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26/8/15*

REPUBLIC OF KENYA



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*Paper laid by
Hon. Dr. Rachel
Nyamwayi, MP
(Committee Chair)
Order No. 5 of
27/08/2015
under*

ELEVENTH PARLIAMENT – THIRD SESSION

THE DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE CONSIDERATION OF THE PETITION BY MR. BENARD
KIPROTICH CHERUIYOT ON THE REVIEW OF THE HEALTH CARE SYSTEM IN
KENYA THROUGH CONSTITUTIONAL AMENDMENT

CLERK'S CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

AUGUST, 2015

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1.0 PREFACE

It is my pleasant duty, on behalf of the members of the Health Committee to table its Report on Consideration of the Petition on the review of the Health Care System through a Constitutional amendment pursuant to Standing Order 227(2).

1.1 Committee Mandate

The Committee on Health is one of the Departmental Committees of the National Assembly established under Standing Order 216 and mandated to, inter alia:-

- (i) investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments;
- (ii) study the programme and policy objectives of Ministries and Departments and the effectiveness of the implementation;
- (iii) study and review all legislation referred to it;
- (iv) study, assess and analyze the relative success of the Ministries and Departments as measured by the results obtained as compared with their stated objectives;
- (v) investigate and inquire into all matters relating to the assigned Ministries and Departments as they may deem necessary, and as may be referred to it by the House;**
- (vi) vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments) ; and
- (vii) make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

The Committee is also mandated under Standing Order 227 to consider petitions referred to it.

1.2 Committee Membership

The Committee comprises the following Members:

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson)
3. The Hon. David Karithi, M.P.
4. The Hon. Dr. James Murgor, M.P.
5. The Hon. Dr. James Nyikal, M.P.
6. The Hon. Dr. James O. Gesami, M.P.
7. The Hon. Dr. Naomi Shaban, M.P.
8. The Hon. Dr. Stephen Wachira, M.P.
9. The Hon. Dr. Susan Musyoka, M.P.

10. The Hon. Hassan Aden Osman, M.P.
11. The Hon. James Gakuya, M.P.
12. The Hon. John Nyaga Muchiri, M.P.
13. The Hon. Michael Onyura, M.P.
14. The Hon. Paul Koinange, M.P.
15. The Hon. Stephen M. Mule, M.P.
16. The Hon. Zipporah Jesang, M.P.
17. The Hon. Alfred Agoi, M.P.
18. The Hon. Christopher Nakuleu, M.P.
19. The Hon. Dr. Dahir D. Mohamed, M.P.
20. The Hon. Dr. Eseli Simiyu, M.P.
21. The Hon. Dr. Enoch Kibunguchy, M.P.
22. The Hon. Dr. Patrick Musimba, M.P.
23. The Hon. Alfred Outa, M.P.
24. The Hon. Joseph O. Magwanga, M.P.
25. The Hon. Kamande Mwangi, M.P.
26. The Hon. Leonard Sang, M.P.
27. The Hon. Mwahima Masoud, M.P.
28. The Hon. Mwinga Gunga, M.P.
29. The Hon. Raphael Milkau Otaalo, M.P.

1.3 Consideration of the Petition on the review of the Health Care System in Kenya

The Petition on the review of the Health Care System in Kenya through a constitutional amendment was presented to the House on behalf of the petitioner by the Speaker Hon. Justin B. Muturi, MP on 29th April, 2015 and stood committed to the Departmental Committee on Health for consideration and reporting to the House pursuant Standing Order 227.

The Petitioner's prayer to Parliament was that it initiates the process of amending the Constitution and all relevant laws to revolutionize Health Care System in order to deal with the national health emergency situation and proposes that it incorporates the following main pillars;

- a) Returning certain aspects of the health service, particularly those affecting the human resources to national Government;
- b) Empower the Counties to venture into the other aspects; for instance development of health infrastructure and supply of drugs;
- c) Establish a new Health Service Commission;
- d) Retain the health professionals in the country;
- e) Fairly distribute the health professionals among the Counties.

