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**REPORT ON THE HEALTH COMMITTEE'S
ACTIVITIES FOR THE FIRST HALF OF THE
YEAR 2004.**

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1.1 INTRODUCTION

In the Standing Orders, there is a provision for Departmental Committees and in particular, Standing Order 151 makes this provision. It is under this provision that the Health Committee is constituted. The Health Committee is dedicated to earnestly and with dedication address the issues affecting the various ministries and departments that they are concerned with. The current Health Committee took tenure last year (2003) with the election of the new parliament. It comprises the following members:

- Hon. (Dr.) Gurach Galgalo, MP – Chairman
- Hon. Kalembe Ndile, MP
- Hon. (Dr.) Mohammed Kuti, MP
- Hon. (Dr.) Bonny Khalwale, MP
- Hon. Reuben Ndolo, MP
- Hon. Zebedeo Opore, MP
- Hon. (Dr.) Naomi Shabaan, MP
- Hon. (Dr.) Hezron Manduku, MP
- Hon. Joe Khamisi, MP
- Hon. Norman Nyagah, MP
- Hon. Ochola Ogur, MP

During the first half of the third session of the Ninth Parliament, the Health Committee has been involved in a number of activities among them workshops, seminars, and visits to various countries and health institutions. These activities have been aimed at acquiring a better grasp of the health issues on the ground and also, to be able to make comparative analysis of how other countries handle their health issues. This report is a summary of the activities of the Health Committee so far and a brief description of what each activity entailed.

2.1 ACTIVITIES IN CHRONOLOGICAL ORDER

2.1.1 The HIV and AIDS Prevention and Control Bill, 2003

This bill addressed a number of issues: HIV and AIDS education and information, safe practices and procedures, testing, screening and accessing health care services, confidentiality, transmission of HIV, the setting up of an equity tribunal, discriminatory acts and policies, research and miscellaneous provisions. The bill was published but is still as yet to be taken to the House for its First Reading.

2.1.2 Report on a Visit to the Social Security and National Insurance Trust of Ghana, March 22nd – March 26th 2004

The Health Committee visited the Social Security and National Insurance Trust (SSNIT) of Ghana on March 22nd -26th 2004. The committee toured the major divisions of Operations, Investment and Development, Finance & Information Technology. Through this visit, the members were able to learn the following things about the SSNIT.

The SSNIT's vision is to develop it into a world-class financial institution dedicated to promoting economic security of the Ghanaian workers. The mission is to provide cutting edge income replacement schemes to Ghanaian workers and their dependants in the event of old age, permanent disability or death through a motivated staff.

SSNIT has invested in corporate loans, stock market, student loan schemes and both commercial and residential properties. They also invested in intensive pre-conversion education and training for its entire staff including messengers and managers. It also introduced a public education programme that targeted the citizens in their various capacities.

SSNIT is involved in payment of benefits, claims processing, customer care and 5 year strategic plans. Their district offices are very effective and are involved in data entry and verification, collecting contributions, investigations, receiving benefit forms and payment of lump some benefits.

The SSNIT Finance Department plays a pivotal role in the entire process of benefit payment and collection of contributions. The SSNIT Trust Fund has three main computer Systems namely Sun System (Finance), Oracle System (Human Resource Management), and the District Operations System (Field Offices). It was noted that although most officers have their personal computers there is still a lot of paper work and manual functions. The SSNIT Investments Department has heavily invested in property and money market through their Investments Division. All in all the conversion and running of the institution is largely a success worth borrowing from.

2.1.3 Report on the Visit to Kenyatta National Hospital on 8th April 2004.

The Committee met with the Hon. Charity Ngilu, MP- Minister for Health and the Director of the Kenyatta National Hospital on Operations, Dr. Florence

Musau. Dr. Musau briefed the committee on the general background and vision of Kenyatta Hospital. Its vision is *'To be a regional centre of excellence in the provision of specialised services in health care.'*

Its mission - to provide quality health care, medical training, research and participate in national health planning. The hospital was established in 1901 with a bed capacity of 40. In 1987, KNH became a state corporation with a Board of Management.

Dr. Musau gave a presentation on the operations of the hospital. The committee heard that KNH has 50 wards, 20 out patient clinics, 24 theatres (16 specialised), accident and emergency departments. The current bed capacity is 18800. 60% of patients in the medical ward have HIV related problems and are unable to pay. In addition due to the prevailing economic circumstances 80% of all general patients are unable to pay for the medical services provided. The hospital has an authorised staff establishment of 6212 members with an in-post of 5225 members.

The bulk of money that KNH receives comes from the Exchequer while the rest, about 20% comes from cost sharing. The hospital has received no development funds from the Central Government over the last 7 years. During the 2003/2004 the hospital budget was 5 billion but it was allocated only 2.3 billion and this amount was extremely inadequate. Key specialised services of the hospital are in critical situation, towards closure. The hospital over the last few years has been waiving to upwards of Kshs. 250 million every year for patients who are unable to pay. These waivers have resulted to insufficient revenue collection and affect the quality of patient care.

The equipment at KNH acquired through various donors like the World Bank as far as 1992 are unreliable in diagnosis and treatment and allocation of funds for acquisition of equipment would go a long way in ensuring that the hospital can provide efficient services. The total fund approximated at procuring equipment needed at the various departments came to Kshs. 733,000,000.

The equipment at the departments of radiotherapy, kitchen, x-rays, laboratory, oxygen production machines and laundry were largely non- functional. The patient wards were shockingly congested and in excess.

Strategies suggested that would help in the short and long term running of the hospital included emergency funding by the Ministry of Health, cost cutting measures through prudent financial management to reduce fraud, wastage and abuse of resources, computerisation of key departments, restructuring the

referral system to decongest KNH and replacement of obsolete equipment. Long term measures include developing revenue/cost centres, soliciting for grants and donations and developing other specialised public facilities e.g. Trauma Centre, infection disease hospital and Paediatric Hospital.

The committee also made a short visit to the Kenya Medical Training College and agreed with the concerned persons that a visit will be made within a month, as there was a time constraint.

2.1.4 NSSF Reform Workshop for Policy Makers, Amboseli Serena Lodge, 16th – 17th April, 2004

The members of the Health Committee attended this two day workshop to get more information and various views on the modalities of enacting a National Health Scheme. Apart from the members of the Health Committee, also in attendance was the Minister for Labour and Human Resource Development, Ambassador Chirau Ali Makwere, Members of the Board of Trustees, Resource Persons from Geneva and other parts of Africa, World Bank and UNDP Country Representatives and workshop participants.

The following activities, presentations and speeches took place during the two day workshop:

- Introductory remarks by the Managing Trustee
- Chairman's opening remarks
- Speech by Minister for Labour and Human Resource Development
- Notes on public retirement benefits reforms
- Meeting the Social Security needs of Kenyans
- The need to develop a National Social Security Policy and the conversion of NSSF into a Social Insurance Pension Fund
- Legal framework for reform on NSSF
- Social Security Systems in Mauritius
- TANZANIA: The role of Government in bringing about quality Social Security service in the country
- GHANA: Conversion process – Public Relations challenges
- GAMBIA: Measuring performance of Social Security Administration
- THE ZAMBIAN EXPERIENCE: Conversion of a Provident Fund to a Pension Scheme

2.1.4 (a) Introductory Remarks by the Managing Trustee, Mr. Naftali O. Mogere

Mr. Mogere welcomed the workshop participants to the venue and stated the main objective of the workshop: *to reaffirm the stakeholders' consensus on the need to reform the NSSF and have its present Act amended.*

2.1.4 (b) Chairman's Opening Remarks

The chairman welcomed the participants and was especially pleased with the presence of the Minister for Labour and Human Resource Development as that was the first time that the Minister for labour had ever opened the NSSF policy review workshop since NSSF became a statutory body in 1988. He said that the workshop had come at the apex of a series of seminars and for a cross section of the stakeholders including members of staff at various levels, trade unionists, employers and Members of the Board of Trustees.

He stated that the workshop was aimed at policy makers hence the reason why members of parliament had been invited. He restated their objective, which has been to involve the stakeholders in the formulation of critical changes that will lead to a widened mandate of the Fund so that such changes take full cognisance of the general expectations of the people.

2.1.4 (c) Speech by Ambassador Chirau Ali Makwere, Minister for Labour and Human Resource Development

The minister expressed his gratitude at being invited to participate in the workshop. He acknowledged the timeliness of the workshop and its importance reminding the participants that Kenya is one of the very few countries which have not yet made progress on the National Provident Fund Scheme, which was to later be turned into a fully fledged Social Security Scheme. This was a great pity as Kenya was one of the few African countries in the 1960's that saw the need for doing so.

He reiterated the Government's commitment to stop the plunder and misuse of NSSF resources and reform the institution citing the Government Paper on Economic Recovery Strategy for Wealth and Employment Creation for 2003 – 2007. The Minister reminded the participants that NSSF has the capacity to be the largest single mobilizer of public savings to provide the much needed pool of funds for socio-economic projects.

2.1.4 (d) Notes on public retirement benefits reforms – W.R G McGillivray, ISSA, Geneva

McGillivray addressed two issues: reform of NSSF provident fund into a more adequate, more effective and more sustainable system of social protection; and provision of social protection to workers who are not in wage and salaried employment. He started by presenting evolution of Provident Fund Schemes in various countries some of them being Malaysia, Singapore, Fiji, Tanzania among others. He also presented information on retirement benefits for workers in wage/salaried employment and retirement benefits for workers not in wage/salaried employment. For these two categories, he addressed the social protection needs and which of those needs can be met by social security. He concluded his presentation with suggestions on how to implement the reforms.

2.1.4 (e) Meeting the Social Security needs of Kenyans – Alexander Forbes, Consultants & Actuaries

This presentation, which took the form of a power point presentation, was divided into two parts: Part A looked at the *need for a social protection policy in Kenya*. This was looked at by first stating the need and then, proposing a home-grown social protection policy. Part B dealt with *proposed social insurance scheme model* which was presented in terms of design and structure, actuarial method and assumptions, financing and contribution rates and other miscellaneous issues. The presentation defined social security, its benefits, and then went ahead to look at Part A and Part B (refer above).

2.1.4 (f) The need to develop a National Social Security Policy and the conversion of NSSF into a Social Insurance Pension Fund – Hon. Peter Oloo Aringo, E.G.H., M.P, Vice Chairman, Parliamentary Service Commission

Hon. Aringo presented a paper which gave an in depth view of what the conversion of the NSSF to a Social Insurance Pension Fund would mean in terms of reality on the ground. He starts the paper by looking at the constitutional rationale for a social security policy. Referring to the Draft Constitution, Part II, Section 38, which articulates the rights and freedoms of older members of society; and Part II, Section 60, which deals with Social Security, he argues that the proposed conversion is important. He also goes ahead to stipulate some considerations for the Amendment Act, what the scheme conversion will achieve, what the current Act defaults and key considerations for the Fund's

investment policy which are: safety, high yield liquidity, maintenance of assets value, harmony with public interest and diversification.

2.1.4 (g) Legal framework for reform on NSSF – Consultants, Akich Okola and Professor Arthur Eshiwani

This presentation was a report by consulting personnel who had been charged by the NSSF to determine whether, with the proposed conversion of the Provident Fund to a fully fledged Social Insurance Scheme, the current legal framework under which the NSSF is constituted provides an appropriate and sufficient foundation for realisation of this objective.

The terms of reference for the consultants included reviewing the existing statute establishing the NSSF; reviewing all other laws relating to pension schemes in Kenya; reviewing current modules of social insurance schemes in other countries as well as practices; reviewing of the Retirement Benefit Authority Act (RBA) in so far as it affects NSSF; reviewing all background documents and proposals for reform on NSSF; recommending amendments to other legislations; providing for mandatory requirements in the new Act for employers and employees to contribute to the NSSF; and to oversee the enactment of the new Act and rules made thereunder.

In order to meet these terms of reference, the consultants handled the work in a three phase manner. The first phase was information gathering, which lasted two weeks. This involved collecting all legislation that was relevant. The second phase was the diagnostic survey which was aimed at attaining a clear understanding of the prevailing social insurance environment in Kenya, which was done by critically looking at all the information gathered. The third phase was drafting of new legislation, which was seen as necessary as an Amendment of the existing Act was not feasible. As per the time of the presentation, the third phase was still going on.

2.1.4 (h) Social Security Systems in Mauritius – A.W. Chummun, Assistant Commissioner, Ministry of Social Security

Mauritius has a well developed Social Security system; in fact, Mauritius has a Ministry of Social Security whose mission statement is *to protect, promote and enhance social welfare and national solidarity*. The Social Security system has evolved from poor law ordinance in its early days to National Savings fund Act in 1995. The current social security system is a 3 Tier system comprising of three pillars: the first pillar is basic pensions, the second pillar is contributory pensions

– NPF/NSF, Civil Servants Scheme and Parastatal Bodies Schemes while the third pillar is Private Insurance. The Mauritius Social Security System is well developed which is further evidenced by the fact that they have a Ministry on Social Security.

2.1.4 (i) TANZANIA: The role of Government in bringing about quality Social Security service in the country – M/s Kate Bandawe, Deputy Director General, National Social Security Fund

This presentation by M/s Bandawe starts by emphasizing the importance of Social Security which she says is a public good that cannot be subjected to market forces of supply and demand and which remains very inadequate in most developing countries. She goes on to address the common problems experienced by developing countries; the importance of a social security service in a country; major trends in restructuring social security sector; social security development in East Africa – a look at Tanzania, Kenya and Uganda; the role of the government in the process; and the roles of other social partners.

2.1.4 (j) GHANA: Conversion process – Public Relations challenges, Social Security and National Insurance Trust (SSNIT)

As stated in an earlier report, the SSNIT suffered from a poor image and poor working conditions having poorly trained staff. Some of the public relations challenges came in the following areas: investment, staff education, and public education. These challenges were countered in the following ways: one, SSNIT launched nation wide education which consisted of face to face, radio and television programmes; it reviewed the public education campaign; corporate image/organisation changes; and engaged in massive public awareness when launching the new scheme.

Some post launch issues arose and these included transitional arrangements while the current challenges of SSNIT include level of benefits, parallel schemes and improving service delivery.

2.1.4 (k) GAMBIA: Measuring performance of Social Security Administration – Andrew G. Sylva, Managing Director, Social Security and Housing Finance Corporation

This paper was initially prepared for presentation at the International Social Security Association (ISSA) Meeting of Directors of Social Security Organizations

in English speaking Africa scheduled in Banjul, The Gambia from 7th to 9th October 2003.

Performance measurement is a management tool that managers are increasingly adopting in the face of the major challenges they are confronted with in their bid to improve productivity, efficiency and service quality. Performance measurement is done by evaluating performance by use of measurable indicators.

The paper starts with a background of performance management, followed by the concept and objectives of the Performance Contract (PC) and Memorandum of Understanding (MOU). Next, the paper looks at tools and techniques for evaluating the performance of organizations which include performance indicators which can be quantitative or qualitative, performance targets and weights, and incentive and sanctions. The paper then looks at the achievements and setbacks of SSHFC and ends by looking at the suitability of contract tools and techniques highlighted in the paper for application to social security administrations especially in English speaking African countries.

2.1.4 (I) THE ZAMBIAN EXPERIENCE: Conversion of a Provident Fund to a Pension Scheme

This presentation started off by giving a brief background of the origins of the Zambia National Provident Fund (ZPNF), which was followed by its problems: low benefits, administrative problems, sub-optimal investments, and resistance to contribution rate adjustments. Next to be presented were the milestones achieved since 1991 when attempts to launch a new scheme were introduced to 2000 when the scheme commenced.

What follows in the presentation is information on the consultations and preparatory work done by various teams among them ILO/World Bank team in 1993/4 and experts contracted by the Government to lay the administrative framework in 1997.

The presentation also covered the scheme design starting with policy objectives, followed by membership, contributions, benefits, special provisions for ZPNF members, publicity, and staff migration. The scheme has major successes which include higher benefits, improved employee skills, improved investment platform and practices and greater public acceptance and respect for the scheme. The presentation ended with a summary of the lessons that the Zambian government learned from the whole process.

2.1.4 (m) Report on the National Social Health Insurance Scheme Parliamentarians Consultative Workshop on 1st – 2nd May 2004 At Leisure Lodge- Mombasa.

The workshop was organized to appraise the Parliamentary Health Committee and other stakeholders on the National social Health Insurance Scheme (NSHIS) and the Ministry of Health preparedness for the scheme. The Minister for Health opened the workshop and clearly outlined the government's vision on health sector reform efforts. The proposed scheme would focus on provision of affordable quality health care services.

The Parliamentary committee Chairman assured the Ministry of Health his committee's support in Parliament towards this initiative aimed at reforming the health sector. It was observed that health provision in Kenya had become worse in the last two decades, a situation exacerbated by the emerging challenges of HIV/AIDS as well as other diseases. In light of this trend there is a need to generate good policies by transforming NHIF to the National Health Insurance Scheme to enable equitable provision of quality health care services

The two day workshop was structured in such a way that presentations on certain key themes were made and thereafter open discussions were held with participants seeking clarifications and making suggestions. At the end of the workshop, members agreed on a way forward and a joint press statement was issued by the Minister and Chairman of the Parliamentary Committee.

The workshop the proceeded to record the challenges for in-depth through a series of presentations covering health financing in post independent Kenya, status of health care in Kenya today, principles of social health insurance, benefit package, quality and contracting, financing and sustainability, sessional paper and legal framework of the National Social Health Insurance Scheme and the preparedness of the Government in improving healthcare facilities. The role of the private sector and the readiness of NHIF in the implementation process were also discussed.

The participants also recommended that the Ministry of Health should focus more on preventive and promotive health services while the proposed National Social Health Insurance Scheme (NSHIS) would concentrate on financing curative health services.

Concerns were raised mainly about stakeholders consultation, level of preparedness by the Government, relationship of the scheme with the private sector, financial implications of HIV/AIDS, linkage with NSSF and establishment

and maintenance of the councils. Others were about the mandatory nature of the scheme and the need to strengthen the role of professionals as well as consideration of population growth and inflation in the financial estimates of the scheme.

2.1.4 (n) Report of the Departmental Committee Workplan Retreat Held at the Mt. Kenya Safari Club on 7th – 9th May 2004

The retreat was the first of its kind for a departmental committee and it followed on recommendations for committee strengthening developed by the Liaison Committee under the guidance of the Deputy Speaker, who is also the Liaison Committee Chairman, following a 2003 study of the Canadian Parliament and the New York State Assembly both of which were logistically and financially supported by State University of New York (SUNY) – Kenya Parliamentary Strengthening Program.

The mandate of the Committee is established in accordance with Standing Order number 151 and may be grouped in three broad categories as Legislative Powers, Financial Oversight Powers and General Oversight Powers.

Accordingly the Committee leadership prioritized discussion on several pressing issues including the HIV/AIDS scourge and the best possible way of attending to the Government's national policy framework for fighting/ preventing HIV/AIDS. Secondly the Committee elected to focus on the reforms proposed by the government in the National Social Security Fund (NSSF) and the National Hospital Insurance Fund, with a view to developing a framework within which to interrogate the government strategy and play the legislative role of aiding the reforms.

The work plan developed was adopted by the Hon. Members of the Committee and was understood to be provisional i.e. provide guidance to enable periodic review and audit of the committee's achievements and it was understood that current events and unanticipated situations may influence the committee's work flow.

2.1.4: The Parliamentarians' Leadership for community response against HIV/AIDS visit to Gaborone, Botswana

Botswana

Botswana has one of the highest HIV/AIDS prevalence rates in the whole world, posing a dramatic threat to socio-economic development. UNDP has supported the development of a multi-sectoral response, spanning the national, district and village levels. Focus has been on building leadership capacity, strengthening capacity for coordination, monitoring and evaluating interventions. Efforts to increase response capacity at community level to achieve the necessary behavioural change have been strengthened through:

- Community capacity enhancement based on the belief that communities have capacities to care, change and sustain hope
- Leadership transformation training, building on existing leadership capacity in the community to make it more results-oriented.

In Botswana, the HIV prevalence has dramatically escalated from the time when the first case was diagnosed in 1985: from 18.1% in 1992 to 35.7% in 1998, 36.2 % in 2001 and 35.4% in 2002.

The outbreak of the HIV/AIDS epidemic on a large scale in the last 15 years or so, has raised the issue of the human rights of those suffering from this epidemic primarily because of how society treats and interacts with them. There are many human rights issues affecting the AIDS sufferers in the medical, insurance, employment and other fields, that demand serious attention particularly to help assuage the problems of the underprivileged and vulnerable people of the society.

The impact of HIV/AIDS epidemic to the development of Botswana should be seen in the context of the critical social and economic problems the country is experiencing at the moment which include low productivity, poverty and subordination of women.

The social and economic impact of HIV/AIDS manifests itself in the depletion of the labour force and the resultant low productivity at the workplace. The cost in human pain, suffering and grief is incalculable. The monetary costs (preventive and research expenditure as well as morbidity and mortality costs) are impacting negatively on the country's development efforts.

The Parliamentarians' Leadership for Community Response against HIV/AIDS visit to Gaborone, Botswana

The Parliamentarians' Leadership for Community Response against HIV/AIDS, a programme sponsored jointly by the National Assembly of Kenya and the

United Nations Development Programme (UNDP), Kenya was intended to facilitate the exchange of experiences and information between the Members of Parliament of the two countries and the research, policy and care institutions involved in the fight against HIV/AIDS. The National Aids Control Council (Kenya) was represented by a programmes officer.

