Cuba. Patients move from one level of attention to the next depending on the nature of ailment/ need.

The Government is working to integrate the health care system by eliminating the various levels so as to create one level. Through the integrated system patients can easily flow through the levels of attention.

The polyclinic serves a population of 44, 700 people in an area of 1.5 squire kilometres. 27% (12, 000) of this population is above 60 years. This is the general characteristic of the Cuban population.

How polyclinics work

Primary health comprises of family doctors and the institution (polyclinic). Each family has three doctors and one nurse. Primary health care solves 90% of the people's health problems with the family doctors solving 80% of these problems. Family doctors have a direct contact with the patients at the community level. The family doctor programme was first started in the rural areas and has spread to the urban areas as well. Polyclinics conduct specialised treatment from what the family doctors treat (basic treatment).

A Polyclinics is made up of urgent services (24hrs), vital area (stabilizing area), observation room, laboratory – blood extraction, rehabilitation (integral system – electrolysis, massage) and a dental clinic with 24 dental chairs.

The polyclinic offers X-ray, electro cardiology, diagnostic services, ultra sound, natural and traditional medicine (acupuncture) entomology, abortion or menstrual regulation services. In Cuba abortion is legal and is done by suction when pregnancy is below six

months. Legalising abortion is recognising the right of a woman to determine her life and also ensures that it is done in proper conditions.

The poly clinic has 122 doctors and 102 nurses and treats 44, 650 patients per day. Drugs are supplied on request from the Ministry of Health. Polyclinics also serve as teaching areas otherwise known as universitaires polyclinics.

VISIT TO CENTRE FOR BIOTECHNOLOGY ENGINEERING

The desire for scientific research in Cuba started in 1965 and in 1981 biotechnology development was initiated under the Interferon project. Starting 1983 the West Havana Scientific Pole and other pharmaceutical plants were established. The West Havana Scientific Pole is involved in the commercialisation and production of pharmaceutical and other research products.

Cuba has also established many centres that produce vaccines, laboratory animals and laboratory reagents among other products. Vaccines produced include Hepatitis B vaccine, cholera vaccine, Cancer vaccine, ARV's among other products.

Due to technological advances, Cuba has been able to eradicate a number of diseases like Hepatitis B, Malaria etc and has developed a natural method of tick control by using antigens.

MEETING WITH THE MINISTRY OF FOREIGN AFFAIRS OFFICIALS

The Committee was informed that Cuban diplomatic ties with Africa have been strong dating to the days of the revolution and struggle for independence in Africa were Cubans fought alongside African freedom fighters in Angola, Algeria, South Africa among other countries.

Cuba has 30 embassies in Africa and hosts 21 African diplomatic missions in Havana. Cuba has also sent medical brigades to Uganda, Namibia, and South Africa among other African countries and offers

scholarships to students from Africa in the fields of medicine, engineering and sports.

THE FEDERATIVE REPUBLIC OF BRAZIL:

OVERVIEW

The Federative Republic of Brazil (*República Federativa do Brasil*) is the largest and most populous country in South America, and fifth largest in the world in both area and population. Covering a vast area between central South America and the Atlantic Ocean, it is the easternmost country of the Americas and it borders Uruguay, Argentina, Paraguay, Bolivia, Peru, Colombia, Venezuela, Guyana, Suriname and the French department of French Guiana. It literally borders every South American nation except for Ecuador and Chile. Named after brazil wood (*pau-brasil*), a tree highly valued by early colonists, Brazil is home to both extensive agricultural lands and rain forests.

Geography

Brazil is characterized by the extensive low-lying Amazon Rainforest in the north and a more open terrain of hills and low mountains to the south — home to most of Brazil's population and its agricultural base. It is home to the Amazon, the largest river in the world by volume, and the second-longest in the world.It has a territory of 8.8 million squire kilometres.

Demographics

The dominant ancestry among Brazilians is the Portuguese through the descendants of the early Portuguese colonists and immigrants. The settlement of Portuguese started in Brazil after 1532, when the active process of colonization began since the founding of São Vicente.

The original Amerindian population of Brazil (between 3-5 million) has in large part been exterminated or assimilated into the Portuguese population. Nowadays, there are 700,000 Native-Americans in Brazil, composing less than 1% of the national population.

Brazil has a large black population (6.2%), descended from African slaves brought to the country from the 16th to 19th century. They were mainly from Angola, Nigeria, Benin, Togo, Ghana, the Ivory Coast and São Tomé e Príncipe. The African population in Brazil has mixed substantially with the Portuguese, resulting in a large mixed-race population.

Politics of Brazil

Politics of Brazil takes place in a framework of a federal presidential representative democratic republic, whereby the President of Brazil is both head of state and Head of Government, and of a pluriform multi-party system.

Executive power is exercised by the government. Legislative power is vested in both the Government and the two chambers of the National Congress. The Judiciary is independent of the Executive and the Legislature.

Brazil has population of 185 million people. It is a federal republic with 27 states composed of 5, 561 municipalities. The Federal Deputies are in number proportional to the population of each State; there is a minimum and a maximum number of Deputies. The Senators represent the Brazilian State; regardless of area, population or economic power, each Brazilian State elects three Senators.

All Deputies and Senators are elected by popular vote. Deputies are elected for a term of four years, whereas Senators stay eight years in office. Both Deputies and Senators have powers to propose laws, which are first examined by the respective House; laws proposed by the President of Republic are sent first to the Chamber. Both Houses must approve independently the draft i.e. one House refines what comes from the other, which must be eventually sanctioned by the President, before it becomes law.

The two chambers as an entity are referred to as the *Congresso Nacional* (National Congress); the President of the Senate is also the President of the Congress.

MEETING WITH THE COMMISSION ON URBAN DEVELOPMENT

The Committee was informed that Brazil just like any developing country was facing the problem of housing in its urban areas. One of the mandates of the Commission is to approve housing projects. After approval the proposals are sent to the Commission on Constitution to check if they comply with the law before they are sent to Parliament. The Commission also oversees other activities of line Ministries in addition to reviewing Legislation on housing.

The Brazilian housing problem started in the 15th century during the Portuguese colonisation and efforts have been made to provide housing to the populace amidst the problem of high population growth. 60 – 65 % 0f the urban population lives in inappropriate housing.

MEETING WITH THE COMMISSION ON SOCIAL SECURITY AND FAMILY

There is enormous social disparity in the country with 12 % of the population being unemployed. The Brazilian population is ageing and the Government has a responsibility towards the elderly and the disabled. They are entitled to a monthly income from the Government as long as there is no other family member under a similar scheme.

The education level of the population is low because the Government never put in place mass education programmes thus there is a lot of unskilled labour that is constantly pouring to the cities in search of jobs thus leading to high unemployment.

MEETING WITH THE COMMISSION ON FOREIGN RELATIONS

The Committee was informed that Brazil has had increased trade relation with Portuguese speaking African countries and relations with Kenya could be fostered in the areas of trade, health and agriculture among others.

The Chairperson of the Committee pointed out that there was need to develop parliamentary diplomacy to enhance the exchange of experiences and ideas between Parliaments the world over. He reiterated the need for Kenya to open a diplomatic mission in Brazil to cater for Kenya's interests in the region.

MEETING WITH THE MINISTRY OF HEALTH OFFICIALS

The Health Care System

The Brazilian constitution of 1988 and the Organic Health Law (Lei Orgânica de Saúde) of 1990 universalized access to medical care, unified the public health system supported by the Ministry of Health and the National Institute for Medical Assistance and Social Security (Instituto Nacional de Assistência Médica da Previdência Social--INAMPS), and decentralized the management and organization of health services from the federal to the state and to the municipal level.

The constitution grants all Brazilian citizens the right to procure free medical assistance from public as well as private providers who are reimbursed by the Government through the Sistema Unico de Saude (SUS). While the public domain oversees basic and preventive health care, the private, non profit and for-profit health care sector delivers the bulk of medical services, including Government-subsidized inpatient care.

The main precepts of the public health care are a comprehensive approach, universal access and equity and civil society participation. It's a decentralised system with a virtuous circle.

The health care system in Brazil is divided into public and private sectors, operating in parallel. Accordingly, Brazil has both public and private medical schools, hospitals, and pre-hospital care services. Even private hospitals with SUS contracts often divide their emergency departments (EDs) into separate areas for patients with private medical insurance and patients with SUS, creating an often jarring disparity between modern, well-equipped areas for the insured and often overcrowded, ill-equipped areas for patients with SUS.

Pubic health care facilities and services in Brazil are devolved to the municipalities. The Ministry of Health sets out national health policy and encourages physicians to work in hardship areas especially in the north where there is limited health care provision.

Both public and private sectors, finance health care in Brazil. The federal Government funds universal medical care through the Sistema Unico de Saude (SUS) program, which was passed into constitutional law in 1988. SUS funds public hospitals in Brazil and contracts for medical care at individual private hospitals. Because Brazilians are not required to qualify or register for SUS, any person in Brazil can receive free medical care at any hospital with a SUS contract.

Although the federal constitution guarantees universal health care to all Brazilians through SUS, the actual delivery of this care is limited by insufficient Government funding. Brazilian health care also is funded by private medical insurance, which both complements and, at times, competes with SUS. Certain national corporations and Government entities provide their employees' medical insurance, which is valid only at specified hospitals.

Although the health care systems in different regions of Brazil are based upon similar law and organizational framework, facilities in southern Brazil usually are much better equipped and physicians are better trained than in northern and Amazon regions. Physicians are poorly distributed, with an overabundance of physicians in the metropolitan areas and a shortage of physicians, especially specialists, in the poorer and remote rural areas.

BRAZILIAN NATIONAL RESPONSE TO HIV AND AIDS

In 2005 the country had 371, 827 accumulated AIDS cases with an AIDS incidence rate of 17.2 per 100, 000 population. The estimated number of people living with AIDS (PLWHA) in 2004 was 600, 000. The prevalence rate is has remained at 0.61 since the year 2000 with 171, 927 deaths as a result of AIDS since 1980 to 2004.

The virus is increasingly affecting heterosexuals, women, low income groups and those living in small cities.

Since 1997 the federal Government has invested US $ 3.5 billion on HIV response and US $ 2 billion for anti retroviral therapy (ART).

The Brazilian approach in the fight against HIV/AIDS is based on:-

(i) Social control – robust participation by civil society in decision making and implementation.
(ii) Balanced prevention and treatment approach.
(iii) Comprehensive ethical and rights based approach.
(iv) Early response by the Government (since 1983).
(v) Multisectoral mobilisation.

The backbone of the Brazilian response to HIV and AIDS is the 1988 federal constitution which provides that health is a right of all and a duty of the state to provide access to health as a basic right.

THE UNITED MEXICAN STATES

OVERVIEW

Mexico is a country located in North America, bordered by the United States to the north, and Central America (specifically Belize and Guatemala) to the southeast. It is the northernmost and westernmost country in Latin America.

The official name is the United Mexican States (*Estados Unidos Mexicanos*). The term State of Mexico (*Estado de Mexico*) does *not* refer to the country, but only to one state within Mexico, located near the centre of the country adjacent to the Federal District.

Government and politics

Government and politics of Mexico takes place in a framework of a federal presidential representative democratic republic, whereby the President of Mexico is both Head of State and Head of Government, and of a pluriform multi-party system. Executive power is exercised by the Government. Legislative power is vested in both the Government and the two chambers of the Congress of the Union. The Judiciary is independent of the executive and the legislature.

Mexico is divided into 31 states (*estados*) and a federal district. Each state has its own constitution and its citizens elect a Governor as well as representatives to their respective state congresses.The Federal District is a special political division in where the national capital, Mexico City, is located.

Geography and Climate

Situated in the southwestern part of mainland North America and roughly triangular in shape, Mexico stretches more than 3,000 kilometres from northwest to southeast. Its width is varied, from more than 2,000 kilometres in the north and less than 220 kilometres at the Isthmus of Tehuantepec in the south. The Tropic of Cancer effectively divides the country into temperate and tropical zones.

Economy

Mexico ranks 12th in the world in regard to GDP and has the fourth per capita income in Latin America; and it is firmly established as an upper middle-income country.

Mexico has a mixed economy that recently entered the trillion dollar class. It contains a mixture of modern and outmoded industry and agriculture, increasingly dominated by the private sector. The number of state-owned enterprises in Mexico has fallen from more than 1,000 in 1982 to fewer than 200 in 1999. Recent administrations have expanded competition in seaports, railroads, telecommunications, electricity generation, natural gas distribution, and airports.

Mexico has opened its markets to free trade, lowering its trade barriers with more than 40 countries in 12 Free Trade Agreements, including Japan and the European Union. However more than 85% of the trade is still done with the United States. Government authorities expect that by putting more than 90% of trade under free trade agreements with different countries Mexico will lessen its dependence on the United States.

Demographics

With an estimated 2005 population of about 106.5 million, Mexico is the most populous Spanish-speaking country in the world. It is a

racially and ethnically diverse country. Its main ethnic groups are; 75% Mestizo (mixed white and Indigenous people), 13% Amerindian, 11% European (Spanish, German, Italian, French, Portuguese, British, Swedish, Irish, and white American) and 1% Afro-Mexicans, Middle Easterners, and East Asians. Spanish is the official language of Mexico but the Government recognises Amerindian languages as well.

Despite its reputation as a major source of illegal immigrants to the United States, Mexico itself experiences illegal immigration from Central America due to similar differences in wages and poverty between there and Mexico as between Mexico and the United States.

Religion

Mexico is predominantly Roman Catholic (about 89% of the population). It is the nation with the second largest Catholic population, behind Brazil and before the United States. Also, 6% of the population adheres to various Protestant/Restoration faiths and the remaining 5% of the population adhering to other religions or professing no religion.

Education

Mexico has made impressive improvements in education in the last two decades. In 2004, the literacy rate was at 92.2%, and the youth literacy rate (ages 15-24) was 96%. Primary and secondary education (9 years) is free and mandatory.

In the 1970's, Mexico became the first country to establish a system of "distance-learning" satellite secondary education, aimed for the little towns and rural communities. In 2005 this system included 30,000 connected schools, 3 million students and 300,000 teachers, who use televised lectures and education science programs, pre-recorded and transmitted through "EduSat", via satellite. Schools that use this system are known as *telesecundarias* in Mexico. The Mexican distance learning secondary education is also transmitted to some Central American countries and to Colombia, and it is used in some southern regions of the United States as a method of bilingual education.

MEETING WITH THE MINISTRY OF HEALTH

Mexican Health care system

The right to health care is entrenched in the 4th article of the Mexican Constitution which states that "everyone has the right to health protection", and in the General Health Law which states that "all Mexicans have the right to be incorporated into the social health system". This law has an individual guarantee on social health protection and provides that social health protection is a mechanism by which the state grants the free, effective, fast, qualitative access at the time of need and without discrimination that completely satisfies the health needs.

Despite the constitutional guarantee, the financial protection for health in Mexico is segmented and fragmented in addition to there being large differences among Mexican states in terms of health needs and the contribution to health care particularly for the uninsured.

There are three categories of insurance providers in the Republic of Mexico: Government, private and popular insurance. There is a total of 25 million people under insurance in Mexico, 58% of who are under private health insurance. Popular health insurance cover is only acceptable in public / government health facilities. More than half of Mexican households lack health insurance and therefore financial protection. Six out of every ten Mexicans lack health insurance.

Social health protection system (Seguro Popular)

The social health protection system is based on the strategy of the national health programme whose purpose is to give financial protection to uninsured population, through a public and voluntary health insurance.

Its specific objectives include;

(i) Protection of low income families from excessive health spending.
(ii) Enhancing a timely health attention.

(iii) Strengthening public health system thus diminishing the gap between the insured and the non insured population.
(iv) Transforming the incentives in the system by moving from the supply side to demand side subsidies to promote quality, efficiency and responsiveness to users.
(v) Reducing out of pocket expenditure.

Benefits of the system

(i) Public and voluntary
(ii) Protects finances of uninsured population
(iii) Offer improved access to health services
(iv) Substitutes recovery fee for anticipated contribution
(v) Guarantees supply of medicines
(vi) Contribution is according to income level
(vii) Eliminates catastrophic risk elimination

The Government also runs the Protection fund against catastrophic expenses, whose main objectives are:

(i) To bring cover at the necessities of population
(ii) Reduce the pocket expense of the people
(iii) Develop specialised centers in priority areas
(iv) Provide a new financing system

The amount of funding for states depends on affiliation to the public health insurance (PHI). This is in tandem with the view that money follows the people and not the reverse. 6.6% of the Mexican budget is allocated to health.

Challenges

(i) Develop competitive environment in supply side.
(ii) Increase the number of health facilities, human resource and improve drug procurement
(iii) Generate greater confidence in public service
(iv) Improve quality of health care

There are two categories of insurance schemes;

(i) Non contributory – covers families with low or no income.
(ii) Contributory – those with income to allow contributions. Fees payments depend on the level of income or lack of it as well as the social economic conditions of the family. It can be paid in

advance or annually. The minimum contribution is 57 dollars for the entire family.

There are certain diseases that are not covered. These include certain categories of cancer, leukaemia and transplants.

MEETING WITH THE MINISTRY OF HOUSING

Housing programme

Mexico City and has a population of 21 million people. The Government housing programme started in 2000 and aims at giving people the right to own a house. It is a social programme whose objective is to give credit to people who can't afford bank credit for their housing.

Federal Institute of Housing

This is an independent institution created in 1998 to establish housing planning in Mexico City. The institute is mandated to regulate growth of housing and contribute to development of employment. Through this programme the Government gives new houses in residential areas – build new houses and or gives credit to people to build or improve their houses.

The institute also regulates building of houses in certain areas e.g. building in ecological areas is not allowed. This helps in protecting the ecological zones in the city.

In order to improve the efficiency of new housing development, the federal Government instituted a variety of policies aimed at improving the functioning of land markets, land use planning, and the pace at which informal developments are regularized.

The 100 Cities Program was begun in January of 1993 by the Secretariat of Social Development (SEDESOL) to foster efficient land use both nationally, through a more balanced distribution of population and economic activities within the national territory, and locally, by improving land use planning and fiscal management. The program focuses on 116 municipalities that make up a network of

second-tier, medium-size cities across the nation. The program aims to encourage more orderly and sustainable growth by encouraging investment in the medium size cities as opposed to the four major metropolitan areas of Mexico City, Guadalajara, Monterey and Puebla. Central goals of the program include improved land use planning, increased regularization of informal settlements, extension of territorial reserves for planned development of residential housing, and increased investment in infrastructure.

For land to be brought fully into the formal market system, it must have a clear title, be subdivided with services and utilities provided, and it must not be located in a state- or federally-designated ecologically protected area. In recent years both federal and state level governments have been working to accelerate this process.

The federal Government, primarily through SEDESOL, has initiated a number of efforts to provide support for the self-help housing sector. These efforts include educational outreach to provide information on efficient and affordable construction techniques and building materials.

In addition, the Government has undertaken a variety of efforts to support material banks where building materials are purchased in bulk to help lower costs. The most significant effort in this area was the "Prestamo a La Palabra" program where households were allowed to purchase materials on credit, based on their promise to repay.

Housing construction occurs in two overlapping markets - the formal and the informal. Construction in formal construction markets follows required legal procedures producing housing that complies with building ordinances, has clear legal title and at least basic services, is registered in the local cadaster for tax purposes, and is often purchased with long-term financing.

In contrast, informal housing is produced outside of formal legal channels. Generally this type of housing does not have clear legal title, is often deficient in basic services, may not comply with building ordinances, does not pay taxes, and is not eligible for conventional long-term financing.

While the informal construction market has provided an important safety value, producing a great deal of housing for low-income families it is the most efficient way of providing housing. Even though it is tolerating and aiding the informal market, the Mexican Government has been taking steps to increase the share of housing produced in the formal sector. These steps have included reforms of laws controlling the sale of ejidal land, efforts to improve land use planning, an acceleration of the process of regularizing informal developments, and programs to aid the self-help housing sector.

Housing finance plays a critical role in enabling households to acquire a good quality home. Without long-term financing, households are forced to live in inferior situations while they accumulate the savings necessary to purchase and improve their home. A majority of new housing is constructed in Mexico without long-term financing.

The Government programmes of giving new homes and or giving credit for people to build homes is assisting in the alleviation of housing problems in Mexico. The recovery system is also good and favourable to those who build their homes.

RECOMMENDATIONS

Arising from the findings of the study tour the Committee recommends:-

(i) That the Government should provide social health insurance to all it citizens and especially those who can't afford private medical cover.

(ii) The Ministry of Health should ensure equitable distribution of medical personnel across the country. Incentives should be offered to those working in hardship areas.

(iii) The development and enactment of a comprehensive legislation on HIV/AIDS in Kenya and the strengthening of multi sectoral approach in the fight against the pandemic.

(iv) Strong political support and commitment in the control, treatment and care of those infected and affected by HIV/AIDS.

(v) Formulation and implementation of a policy on HIV/AIDS education targeting youth in primary and secondary schools relayed through the use of television programmes and other such media.

(vi) Economic empowerment of the poor, orphans, the elderly and vulnerable persons through provision of micro credit and other financial support to start income generating activities.

(vii) That Government provides free or substantially subsidized ARV's to all clinically eligible HIV infected persons who need them across the country.

(viii) The Government should partner with countries like Cuba and Brazil so as to benefit from their biotechnological advances. The Government can benefit from cheap generic drugs and vaccines in addition to technological transfer.

(ix) The Government should provide housing or soft loans (subsidy) to people who would wish to build or purchase houses in order to reduce the problem of informal housing in the major towns of the country.

(x) Government should invest in the use of cheap but locally available resources in the construction of housing so as to reduce the cost of construction and hence make it affordable to the low income earners.

(xi) The Ministry of housing should provide information on efficient and affordable construction techniques and building materials for the self help housing sector.