The Committee during the consideration of the petition held 3 meetings during which it met with the petitioner, Mr. Benard Kiprotich Cheruiyot, the Ministry of Health, Commission on the Implementation of the Constitution and the Attorney General's Office.

1.4 Committee Observations and Recommendations

Having analyzed the Petition and the submissions from stakeholders, the Committee observed that there is need for the National Government and the County Government to consult and establish an inter-governmental mechanism that could resolve issues of concern to the health workers. Further, the Committee observed that most of the challenges cited by the Petitioner could be resolved by fast tracking the enactment of the Health Bill, 2015.

1.5 Acknowledgement

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 also appreciates contribution by Honorable Members who participated fully in the preparation and production of this Report.

It is therefore my pleasure and privilege, on behalf of the Departmental Committee on Health, to table its Report in the House on the Consideration of the Petition on the Review of the Healthcare System through Constitutional Amendment for consideration Pursuant to Standing Order 227 (2).

Signed..........Date.....26/8/2015.....
(HON. DR. RACHEAL NYAMAI, M.P.)

**CHAIRPERSON,
DEPARTMENTAL COMMITTEE ON HEALTH**

2.0 CONSIDERATION OF THE PETITION ON THE REVIEW OF THE HEALTH CARE SYSTEM

2.1 INTRODUCTION

The Petitioner was deeply concerned that the health sector had remained grossly underfunded which had led to its pathetic status. There have been myriad of problems with the advent of devolution of the health care which include; brain drain, demoralized workforce, strikes, delay in payment of salaries and disorganization; resulting to deterioration of service.

Further, the Petitioner asserted that as a result of devolution, it had been impossible to fairly distribute the scarce health professionals in the public service in the Counties. In addition, it has been impossible to standardize their terms and conditions of service across the Counties.

In view of the state of affairs in Kenya's Health Care System, it will not be possible to achieve the Millenium Development Goals (MDGs) especially in areas of neo-natal health, eradication of HIV/AIDS and reduction of maternal mortality. Therefore, the Petitioner emphasized that there is an urgent need to review the entire Health Care System.

The Petitioner's prayer was that Parliament should initiate the process of amending the Constitution and all relevant laws to revolutionize Health Care System, in order to deal with the national health emergency situation and beyond. He proposed that changes to the Health Care System should incorporate the following main pillars:

- f) Returning certain aspects of the health service, particularly those affecting the human resources to national Government;
- g) Empower the Counties to venture into the other aspects; for instance development of health infrastructure and supply of drugs;
- h) Establish a new Health Service Commission;
- i) Retain the health professionals in the country;
- j) Fairly distribute the health professionals among the Counties.

2.2 SUBMISSION BY THE STAKEHOLDERS

The Committee during the consideration of the petition received submissions from the stakeholders as follows:-

2.2.1 MR. BENARD KIPROTICH CHERUIYOT – PETITIONER

Mr. Bernard Kiprotich Cheruiyot, a resident of Bomet County appeared before the Committee on 16th July, 2015 to make his submission on the petition regarding 'Review of the Health Care System in Kenya'. In his presentation, the Petitioner informed the Committee that:

- i. He was a nurse employed in a public health facility - Cheptalal Sub-District Hospital, Bomet County.
- ii. The Abuja declaration, recommends that at least 15% of the total national budget should be allocated to health sector. In Kenya, this has not been realised to date instead, the country allocates about 6.7%.
- iii. Legislation about the issues of health in the Counties was not up to expectations bearing in mind the low academic qualifications of most of those elected as the MCAs. Most MCAs lack information about the health sector yet they are expected to formulate policies to steer the health sector. Hence the need to revert most aspects of the health function to the national level where there is capacity to properly address health matters.
- iv. Kenya may not achieve the Millennium Development Goals (MDGs) related to health, specifically number 4, 5, and 6 - all touching on the maternal and neonatal health and the eradication of HIV/AIDS. In addition, the realisation of the Vision 2030 on the social pillar will not be achieved. Currently the maternal mortality stands at 488 per 100,000 live births up from 414 per 100,000 live births (WHO, 2009).
- v. His petition is informed by the fact that at the advent of devolution, the health sector has witnessed the following issues:-
 - a) **Demotivated Health Workforce and Strikes**
Better health care delivery is just beyond better equipped hospitals and good infrastructure; it also requires a motivated health workforce. Health workers were currently demoralised due to various reasons for example:

- no promotions,
- no re-designation,
- intimidation by Members of the County Assemblies (MCAs), and ward administrators,
- tribalism,
- delay in payment of salaries,
- Irregular deductions, and late remittance of statutory deductions for example NHIF, NSSF, bank loan, unions and associations;
- Poor working conditions in health facilities in contravention of the Constitution, **Article 41(2a)** which states that “every worker has the right to reasonable working conditions.

b) Brain drain and resignation

Since the devolution of the health care, many health care workers had resigned, joined private practice, NGOs, or moved out of the country deserting public hospitals. They all cited the aforementioned issues as the reasons for their actions. As a result, county referral hospitals do not have specialists such as obstetricians, surgeons, physicians and other important personnel. Thus the state of health care was deteriorating if no measures were to be put in place to arrest the situation.

c) Political interference in the health sector

Most MCAs interfere a lot with the running of the health facilities. Despite lacking knowledge on the affairs in the health sector, they impose their views on professional health workers. They are also expected to formulate policies and enact laws which would improve the service delivery.

vi. He appealed to the Legislature to introduce suitable Bills to accomplish the following:-

- a) Amendment of the Constitution for the health function to be taken back to the national government.
- b) Amendment of the Constitution for the creation of the Health Service Commission
- c) Amendment of the Constitution to have human resource part of devolved health reverted to the national government and empower the counties to

- venture into issues of health facilities development and supply of drugs and commodities.
- d) Process all consequential amendments to legislation arising from the amendment to the Constitution. Example, PSCK and the Health Service Commission.
- vii. With the implementation of the proposed recommendations above, the following will be realised:
 - a) The doctors and nurses fleeing from the public sector will be retained.
 - b) A motivated health workforce hence good health service delivery.
 - c) Even distribution of human resource in the health sector to cushion those Counties that lack or have inadequate locally trained professionals.
 - d) Promotion of diversity in terms of health care workers working in various Counties not necessarily where they come from.

2.2.2 MINISTRY OF HEALTH

The Director of Medical Services Dr. Nicholas Muraguri appeared before the Committee on 30th July, 2015 to make submissions to the Committee regarding the petition. He informed the Committee as follows:

- i. Most of the issues raised by the Petitioner could be resolved by enacting the Health Bill, 2015.
- ii. Returning aspects of health service to the National Government can only be addressed through a constitutional amendment.
- iii. On empowering the Counties to venture into other aspects such as development of health infrastructure and supply of drugs, the proposed Health Bill, 2015 addresses the same in Clause 37 where it allows procurement and management of health products which include drugs.
- iv. The establishment of a Health Services Commission can be addressed through a constitutional amendment.
- v. On retention of health professionals in the County, the human resource management was devolved to the county level Public Service Boards. Consequently, the Public Service Commission developed guidelines on the management of seconded staff vide the Kenya Gazette Notice No. 825 on the Transition to Devolved Government Act (No. 1 of 2012).

However the proposed Health Bill, Clause 15 (1) (g) provides for national Government to develop norms and standards of health human resources. Clause 20 provides that the County Department for Health implements the standards as laid down by the national Government. Further, the Bill includes provisions on rights of health workers (Clause 12) to motivate and retain them.

- vi. On fair distribution of health professionals among the Counties, the Ministry of Health jointly with the Transition Authority, Department of Personnel Services Management, Public Service Commission and the Council of Governors should ensure that there is fair distribution of health professionals. Further, the Health Bill has provided for specialists to be treated as national assets in order to sustain internship training, specialist services to ensure standards and equity.

2.2.3 OFFICE OF THE ATTORNEY GENERAL

The Deputy Chief Parliamentary Counsel from the Office of the Attorney General Mr. James Mwenda appeared before the Committee on 30th July, 2015 to submit on the petition. He informed the Committee as follows:

- i. Though the Health workers were agitating for the formation of the Health Service Commission through the Health Bill, 2015, such a Commission can only be achieved through the Constitutional amendment and not by an act of Parliament.
- ii. The Committee therefore ought to come up with a bill to amend the Constitution to accommodate the establishment of the Commission.

2.2.4 COMMISSION FOR THE IMPLEMENTATION OF THE CONSTITUTION

Mr. Charles Nyachae, Chairperson, CIC accompanied by Commissioner Catherine Mumma while briefing the Committee on the petition on the review of the Health Care System apologized for not being able to attend the meeting that was held on 16th July, 2015. In his submissions, Mr. Charles Nyachae indicated that:-

- i. The National Assembly was allowed to make steps that it wishes on the implementation of the Constitution;

- ii. Returning aspects of health service, particularly the human resource is untenable since human resource is not a function within the context of the 4th Schedule to the Constitution. It is a resource required to implement a function. Further, Article 87(2) (a) requires that the resources for performing a function are transferred with the function.
- iii. In a bid to agree on the way forward on emerging issues with the advent of devolution, there is a dire need to have an intergovernmental forum to dialogue and resolve these issues that arose as a result of devolution.
- iv. The National Assembly therefore has a major role to play in leading the way for creating coherence on the understanding of issues of devolution for the various concerned players.
- v. On the formation of the Health Service Commission, health service delivery is a function of County Governments. The National Government is mandated to prepare health policy, regulation of national referral facilities and capacity building and technical assistance to County Governments. Both levels of Government can collaborate for better execution of these functions. Therefore, through joint committees and joint authorities (Article 189(2)) the Commission may be formed as one of these. The functions of the Health Service Commission must be clear and must not infringe on the jurisdiction of the County Government.
- vi. In terms of empowering the County Governments to venture into the development of infrastructure and supply of drugs, the County Governments are mandated to develop infrastructure and to purchase drugs. However, the National Government is required to build capacity for the County Governments even as they execute these mandates. Currently, it is not clear to which extent the National Government has built capacity for the County Governments.
- vii. In terms of retaining the health professionals in the country, there is need to address the challenges that came as a result of devolution of the health function which have resulted in the brain drain. However, there is a need to establish the extent of the brain drain before and after devolution and county specific challenges resulting to the brain drain in a bid to address the issue of brain drain.
- viii. In terms of fairly distributing health professionals among Counties, it is important to encourage the Counties to enter into inter-governmental arrangements to develop and share

specialized services and professionals such as cross-county renal and oncology units and

- ix. The CIC therefore acknowledges that there are issues that are related to the implementation of the Constitution which do not necessarily require the amendment of the Constitution.

3.0 COMMITTEE OBSERVATIONS

The Committee having analyzed the submissions by the stakeholders made the following observations; THAT:-

- i. The Petitioner raised issues that had been of concern to the Committee with regard to devolution of the health function. There is therefore need for him to seek broad consensus and backing from unions in the health sector to strengthen his case;
- ii. The Petitioner raised issues that are at the core of concerns by most public health sector professionals some of whom, with the advent of devolution, had been demoted and lost aspects of their allowances;
- iii. There was an urgent need to create a Health Service Commission (non-constitutional) or any such other body that would take care of the welfare of all health professional throughout the country in terms of administration and policy on career progression, remuneration and training;
- iv. The advice by the Office of Attorney General was incorrect on the amendment of the Constitution to establish the Health Service Commission to address the issues of human resource as the same could be achieved through the Inter-governmental forums;
- v. Most of the issues raised by the Petitioner will be taken care of by the Health Bill, 2015 currently before the Committee once it is enacted;
- vi. The Process of devolution was implemented too fast affecting crucial sectors such as health. There is therefore need to correctly interpret Article 187 of the Constitution on the transfer of functions as solutions are found to address the issues in the Health Sector without necessarily going through a referendum;
- vii. The Health Sector has about 17 cadres but so far nothing has been done to address the issues of training and remuneration of each cadre. There is therefore need to have a structure that will address the various cadres in the sector in terms of

training, remuneration and career progression. This could address an alarming brain drain in the sector. There is therefore a need to set standards in terms of their remuneration and job progression and therefore a need to set up a body to look into standards and criteria on the welfare of the health workers;

- viii. The Committee commends the courage and forthrightness of the Petitioner, who is a health worker, for taking upon himself the responsibility to bring to the fore matters affecting the health sector in Kenya.
- ix. There is need to use the existing mechanisms such as the Public Service Commission and the inter-governmental forum to protect the welfare of the health workers. In this regard, there should be a proposal for a body that the Public Service Commission will delegate its mandate to cater for the welfare of the health workers; and
- x. There is also a need to clearly define the National Referral Hospital through a law which is not defined in the Constitution. This would also define the other levels of health facilities.

4.0 COMMITTEE RECOMMENDATIONS

Based on the above observations emanating from the consideration of the Petition and the submissions from the concerned parties, the Committee recommends; THAT:-

- i. Both levels of Government should collaborate in the establishment of an inter-governmental body to undertake some functions of the County Government. This will ensure that issues of standards, career progression and remuneration of the health workers are addressed to arrest of brain drain;
- ii. In terms of empowering Counties to venture into other aspects such as development of health infrastructure and supply of drugs, the Health Bill, 2015 clause 37 has addressed the issue. Further, the National Government is mandated to build capacity for the County Governments. There is therefore need to fast track the enactment of the Health Bill, 2015 to resolve most of the challenges facing the health sector.
- iii. The National Government should expand training opportunities for all cadres of healthcare professionals.
- iv. On the issue of fairly distributing the professionals among Counties, there is need for the counties to be encouraged to enter into inter-

Governmental arrangements to develop and share specialized services and professionals. Further, the Health Bill, 2015 has provided in Clauses 25 and 75 for the treatment of the professionals and specialists as national assets in order to sustain internship training, specialist services to ensure standards and equity; and

ANNEXTURES

1. MINUTES
2. PETITION

**MINUTES OF THE 52ND SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH
HELD IN THE 4TH FLOOR COMMITTEE ROOM, CONTINENTAL HOUSE,
PARLIAMENT BUILDINGS ON TUESDAY, 14TH JULY, 2015 AT 10.00 AM.**

PRESENT

1. The Hon. Dr. Rachael Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson)
3. The Hon. Zipporah Jesang, M.P.
4. The Hon. John Nyaga Muchiri, HSC, M.P.
5. The Hon. Michael Onyura, M.P.
6. The Hon. Mwinga Gunga, M.P.
7. The Hon. James Gakuya, M.P.
8. The Hon. Raphael Milkau Otaalo, M.P.
9. The Hon. Joseph O. Magwanga, M.P.
10. The Hon. Dr. Stephen Wachira, M.P.
11. The Hon. Dr. Eseli Simiyu, M.P.
12. The Hon. Paul Koinange, M.P.

APOLOGIES

1. The Hon. David Karithi, M.P.
2. The Hon. Dr. Dahir D. Mohamed, M.P.
3. The Hon. Dr. Enoch Kibunguchy, M.P.
4. The Hon. Fred Outa, M.P.
5. The Hon. Dr. Susan Musyoka, M.P.
6. The Hon. Mwahima Masoud, M.P.
7. The Hon. Leonard Sang, M.P.
8. The Hon. Stephen M. Mule, M.P.

ABSENT

1. The Hon. Dr. James O. Gesami, M.P.
2. The Hon. Dr. Naomi Shaban, M.P.
3. The Hon. Dr. James Nyikal, M.P.
4. The Hon. Christopher Nakuleu, M.P.
5. The Hon. Alfred Agoi, M.P.
6. The Hon. Hassan Aden Osman, M.P.
7. The Hon. Kamande Mwangi, M.P.
8. The Hon. Dr. James Murgor, M.P.
9. The Hon. Dr. Patrick Musimba, M.P.

IN ATTENDANCE

National Assembly Secretariat

- | | | |
|----------------------|---|---------------------------------|
| 1. Ms. Esther Nginyo | - | Third Clerk Assistant. |
| 2. Mr. Dennis Mogare | - | Third Clerk Assistant. |
| 3. Mr. Sydney Lugaga | - | Legal Counsel |
| 4. Mr. John Mungai | - | Intern, Audio Recording Officer |

Petitioner

1. Mr. Benard Kiprotich Cheruiyot

MIN.NO. DCH 221/2015: PRELIMINARIES

The meeting was called to order at 10:40 am and a prayer was said by Hon. Mwinga Gunga, M.P. Thereafter, the Chairperson welcomed all present and requested them to do self-introduction.

MIN.NO.DCH 222/2015: MEETING A PETITIONER, MR. BERNARD KIPROTICH CHERUIYOT, REGRADING REVIEW OF THE HEALTH CARE SYSTEM.

Mr. Bernard Kiprotich Cheruiyot, a resident of Bomet County appeared before the Committee to brief it on his petition regarding 'Review of the Health Care System in Kenya'. In his presentation, the petitioner informed the Committee that:

1. He was a nurse employed in a public health facility - Cheptalal Sub-District Hospital, Bomet County.
2. The Abuja declaration, recommends that at least 15% of the total national budget should be allocated to health sector. In Kenya, this has not been realised to date instead, the country allocates about 6.7%.
3. Legislation about the issues of health in the counties was not up to expectations bearing in mind the low academic qualifications of most of those elected as the MCAs. Most MCAs lack information about the health sector yet they are expected to formulate policies to steer the health sector. Hence the need to revert most aspects of the health function to the national level where there is capacity to properly address health matters.
4. Kenya may not achieve the Millennium Development Goals (MDGs) related to health, specifically number 4, 5, and 6 - all touching on the maternal and neonatal health and the eradication of HIV/AIDS. In addition, the realisation of the Vision 2030 on the social pillar will not be achieved. Currently the maternal mortality stands at 488 per 100,000 lives birth up from 414 per 100,000 live births (WHO, 2009).

5. His petition is informed by the fact that at the advent of devolution, the health sector has witnessed the following issues:

a) **Demotivated Health Workforce and Strikes**

Better health care delivery is just beyond better equipped hospitals and good infrastructure; it also requires a motivated health workforce. Health workers were currently demoralised due to various reasons for example:

- no promotions,
- no re-designation,
- intimidation by MCAs, and ward administrators,
- tribalism,
- delay in payment of salaries,
- Irregular deductions, and late remittance of statutory deductions for example NHIF, NSSF, bank loan, unions and associations;
- Poor working conditions in health facilities in contravention of the Constitution, **Article 41(2a)** which states that “every worker has the right to reasonable working conditions.

b) **Brain drain and resignation**

Since the devolution of the health care, many health care workers had resigned, joined private practice, NGOs, or moved out of the country deserting public hospitals. They all cited the aforementioned issues as the reasons for their actions. As a result, county referral hospitals do not have specialists like obstetricians, surgeons, physicians and other important personnel. Thus the state of health care was deteriorating if no measures were put in place to arrest the situation.

c) **Political interference in the health sector**

Most MCAs interfere a lot with the running of the health facilities. Despite lacking knowledge on the affairs of the health sector, they try to impose their views on professional health workers. The same are expected to formulate policies and enact laws which would improve the service delivery.

6. He appeals to the Legislature to introduce suitable Bills to accomplish the following:-

- a) Amendment of the constitution for the health function to be taken back to the national government.
- b) