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THIRTEENTH PARLIAMENT – SECOND SESSION – 2023

DIRECTORATE OF DEPARTMENTAL COMMITTEES
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON:

THE DIGITAL HEALTH BILL, 2023 (NA BILL NO. 57 OF 2023)

 THE NATIONAL ASSEMBLY PAPERS L A I D	
DATE: 26 SEP 2023	DAY: Tuesday
TABLED BY:	Hon. (Dr.) Robert Pukose (Chairperson, Committee on Health)
CLERK AT THE DESK:	Inzapo Mwale

CLERKS CHAMBERS
DIRECTORATE OF DEPARTMENTAL COMMITTEES
PARLIAMENT BUILDINGS
NAIROBI

SEPTEMBER, 2023

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FOREWORD BY THE CHAIRPERSON

This report contains proceedings of the Departmental Committee on Health on its consideration of the Digital Health Bill, 2023 (NA Bill No. 57 of 2023), by the Leader of the Majority Party, Hon. Kimani Ichung'wah which was published on 8th September 2023. The Bill was read the first time on Thursday, 14th September 2023, and was thereafter committed to the Departmental Committee on health for consideration and reporting to the House pursuant to the provision of Standing Order 127.

The Bill has sixty-one (61) clauses and seeks to provide a framework for the provision of digital health services, to establish the Digital Health Agency, to establish a comprehensive integrated digital health information system and to provide for data governance and protection of personal health information in service delivery through digital health interventions, e-waste disposal and health tourism.

Following placement of advertisements in the print media on Friday, 15th September, 2023 and Saturday, 16th September 2023 seeking public and stakeholder views on the Bill pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3), the Committee received memoranda from several individuals and institutions as enumerated in Part III of the Report.

The Committee requested memoranda from several key stakeholders including the Ministry of Health, the Ministry of ICT, the Office of the Attorney-General and Department of Justice, the Kenya Law Reform Commission, the National Health Insurance Fund, the ICT Authority, the Kenya Medical and Dentists Practitioners Council, the Office of the Data Protection Commissioner, the Kenya National Commission on Human Rights, the National Gender and Equality Commission, the Commission on Administrative Justice, the Council of Governors, the County Assemblies Forum, the Law Society of Kenya, the Kenya Association of Manufacturers, the Kenya Medical Association, The Federation of Kenya Employers, the Central Organization of Trade Unions, the Kenya Private Sector Alliance, the Consumers Federation of Kenya and the Kenya Association of Private Hospitals vide letters REF: NA/DDC/DC-H/2023/088 and REF: NA/DDC/DC-H/2023/089 dated 15th September 2023.

The Committee also engaged the Ministry of Health and the Council of Governors on 17th to 20th September 2023 in Mombasa County. The Committee further engaged the Kenya Association of Private Hospitals and the National Health Insurance Fund on 22nd to 25th September 2023 in Machakos County.

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its sittings. The Committee further wishes to thank all stakeholders who submitted their memoranda on the Bill. Finally, I wish to express my appreciation to the Honourable Members of the Committee and the Committee Secretariat who made useful contributions towards the consideration of the Bill and production of this report.

On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 199 (6), it is my pleasant privilege and honour to present to this House the Report of the Committee on its consideration of the Digital Health Bill, 2023 (NA Bill No. 57 of 2023). It is my pleasure to report that the Committee has considered the Digital Health Bill, 2023 (NA Bill No. 57 of 2023) and has the honour to report back to the National Assembly with the recommendation that the Bill be **approved with amendments as reported by the Committee.**

Hon. Dr. Robert Pukose, M.P.
Chairperson, Departmental Committee on Health

CHAPTER ONE

1.0 PREFACE

1.1 ESTABLISHMENT AND MANDATE OF THE COMMITTEE

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. The mandate and functions of the Committee include:
 - a) *To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;*
 - b) *To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;*
 - ba) *on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;*
 - c) *To study and review all legislation referred to it;*
 - d) *To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;*
 - e) *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;*
 - f) *Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments);*
 - g) *To examine treaties, agreements and conventions;*
 - h) *To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
 - i) *To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
 - j) *To examine any questions raised by Members on a matter within its mandate.*
2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
3. In executing its mandate, the Committee oversees the Ministry of Health with its two State Departments namely the State Department for Medical Services and the State Department for Public Health and Professional Standards.

1.2 COMMITTEE MEMBERSHIP

4. The Departmental Committee on Health was constituted by the House on 27th October 2022 and comprises of the following Members:

Chairperson

Hon. (Dr.) Robert Pukose, MP
Endebes Constituency
UDA Party

Vice-Chairperson

Hon. Ntwiga, Patrick Munene MP
Chuka/Igambang'ombe Constituency
UDA Party

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)
UDA Party

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency
Ford Kenya Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency
UDA Party

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)
UDA Party

Hon. (Dr.) Nyikal James Wambura , MP
Seme Constituency
ODM Party

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency
ODM Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. (Prof.) Jaldesa GuyoWaqo, MP
Moyale Constituency
UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ANC Party

1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following Members of Staff:

Mr. Hassan Abdullahi Arale
Clerk Assistant I/Head of Secretariat

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel II

Ms. Abigael Muinde
Research Officer III

Ms. Faith Chepkemoi
Legal Counsel II

Mr. Hiram Kimuhu
Fiscal Analyst III

Mr. Yakub Ahmed
Media Relations Officer II

Mr. Benson Kimanzi
Serjeant-At-Arms III

Ms. Rahab Chepkilim
Audio Recording Officer II

Mr Salat Abdi Ali
Senior Serjeant-At-Arms

CHAPTER TWO

2.0 OVERVIEW OF THE DIGITAL HEALTH BILL, 2023 (NA BILL NO. 57 OF 2023)

6. The Digital Health Bill, 2023 (hereinafter referred to as “the Bill”) is sponsored by the Leader of the Majority Party. The principal object of the Bill is to provide a framework for the provision of digital health services, to establish the Digital Health Agency, to establish a comprehensive integrated digital health information system and to provide for data governance and protection of personal health information in service delivery through digital health interventions, e-waste disposal and health tourism.
7. **Part I (Clauses 1-4)** of the Bill provides for the preliminary provisions and outlines the purpose and objects of the Bill as well as the principles that shall guide the implementation of the Act. The objects of the Act are to:
 - (a) establish the Digital Health Agency;
 - (b) establish and maintain a comprehensive integrated health information system;
 - (c) promote innovation and the safe, efficient and effective use of technology for healthcare, including for continuity of care, emergency and disaster preparedness and disease surveillance;
 - (d) establish a regulatory framework for the e-Health ecosystem data life cycle;
 - (e) provide for privacy, confidentiality, and security of health data;
 - (f) develop standards for the provision of m-Health, telemedicine, and e-learning;
 - (g) establish a regulatory framework for e-waste management; and
 - (h) provide for the safe and secure transfer of personal, identifiable health data and client’s medical records to and from health facilities outside Kenya.
8. **Part II (Clauses 5-14)** of the Bill establishes the Digital Health Agency and provides for the Board, its functions, powers, qualification of members and appointment of the Chief Executive Officer among others. The functions of the Digital Health Agency are to:
 - (a) develop, operationalise and maintain the Comprehensive Integrated Health Information System to manage the core digital systems and the infrastructure required for its seamless health information exchange;
 - (b) establish registries, in consultation with other statutory authorities, at appropriate levels to create single source of truth in respect of clients, health facilities, healthcare providers, health products and technologies;
 - (c) promote adoption of best practices and standards for digital health that facilitate data exchange;

- (d) establish a system of shareable and portable personal health records, based on best practices and standards;
- (e) ensure health data portability;
- (f) facilitate collection and analysis of data to inform policy and research in the health sector;
- (g) promote the development of enterprise-class health application systems;
- (h) strengthen existing health information systems by ensuring their conformity with the prescribed standards and integration with the comprehensive integrated health information system;
- (i) develop and implement the infrastructure for health data exchange of health information in a secured manner;
- (j) maintain, in collaboration with the counties and other statutory authorities, the technological infrastructure necessary for the core digital health services;
- (k) support the development and implementation of standards for enhanced interoperability;
- (l) undertake resource mobilization for implementation of health digitization in the country;
- (m) certify digital health solutions based on best practices and standards;
- (n) advise the Cabinet Secretary on matters related to digital health; and
- (o) perform any other function for the better carrying out of functions under this Act.

The Board of the Digital Health Agency comprises of :

- (a) a non-executive chairperson who shall be competitively recruited and appointed by the President;
- (b) the Principal Secretary responsible for Health or a representative designated in writing;
- (c) the Principal Secretary responsible for National Treasury or a representative designated in writing;
- (d) the Principal Secretary responsible for Information, Communication and Technology or a representative designated in writing;
- (e) the Data Commissioner or a representative designated in writing;
- (f) one person nominated by the Council of County Governors;
- (g) one person representing the private sector appointed by the Cabinet Secretary;

- (h) two persons, not being public officers, appointed by the Cabinet Secretary by virtue of their knowledge and experience in digital health; and
 - (i) the Chief Executive Officer, who shall be an *ex-officio* member of the Board.
9. **Part III (Clauses 15-20)** of the Bill provides for the financial provisions including sources of funds for the Agency; the financial year; annual estimates; accounts and audit; annual report and bank accounts.
10. **Part IV (Clauses 21-24)** of the Bill provides for establishment and administration of the comprehensive integrated health information system which shall comprise of:
- (a) an Information and Communication Technology environment which consists of the underlying infrastructure, enterprise service bus, standards, data banks, data exchange, governance, actors and applications, internet enabled environment, and other related components;
 - (b) data collection, collation, analysis, reporting, storage, usage, sharing, retrieval, or archival;
 - (c) applications, infrastructure and tools, and best practices that enable access to and analysis of information to improve and optimise decisions and performance;
 - (d) data quality assurance and audit; and
 - (e) shared or common resources, including the national health data dictionary, client registry, facility registry, health worker registry, the Kenya Health Enterprise Architecture, product catalogue, interoperability layer, logistics management information services, shared health records, health management information services, and finance and insurance services.

The main objectives of the system shall be to—

- (a) facilitate people-centred quality health service delivery;
- (b) facilitate data collection and reporting at all levels;
- (c) enable secure health data sharing to ensure timely and informed interfacility health service delivery;
- (d) facilitate data processing and use for informed decision-making at all levels, including at individual patient level, for public health purposes and for resource allocation and management in the health sector;
- (e) safeguard the privacy, confidentiality, and security of health data for information sharing and use;
- (f) serve the health sector and facilitate in a progressive and equitable manner realisation of universal health coverage, to achieve the highest attainable standard of health; and
- (g) ensure standardisation of health data management.

11. **Part V (Clauses 25-29)** of the Bill provides for health data governance including classification of health data; and establishment of health data governance framework by the Cabinet Secretary in consultation with the Director-General. Under the Bill, health data has been classified into the following categories—
 - (a) sensitive personal level health data;
 - (b) administrative data;
 - (c) aggregate health data;
 - (d) medical equipment data; and
 - (e) research for health data.
12. **Part VI (Clauses 30-45)** of the Bill provides for confidentiality, privacy and security of data including security, privacy and disclosure of data in the system; retention and disposal of data in the system; establishment of health data banks; and the use of sensitive personal data; responsibilities of health controller of a health data bank.
13. **Part VII (Clauses 46-50)** of the Bill provides for e-health service delivery to be delivered through telemedicine, electronic health records, m-health, e-learning, telehealth and any other recognized e-health service.
14. **PART VIII (Clause 51)** of the Bill provides for e-waste management through development of guidelines for the safe handling and disposal of all health sector related e-waste material.
15. **Part IX (Clauses 52 and 53)** of the Bill deals with health tourism and it provides that the Cabinet Secretary shall take all necessary measures to safeguard the transfer of medical records to and from facilities outside Kenya.
16. **Part X (Clauses 54-61)** of the Bill provides for the miscellaneous provisions including protection from liability; conflict of interest; confidentiality; offences; regulations and compliance with the Data Protection Act, 2019.
17. **The Schedule to the Bill** details the provisions relating to the conduct of business and the affairs of the Board.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

18. Article 118 (1) (b) of the Constitution of Kenya provides as follows—

“Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees.”

19. Standing Order 127(3) provides that—

“The Departmental Committee to which a Bill is committed shall facilitate public participation on the Bill through an appropriate mechanism, including—

- (a) inviting submission of memoranda;*
- (b) holding public hearings;*
- (c) consulting relevant stakeholders in a sector; and*
- (d) consulting experts on technical subjects.*

20. Standing Order 127(3A) further provides that—

“The Departmental Committee shall take into account the views and recommendations of the public under paragraph (3) in its report to the House.”

3.2 PUBLIC PARTICIPATION AND STAKEHOLDER CONSULTATION

21. The Digital Health Bill, 2023 sponsored by the Leader of the Majority Party was published on 8th September 2023, and pursuant to Standing Order 127(1) of the National Assembly Standing Orders, the Bill was committed to the Departmental Committee on Health having been read the first time in the House on Thursday, 14th September 2023.
22. Following the committal of the Bill, the Committee invited memoranda from the public through the placement of advertisements in the print media on Friday, 15th September, 2023 and Saturday, 16th September 2023 and requested for memoranda from key stakeholders vide letters REF: NA/DDC/DC-H/2023/088 and REF: NA/DDC/DC-H/2023/089 dated 15th September 2023. The Committee also engaged the Ministry of Health and the Council of Governors on 17th to 20th September 2023 in Mombasa County. The Committee further engaged the Kenya Association of Private Hospitals and the National Health Insurance Fund on 22nd to 25th September 2023 in Machakos County.

3.3 SUBMISSIONS ON THE BILL

23. Following the call for memoranda, the Committee received submissions through oral presentation and written memoranda from the following institutions and individuals:

1. The Ministry of Health (MOH);

2. The Ministry of Information, Communications and the Digital Economy, State Department for ICT and Digital Economy;
 3. The Council of Governors (COG);
 4. The Kenya Medical Practitioners and Dentists Council (KMPDC);
 5. The Health Records and Information Management Officers and the Association of Medical Records Officers (Kenya) submitted a joint memorandum;
 6. BYON8;
 7. The Federation of Kenya Employers (FKE);
 8. Five (5) Civil Society Organisations (CSOs) namely Kenya AIDS NGOs Consortium (KANCO), Amnesty International Kenya, ICJ Kenya, People's Health Movement (PHM) and Institute of Public Finance (IPF) The Kiambu County Empowerment Network (KCEN) submitted a joint memorandum;
 9. Kenya Faith Based Health Services Consortium (KCCB, CHAK, MEDS SUPKEM);
 10. The Office of the Data Protection Commissioner (ODPC);
 11. The Kenya Medical Association;
 12. The Haki Yetu Organization;
 13. The Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN);
 14. Dr. Peter Ongwae;
 15. Dr. Emmanuel Mulaa;
 16. Hakijamii;
 17. The Smart Applications International Ltd;
 18. The Caucus on Disability Rights Advocacy (CDRA); and
 19. The United Disabled Persons of Kenya (UDPK).
24. The **Ministry of Health, State Department for Medical Services**, whilst expressing its support for the Bill indicated that the Ministry had conducted stakeholder engagement on the Bill and prepared a memorandum on consolidated feedback received from the stakeholder engagement. It further submitted that the memorandum is a true reflection of the stakeholder engagement and guided by the views received from the stakeholders, the Ministry proposed the following amendments:
- (a) Deletion of the word 'voluntarily' appearing in the definition of the words "health tourism" so as to encompass situations where a person is incapacitated;

- (b) Deletion of the word “pseudonymisation” and substituting therefor the word “pseudo-anonymisation” as the word pseudonymisation is also referred to as pseudo-anonymisation. The proposed amendment is therefore for clarity and uniformity purposes as both terms have been used in the Bill;
- (c) Insertion of the new definitions on de-identification, Medical Equipment data, Health Data and telehealth. The term “de-identification” is a type of health data that has been proposed for inclusion in the Bill while the terms “Medical Equipment data, Health Data Custodian and telehealth” have been mentioned in the Bill and needed to be defined;
- (d) Deletion of the word ‘Cabinet Secretary’ immediately after ‘without the prior approval of’ and substitution with ‘Parliament’ in Clause 7(1) as the Digital Health Agency should only be allowed to charge or dispose of any immovable property with the approval of the National Assembly not the Cabinet Secretary;
- (e) Insertion of the words “in accordance with National Treasury Guidelines” in Clause 7(2)(e) as adherence to National Treasury Guidelines must be explicit to avoid misappropriation of funds under the guise of investments;
- (f) Increase of the representation of county governments in the Board of the Digital Health Agency as several functions of the Comprehensive Health Information System established under the Bill will be implemented in collaboration with the County Governments;
- (g) Deletion of Clause 10(2) on co-option of members into the Committees of the Board of the Digital Health Agency as there is a probability that the clause may be misused based on precedence;
- (h) Amendment of Clause 11(1) to provide that the Chief Executive Officer of the Digital Health Agency shall be competitively recruited by the Board and appointed on the terms determined by the Board in consultation with the Salaries and Remunerations Commission;
- (i) Introduction of a provision that the Chief Executive Officer shall be the accounting officer of the Agency and that the CEO must have a master’s degree and has served in a management level for a period of at least five years;
- (j) Amendment of Clause 13 to make provision for the minimum qualifications and functions of the Corporation secretary;
- (k) Amendment of Clause 14 to delete the word ‘appoint’ and substitute the word ‘recruit’ as the Board recruits and does not appoint staff in accordance with the expertise required;
- (l) Redrafting of Clause 20 to the effect that the Chief Executive Officer may in accordance with the law relating to the management of public finance, open bank accounts on behalf of the Board with approval from the National Treasury and shall, as the accounting officer, be responsible for the proper management of the finances of the Agency;
- (m) Amendment of Clause 23 to provide that the Comprehensive Integrated Health Information system shall facilitate track and trace of health products and

technologies in the country. This will be for quality purposes as part of ensuring that only licensed HPTs are used in the country;

- (n) Amendment of Clause 25 by providing for a new category of de-identified, pseudo-anonymised, or anonymised individual-level health data which refers to the classification of health data which would fall under sensitive personal level health data that has been stripped of personal identifying information;
- (o) Amendment of Clause 31(2) by inserting a new exception on reasonably necessary for a lawful purpose in the storage of data in the Comprehensive Integrated Health Information system beyond ten years for alignment with section 39(1) and (2) of the Data Protection Act, No. 24 of 2019;
- (p) Amendment of Clause 35 by the cross reference of '15(2)' and replacing it with '30(2)' to correct the wrong cross reference;
- (q) Deletion of the words "aggregate data, medical equipment data or data related to health research, the" appearing in Clause 41 (1) and substituting therefor the words "health data", deletion of the words "sensitive personal" and substituting therefor the word "health" in the marginal note and deletion of the word "unintentionally" appearing in paragraph (g) of subclause (1) as Clause 41 deals with the breach of all data types not just sensitive personal data;
- (r) Deletion of the words 'five hundred thousand shillings' immediately after 'a fine not exceeding' and replacing it with 'five million shillings' in Clause 41(2) and insertion of the word "also" immediately after the words "the person shall" in Clause 41(3) as the penalty should take into consideration the impact of the crime and hence the proposal for stiffer penalties;
- (s) Deletion of the word 'a guardian' immediately after 'consent from' and substitution with 'the parent, an appointed guardian or next friend' in Clause 49(1)(h) and (i) so as to align with Clause 38 of the Bill which deals with the processing of personal data relating to a minor or a person without capacity;
- (t) Amendment of Clause 52(2) to specify that the requirements in paragraphs (b)-(d) in subclause (2) only apply in the case of health research or the conduct of a post-mortem;
- (u) Introduction of new provision to the effect that the Cabinet Secretary shall in consultation with the County Governments, and relevant lead agencies, develop guidelines on health tourism as there is need to develop regulations for health tourism in compliance with section 104 of the Health Act, No. 21 of 2017;
- (v) Deletion of the oath of the Board members provided in Clause 55;
- (w) Deletion of the word 'otherwise' immediately after 'disclose to any person' and substitution with 'other' in Clause 57(1) to correct a grammatical error; and
- (x) Amendment of the penalties in the Bill to enhance the fines from two hundred thousand shillings to one million shillings and imprisonment from one year to two years in Clause 59(1) and (2).

25. The **Ministry of Information, Communications and the Digital Economy, State Department for ICT and Digital Economy** made the following submissions:

- (a) That the State Department for ICT and Digital Economy has a fully-fledged Directorate of ICT at the Ministry of Health that can perform the functions provided in clause 6(a), (b), (d), (h), (i) and (k) as part of its mandate although the functions in clause 6(i) and (k) are a repetition of clause 6(a) and (c) respectively;
- (b) That the Agency cannot certify digital health solutions based on best practice and standards as provided in clause 6(m) as the Agency cannot implement and regulate itself and digital components can only be certified by the Ministry responsible for ICT.
- (c) That the State Department for ICT and Digital Economy has continually deployed and maintained ICT infrastructure including data centres, backbone fibre and last mile connectivity to government institutions include health care facilities;
- (d) That if every Ministry were to establish an Agency to manage its own integrated systems, sustainability would be a challenge to the economy further section 105 of the Health Act, 2017 does not provide for the creation of an Agency, it just mandates the Ministry of Health to facilitate the establishment and maintenance of a Comprehensive Integrated Information System. The creation of the Agency will lead to duplication and overlapping of functions with other MDAs and will encroach on the mandate of the Ministry responsible for ICT. The Ministry of Health should consider stakeholder engagement to address gaps, misrepresentation and duplication of functions;
- (e) That the Bill is silent on the role of Ministry responsible for ICT and the Directorate of ICT at the Ministry of Health in matters of digital health;
- (f) That some of the proposed functions of the Agency are being performed by other government agencies for instance e-waste management which is largely done by the National Environment Management Authority; and
- (g) That there is no need for the government to create an Agency as the Directorate of ICT at the Ministry of Health should be strengthened to execute its functions effectively.

26. The **Council of Governors** expressed its support for the Bill recognising its potential to revolutionise healthcare delivery and improve patient outcomes through integration of digital technologies. The Council submitted that the Ministry of Health had sufficiently provided the rationale for having the central authority as a body corporate. It further made the following submissions:

- (a) Amendment of Clause 5(1) to change the name of the Digital Health Agency to the 'Digital Health Service' as the term "agency" pre-supposes a principal-agent relationship yet the institution as conceptualised is independent;
- (b) Review of Clause 8 to increase the membership of the Council of County Governors from one to three members; and

- (c) Inclusion of transitional provisions so that the existing information systems and gains made are not lost and to further preserve and transition the human resources if any, in the Department dealing with digital health information.
27. The **Kenya Medical Practitioners and Dentists Council (KMPDC)** submitted as follows:
- (a) Amendment of Clause 6 to enumerate KMPDC as one of the statutory authorities referred to in the clause;
 - (b) Amendment of the composition of the Board to incorporate the Director-General of Health or a representative of a health regulatory body;
 - (c) Amendment of Clause 8(g) by inserting “in health” immediately after the words ‘private sector’ to emphasize that the representative of the private sector must come from the health sector;
 - (d) Deletion of Clause 47(1)(d) since there is no clear mechanism to regulate e-healthcare providers outside the borders of Kenya; and
 - (e) Amendment of Clause 49 to include issues of practice so that practitioners offering e-health services do so within their scope of practice.
28. The **Health Records and Information Managers (HRIM) Board and Association of Medical Records Officers (Kenya)** expressed their support to the government in its digitisation agenda in line with its manifesto. They, however, expressed concern that some sections of the Bill would create disharmony and confusion in the health sector. They submitted as follows:
- (a) Section 104 and 105 (3) of the Health Act, 2017 obligates the Cabinet Secretary and Director-General to facilitate the development of policy guidelines that ensure maintenance of a comprehensive integrated health information system but does not provide for the enactment of another legislation to facilitate this function. The Bill therefore undermines the Health Act, 2017 as the function of maintaining all health information systems is already being performed by HRIM professionals regulated by the HRIM Board under section 3(1) of the Health Records and Information Managers Act, 2016;
 - (b) The functions of the Digital Health Agency as proposed in the Bill conflict with the functions of the HRIM Board under the Health Records and Information Managers Act, 2016 as the latter advises the Cabinet Secretary on matters pertaining to health records and information management in the country;
 - (c) That HRIM professionals have not been included in the composition of the Board of the Digital Health Agency and yet they are key players on matters of digital health;
 - (d) That the Health Act, 2017 and the practice demands all health professionals must be regulated including those handling health records or patient data who must be licensed and regulated by the HRIM Board;

- (e) That the confidentiality of patient health information cannot be guaranteed as required under the Data Protection Act, No. 24 of 2019 if people deployed in the Digital Health Agency are not licensed;
- (f) The Bill is silent on the role of HRIM officers in health information management and does not provide transitional provisions on serving HRIM officers who are directly affected by the Bill and therefore renders thousands of HRIM professionals jobless;
- (g) That key stakeholders including training institutions, the private sector and Non-Governmental Organizations (NGOs) were not involved in the development of the Bill and have not been consulted;
- (h) That the Digital Health Agency will not be able to regulate the work of the private sector and NGOs; and
- (i) That the Bill, based on its objects and qualifications of Board members of the Digital Health Agency, is creating another cadre known as digital health or health informatics even though no gap in information management has been reported.

29. **BYON8**, a leading telehealth/ digital health application in Kenya expressed its support for the Bill and made the following submissions:

- (a) That telemedicine has been defined clearly in the Bill,
- (b) It is not clear who will license telemedicine providers between the Digital Health Agency and the Kenya Medical Practitioners and Dentists Council which is currently responsible for this licensure;
- (c) That the Digital Health Agency in collaboration with the relevant clinical boards ought to provide a licence linked to the provider licence with specific requirements tailor-made for digital health providers as opposed to the prevailing situation whereby the licence is based on clinical physical requirements and assets;
- (d) That the Bill should clarify whether other digital health providers such as e-pharmacies will also be regulated and licensed by the Digital Health Agency. It then recommended that a collaborative approach between the relevant clinical licensing boards be adopted to determine the appropriateness of specific digital health interventions and their respective clinical use cases;
- (e) That the Bill should set out how the Digital Health Agency will enforce well-recognised standards such as FHIR and Open EHR especially in the private sector;
- (f) That the Digital Health Agency will be critical in defining the standard operating procedures required for data integrity and appropriate methods for data-driven audits for the various digital health interventions in both the public and private sector;
- (g) That there is a clear distinction between general-purpose data controllers and data processors and the defined health data controllers and data processors as such the Office of the Data Protection Commissioner through the Digital

Health Agency ought to define the protocols required for health data protection in light of its sensitivity; and

- (h) Definition of the term “*Specific thresholds*” in the Bill so as determine appropriate licensing of digital health providers based on the digital assets in place to ensure patient data security.

30. The **Federation of Kenya Employers**, the premier and most representative employers’ body that employs 67% of formal private sector wage employees in Kenya, while acknowledging the importance of the Bill, proposed the following amendments:

- a) Insertion of the words “*as amended from time to time*” in the definition of the term “data commissioner” immediately after the words “Data Protection Act, 2019” so as not to render the reference obsolete;
- b) Deletion of the word “Authority” and substitution with the word “Agency” in clause 7 (2) to correct typographical mistake; and
- c) Amendment of clause 8(1)(g) to provide a clear criterion for nomination of the private sector representative by redrafting paragraph (g) as follows—

“one person nominated by the most representative Employers body, Federation of Kenya Employers and appointed by the Cabinet Secretary to represent the private sector;”.

31. The **Civil Society Organisations (CSOs)** working on health, governance and human rights namely **Kenya AIDS NGOs Consortium (KANCO)**, **Amnesty International Kenya**, **ICJ Kenya**, **People’s Health Movement (PHM)** and **Institute of Public Finance (IPF)** submitted as follows:

- a) That the Bill be renamed the “Health Data Governance Bill” to deal with general health data issues with the digital aspect being a mere component;
- b) Merger of the Bill with the E-Health Bill which seemingly addresses similar issues;
- c) That the health data governing principles in clause 26 should include the principles of protection the people, promotion of health values and prioritization of equity through provision of health data principles;
- d) Amendment of Clause 8 to include a Civil Society Organisation nominee in the Board of the Digital Health Agency;
- e) Provision of an exception in Clause 31 for the retention and disposal of health data to enable the transition of the data from the source to the National Data Bank;
- f) Amendment of the definition of ‘*consent*’ in Clause 37 to take into account the unique nature of the health sector;
- g) Amendment of Part VI to provide more details on the issues of purpose limitation, data minimisation, the responsibilities of healthcare institutions in data processing, healthcare practitioners’ responsibilities in data processing and incorporation of the Principles of Data Protection as provided in section 25 of the Data Protection Act, No. 24 of 2019;

- h) Amendment of Clause 42 to ensure that access to health data is seamless and to provide a penalty for refusal to provide access to the same; and
- i) Amendment of Part IX to provide for urgent sharing of patients' data for emergency purposes even to persons outside Kenya.

32. The **Kiambu County Empowerment Network**, a network of more than thirty (30) vibrant youth organisations Kiambu County whilst supporting the Bill, submitted as follows:

- (a) Inclusion of a member of the public to serve as a non-executive member of the Board of Directors of the Authority in Clause 8 to represent the interests and perspectives of the broader community and to ensure that the Board's decisions and actions are informed by the experiences and expectations of the citizens who will be directly affected by the Agency's operations;
- (b) Allocation of a dedicated and substantial space for youth representation on the Board so that the views of the youth are actively considered and integrated into the governance of the Agency fostering inter-generational collaboration and innovation; and
- (c) Amendment of Clause 18 and 19 on audit for transparency by ensuring public access to financial information, use of plain language summaries, public consultation on annual reports, engagement with stakeholders, providing a feedback mechanism and use of multi-language accessibility.

33. The **Kenya Faith Based Health Services Consortium** comprising of KCCB, CHAK, MEDS and SUPKEM whilst supporting the Bill and made following submissions:

- (a) That the Bill should require that *CEO holds office for a term of three years renewable once* in Clause 13(2) instead of five years in line with other health Bills and for uniformity with similar parastatals;
- (b) Deletion of Clause 13 (4) as it is not a competitive process and yet such an office should go through interviews like others; and
- (c) Amendment of Clause 28 (2) (a-c) to avoid duplication and centralise the functions within the National Government with limited delegation of roles to the counties.

34. The **Office of the Data Protection Commissioner** made the following submissions:

- (a) Amendment of the definition of a "health data processor" to mean "a natural or legal person, public authority, agency or other body which processes personal data on behalf of the data controller" so as to provide a standard definition.;
- (b) Deletion of the definition of the term 'data privacy' as its inclusion is too limiting;
- (c) Inclusion of a provision that states that "*The Agency may, in the performance of its functions collaborate with the Office of the Data Protection Commissioner,*" as the current provision will contradict the provisions of the Data Protection Act, No. 24 of 2019 and may cause conflict that may affect the independence of the Office of the Data Protection Commissioner;

- (d) Definition in Clause 2 of the terms “*sensitive health data*”, “*aggregate health data*” as used in Clause 25 and “*Personal health data*” as used in Clause 53;
 - (e) Amendment of Clause 31(2)(c) to provide that health data may be kept for longer than the prescribed twenty years for *historical, statistical and research purposes where the data is anonymised,*” so as to align with the principles of data protection;
 - (f) Deletion of the word “date” and substitution with the word “data” to correction a spelling error in Clause 39(1);
 - (g) Deletion of clause 41 and inclusion of a new provision that reads: “Any processing of personal and sensitive personal data shall be done in accordance with the Data Protection Act No. 24 of 2019.” This would ensure that any processing of personal or sensitive personal data is done in accordance with the Data Protection Act, No. 24 of 2019 and the Principles of Data Protection Principles which require transparency, confidentiality and integrity and accountability.
35. The **Kenya Medical Association (KMA)**, an umbrella professional association for doctors in Kenya, submitted as follows:
- (a) Inclusion of KMA on the Board of the Digital Health Agency under clause 8(1) (h) since physicians are the team leads in healthcare delivery teams.
 - (b) Amendment of clause 12 (1)(b) to require that the CEO of the Digital Health Agency ought to have a degree in health, health systems, and expertise in ICT as a background in health matters is a key qualification; and
 - (c) Private sector digital health should not be limited under Clause 25(1) of the Bill as digital health represents a new model for doctors to package, utilise and commercialise their knowledge.
36. The **Haki Yetu Organisation**, a Human Rights Organisation registered as Charitable Trust, submitted as follows:
- (a) The organization called on the Members of Parliament to exercise prudence and care while considering the Bill to ensure that they give Kenyans efficient and more practicable healthcare solutions and at the same time protecting citizens from exploitation;
 - (b) The organization proposed the amendment of offences and penalties in the Bill taking into account the principles of sentencing as the Bill presently relies more on the general offences and penalties provided under the Data Protection Act, No. 24 of 2019.
37. The **Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)** expressed their views as follows:
- (a) That the use of complex technical language in the Bill makes it difficult for the average person to understand;
 - (b) That the Bill should have clear provisions and guidelines to prevent unauthorised access, sharing or misuse of health data and clear consequences for such breaches;

- (c) The Bill to provide for customer care response line as it is an essential aspect of ensuring efficient service provision since individuals may seek assistance or report problems they encounter;
- (d) That more explicit language should be used and guidelines on how privacy and confidentiality will be implemented provided as vague provisions can lead to uncertainty in enforcement.
- (e) That qualified individuals should be appointed to the Board of the Digital Health Authority with minimal political influence to ensure the effective governance of health data;
- (f) A clear criterion for selection of the person representing the private sector as well as on selection of the two persons that are not public officers should be provided for to ensure transparency.
- (g) That there is no information regarding the role of county governments in the implementation of the Bill and the impact of the Bill on counties;
- (h) That clear guidelines on how health data should be collected, stored, shared and protected should be set out so as to maintain trust and security;
- (i) That besides setting a minimum retention period for health data, the manner of disposal of the same should also be provided to prevent ambiguity;
- (j) That there is need for more comprehensive guidance on implementation of modern technological safeguards to protect health data effectively;
- (k) The definition of “e-waste” should be substituted with “e-health waste”;
- (l) That CSOs ought to be incorporated into the governance structure under Bill to facilitate regulation oversight and accountability of contemporary and emerging technologies in digital health because it is ever evolving;
- (m) That a framework governing the collection, processing, sharing and disposal of data during and after public health emergencies should be provided
- (n) That paragraph (c), (d) and (e) of clause 41(1) should be substituted with “fails to disclose inauthentic access to the data governed by this Act”, improperly disposes sensitive data; and “shares health data under this Act to unauthorized party”.

38. **Dr. Peter Ongwae, the Pharmaceutical Society of Kenya Practice Chairman,** submitted as follows:

- (a) Inclusion of “tele-pharmacy” in clause 42 (1) and in the definition of “e-health” as it is one of the critical components of telemedicine or e-health and the same to be defined as the use of telecommunications technology to facilitate or enable the delivery of high-quality pharmacy services in situations where the patient or healthcare team does not have direct (in-person) contact with pharmacy staff;
- (b) That a clear criterion for the appointment of the representative of the private sector Clause 8(1)(g) be provided so as to ensure that the Board is constituted by competent persons; and

- (c) That the two persons to be appointed under Clause 8(1)(h) ought to be nominated by professional organisations namely the Kenya Medical Association (KMA) and Pharmaceutical Society of Kenya (PSK).

39. **Dr. Emmanuel Mulaa** submitted as follows:

- (a) Definition of e-health to be wide enough to include areas such as tele-dentistry, tele-radiology, tele-pharmacy amongst others;
- (b) Inclusion of one person nominated by the Council of Governors from among the County Directors of Health in Clause 8 as most healthcare service provision occurs at county level thus most data will be generated by county health facilities. Furthermore, the county director is the highest technical representation in the county health system;
- (c) Amendment of Clause 8(1)(g) to remove the representative of the private sector and substitute it with the Director-General of Health who will be the technical advisor to the Ministry of Health;
- (d) Amendment of Clause 8(1)(h) to specify that the two persons appointed by the Cabinet Secretary should be a representative of patients' interests selected from patient interest groups and a health professional with knowledge and experience in digital health;
- (e) That the data controller should be a health professional who understands the importance of such data so as to facilitate fast transmission, to maintain and transmit health data at the national level as need be. Similar qualification should apply to the data controller at county level.

40. **Hakijamii** made the following submissions:

- (a) Amendment of Clause 4 to provide a new guiding principle that "Every person has the right to the highest attainable standards of health" which will emphasize the right to healthcare services as provided in Article 43 (1)(a) of the Constitution;
- (b) Amendment of Clause 8 to provide for a representative of informal sector associations in the Board of the Digital Health Agency for inclusivity and to safeguard the interests of communities;
- (c) Amendment of Clause 26 to include new governing principles: the highest attainable standards of health for all and the right to healthcare services for alignment with Article 43 (1) (a) of the Constitution.

41. The **Smart Applications International Ltd** made the following submissions:

- (a) Amendment of clause 6 to provide that the Digital Health Agency ought to develop health data standards in consultation with existing health management information system providers at the onset as this collaborative approach will foster a more inclusive and robust framework;
- (b) Amendment of clause 27 to clarify that submissions to the Ministry of Health should not include personally identifiable data so that this will safeguard data controllers and processors from legal challenges related to the exposure of personal information;

- (c) That clause 32 and 33 allows health data banks to contain data the identifies individuals providing healthcare insurance which overlaps with the function of the Insurance Regulatory Authority specifically on registration and identification of health insurance providers. This overlap should be addressed to prevent duplication and streamline responsibilities;
- (d) That the number of independent e-health technocrats from two to three members on the Digital Health Agency in clause 8 of the Bill so as to provide a more balanced and knowledgeable perspective on e-health matters which will ensure effective governance and decision-making; and
- (e) That various clauses of the Bill categorizes the loss of Healthcare Data as an offence which may bring about. To ensure fairness and proportionality and to avoid undue punishment in cases of inadvertent, accidental, or force majeure data loss, it is essential to establish a mechanism for assessing and analysing the circumstances surrounding data loss before deeming it an offence.

42. The Caucus on Disability Rights Advocacy (CDRA) and the United Disabled Persons of Kenya (UDPK) submitted as follows:

- (a) Amendment of clause 4 to include the guiding principles of accessibility, inclusivity and non-discrimination;
- (b) The definition of the term “consent” should seek to enhance opportunities including provision of reasonable accommodation for a person with a disability to make informed choices regardless of their disabilities or vulnerabilities;
- (c) That the definition of “data disaggregation” be included to mean the presentation of numerical and non-numerical data broken down into detailed sub-categories and specific dimensions including age, sex and disability to illuminate underlying trends and patters in healthcare system;
- (d) Amendment of clause 5(b) to provide that the Digital Health Agency shall “establish registries in consultation with other statutory authorities and non-state actors, at appropriate levels to create single source of truth in respect of clients, health facilities, health providers, health products and technologies” as data collection exercise in healthcare systems needs to be exhaustive and comprehensive;
- (e) Amendment of clause 5(e) to provide that the Digital Health Agency shall “ensure health data accessibility and portability” which will guarantee seamless access to information as guaranteed in the Constitution and other legal frameworks;
- (f) Amendment of clause 8(1) to insert a new paragraph to provide for on person with a disability representing persons with disabilities on the Board of the Digital Health Agency as there is a close nexus between disability and health;
- (g) Deletion of clause 8(4) as is not clear what constitutes mental or physical infirmity and the clause could be applied arbitrary;

- (h) Amendment of clause 21(3) to provide that “ The Comprehensive Integrated Health Information System shall operate as a point of collection, collation, disaggregation, analysis, reporting, storage, usage..... ”as data disaggregation is a key component when it comes to data driven planning and resource allocation;
 - (i) Amendment of clause 33 by inserting a new paragraph (j) on development of targeted healthcare service interventions and programmes as sensitive personal data held at the data bank should be used to analyse certain patterns of diverse groups of identities in various dimension including location, age and disability;
 - (j) Amendment of clause 42(1) to add accessible formats and clause 42(2) to add accommodative to the data subject and to delink execution of clause 42 from the provisions in the Data Protection Act 2019 by deleting section 42 (3)
 - (k) Amendment of clause 49(1) (h) for the deletion of “mentally ill” and substitution with “person who cannot give consent” as the former has been used to legally disfranchise persons with disabilities from participating on societal affairs on an equal basis.
43. The **Kenya Association of Manufacturers (KAM)** in a letter dated 22nd September, 2023 acknowledged receipt of the National Assembly’s letter REF:NA/DDC/DC-H/2023/(089) requesting KAM’s views on the Bill and requested for extension of time to submit the same.
44. The Report contains an analysis of the above stakeholder submissions on the Bill noting the general comments in support of or against the amendments. The analysis is presented in a table annexed to this report as Annexure 5 which highlights the stakeholder comments and the Committee resolution on the various clauses of the Bill.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATIONS

45. The Committee, having considered the Digital Health Bill, 2023, National Assembly Bill No. 57 of 2023 and submissions from stakeholders, made the following observations:

- (a) The Bill establishes a comprehensive integrated digital health information system in fulfillment of section 105 of the Health Act, No. 21 of 2017 which obligates the Cabinet Secretary to establish an integrated comprehensive health information system relating to the national government health functions and to every county in respect of their county functions. The Bill therefore seeks to consolidate and harmonize information obtained from both levels of government;
- (b) The Bill sets the minimum standards applicable for the establishment and maintenance of digital health information systems. It further provides the mechanism for inter-connectivity between each county information system and the national system. This will assist both levels of government in coming up with consumer-focused and prevention-oriented care at all levels of healthcare services, which will ultimately reduce the disease burden in the country;
- (c) The Bill facilitates the realization of the right to protection of personal information as guaranteed under Article 31 of the Constitution of Kenya, 2010 and under the Data Protection Act, No. 24 of 2019. The enactment of the Data Protection Act, No. 24 of 2019 presented new challenges for the health sector in Kenya as the sector handles sensitive patient data whose protection requires more safeguards. The Bill therefore fills this gap which is crucial in light of the fact that privacy concerns and data breaches are now more prevalent;
- (d) The Bill enhances the health data governance framework in the country by requiring health care providers and health facilities to adopt mechanisms to ensure the safety and security of patient information. It also gives Kenyans the ability to have more control over their personal data particularly in health facilities as they must provide consent before the collection, processing and sharing of their personal health related information; and
- (e) The Bill further regulates the processing of health data and in particular health data that contains sensitive personal data, through technological mediums such as telemedicine. In this regard, the Bill requires health care providers and technology platforms that offer telemedicine to put in place several safeguards including anonymization and de-identification of sensitive personal data. In this way, the Bill regulates the largely unregulated telemedicine and e-health platforms among others, which will guarantee the safety of Kenyans using such platforms.


CHAPTER FIVE

COMMITTEE RECOMMENDATIONS

The Committee recommends that the House adopts the Digital Health Bill, 2023 (National Assembly Bill No 57 of 2023) with amendments

SIGNED.......... DATE..... 24/09/2023.....

HON. DR. ROBERT PUKOSE, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 26 SEP 2023	DAY: Tuesday
TABLED BY:	Hon. (Dr.) Robert Pukose (Chairperson, Committee on Health)
CLERK-AT THE TABLE:	Inzofu Mwale

CHAPTER SIX

5.0 SCHEDULE OF AMENDMENTS

46. Upon considering the Digital Health Bill, 2023, National Assembly Bill No. 57 of 2023 and submissions from stakeholders, the Committee recommends that the Bill be passed with the following amendments:

CLAUSE 2

THAT Clause 2 of the Bill be amended by—

- (a) deleting the definition of the term “health care provider” and substituting therefor the following new definition—

“healthcare provider” has the meaning assigned to it under the Health Act, 2017;

- (b) deleting the definition of the term “health care services” and substituting therefor the following new definition—

“health care services” has the meaning assigned to it under the Health Act, 2017;

- (c) deleting the definition of the term “health facility” and substituting therefor the following new definition—

“health facility” has the meaning assigned to it under the Health Act, 2017;

Justification: To align these definitions with the Health Act, No. 21 of 2017.

- (d) deleting the word ‘voluntarily’ appearing in the definition of term “health tourism”;

Justification: To provide for situations where a person is incapacitated.

- (e) deleting the word “pseudonymisation” and substituting therefor the word “pseudo-anonymization”;

Justification: The words “pseudonymisation” and “pseudo-anonymization” are synonymous however the latter has been used in the Bill.

- (f) inserting the following new definitions in the proper alphabetical sequence—

“de-identification” means removing or hiding personal information from records in such a way that the remaining information cannot be used to identify an individual;

“medical equipment data” means data relating to a medical equipment and contains manufacturer-provided information and client-created inventory information about such equipment and may include exhaust digital data and individual data that may be classified as sensitive data under the Data Protection Act, 2019;

“health data custodian” a person or organization that possesses legal custody over health data;

“telehealth” means the use of electronic information and telecommunications technologies including videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications, to support long-distance clinical health care, patient and professional health-related education, public health and health administration;

Justification: The proposed definitions are not defined and yet they are used in the Bill.

CLAUSE 3

THAT Clause 3 of the Bill be amended in paragraph (h) by inserting the words “within and” immediately after the words “health facilities”.

Justification: To provide sharing of data locally and internationally.

CLAUSE 7

THAT Clause 7 of the Bill be amended by—

- (a) deleting the term “Authority” appearing in sub-clause (2)(a) and substituting therefor the term “Agency”.

Justification: Clause 5 of the Bill establishes the Digital Health Agency.

- (b) by deleting the term “Cabinet Secretary” appearing in paragraph (a) of sub-clause (2) and substituting therefor the term “National Assembly”; and

Justification: The decision to charge or dispose immovable property requires the approval of the National Assembly.

CLAUSE 8

THAT Clause 8 of the Bill be amended—

- (a) in sub-clause (1) by—
 - (i) deleting the words “competitively recruited and” appearing in paragraph (a)

Justification: Board Chairs of State Corporations are appointed by the President.

- (ii) deleting paragraph (f);
- (iii) deleting paragraph (h) and substituting therefor the following new paragraph (h)—

“(h) three persons, not being Governors, nominated by the Council of County Governors with knowledge and experience in matters of digital health”;



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – SECOND SESSION (2023)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF THE DEPARTMENTAL COMMITTEE ON HEALTH ON THE DIGITAL HEALTH BILL, 2023

We, the undersigned Members of the Departmental Committee on Health do hereby append our signatures to adopt this Report Date: 24/9/2023

NO	NAME	SIGNATURE
1.	The Hon. Dr. Pukose Robert, M.P -Chairperson	
2.	The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson.	
3.	The Hon. Dr. Nyikal James Wambura, M.P.	
4.	The Hon. Titus Khamala, M.P	
5.	The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS,M.P.	
6.	The Hon. Prof. Jaldesa Guyo Waqo, M.P.	
7.	The Hon. Owino Martin Peters, M.P.	
8.	The Hon. Wanyonyi Martin Pepela, M.P	
9.	The Hon. Lenguris Pauline, M.P	
10.	The Hon. Mary Maingi, MP	
11.	The Hon. Muge Cynthia Jepkosgei, M.P	
12.	The Hon. Oron Joshua Odongo, M.P.	
13.	The Hon. Kibagendi Antony, M.P.	
14.	The Hon. Mathenge Duncan Maina, M.P	
15.	The Hon. Kipngor Reuben Kiborek, M.P	

Health committee