The delegation visited the following institutions;

Botswana Network on Ethics, Law and HIV/AIDS (Bonela)

The delegation visited Bonela, the Botswana Network on Ethics, Law and HIV/AIDS.

Throughout the world there is beginning to be recognition of the importance of integrating legal, ethical and human rights issues into national responses to the HIV/AIDS epidemic. Discrimination against people living with HIV and AIDS is based on fear and ignorance. This is what BONELA does.

BONELA's activities include;

- Lobbying
- Advocacy
- Education and Training
- Public Awareness programmes
- Litigation
- Research

The delegation was informed about the crucial role played by institutions such as these in removing the stigma and discrimination associated with the disease.

National AIDS Coordinating Agency (NACA)

The delegation also visited the National AIDS Coordinating Agency (NACA), the equivalent of the National Aids Control Council of Kenya.

Dr. A. B. Khan, the Coordinator of NACA, told the delegation that the estimated National HIV Prevalence (15-49 years) is 37.4% with the number of HIV-infected persons estimated at 275, 336. The 25-29 age group has the highest HIV prevalence of 50%. She said the government has taken a broad multi-sector approach to respond to the crisis, linking prevention, care and treatment and engaging both traditional and non-traditional stakeholders.

Meeting with the Select Committee on HIV/AIDS, Botswana Parliament

The delegation also had the opportunity to meet members of the Botswana National Assembly Committee on HIV/AIDS led by the Hon. D.S. Pholo, MP FOR Selebi-Phikwe and the Hon. R. K. Molefhabangwe, MP for Gaborone West who briefed delegates about the challenges faced by the representatives of the people in the fight against HIV/AIDS in the constituencies. The Kenyan delegation also discussed the challenges faced by Members in coordinating the Constituency Aids Committees.

Meeting with Ambassador Binsai James Chepsongol, Kenyan High Commissioner to Botswana

The delegation paid a courtesy call at the office of the Kenyan High Commissioner Mr. Binsai James Chepsongol and had a long discussion on a wide range of issues including the fight against HIV/AIDS, the role of Kenyan professionals in Botswana, business opportunities for Kenyans in Botswana among many other issues.

Botswana Harvard AIDS Institute

The delegation also visited and inspected the facilities of the famous Botswana Harvard Institute in Gaborone. The Botswana-Harvard HIV Reference Laboratory, which serves as the country's central facility for processing HIV-related tests and a pioneer of affordable and cheapest CD4 and viral load tests in the world was a major attraction to the Kenyan delegation.

The Botswana – Baylor Children's Clinical Centre of Excellence

The state-of-the-art Centre of Excellence was another major attraction. It is the product of a public private partnership between the Baylor College of Medicine, one of the United States' premier medical schools, the Princess Marina Hospital, and the Government of Botswana. The construction and equipment of the COE was funded by a grant from the Bristol-Myers Squibb Secure the Future Programme. The Chief Executive is Professor Anabwani, a Kenyan.

The COE provides state-of-the-art HIV/AIDS care and treatment services to children and their families. It also carries out clinical research designed to answer questions of worldwide importance regarding the prevention, diagnosis, and treatment of HIV.

Meeting with the Resident Representative of UNDP Botswana

The delegation also paid a courtesy call at the UNDP Resident Representative Mr. Bjorn Forde.

Dula Sentle, Otse, Botswana

The delegation had the opportunity of visiting Dula Sentle, Bana ba Rona, Otse, Botswana. Dula Sentle is a Children's Home.

Recommendations

Political Commitment

There is a need for stronger political commitment in the fight against HIV especially in advocacy. HIV/AIDS is a generalized epidemic which cannot be curbed only by the use of condoms but by a concerted effort by all players concerned.

Increase of Resources for Clinical Care and Support

The Government should commit more resources to clinical care and support including the supplying of ARVs to elongate the lives and improve the quality of the lives of those afflicted by the scourge.

Collaboration with Multinationals and other partners in clinical research and provision of ARVs

The Government should deliberately make efforts to negotiate with multinationals for programmes to support in the supply of drugs at affordable prices. Effort must also be taken to supply laboratory equipment to strengthen clinical research and to measure toxicity as well as viral levels to enhance treatment.

3.1 CONCLUSION

The Health Committee has been quite busy and active as evidenced by the above summary of its activities in this first half of the year (2004). Through various workshops, visits and presentations, the Committee has done its duty diligently in addressing the various health issues that Kenya faces. The Committee will continue with the same spirit in serving the people of the nation of Kenya.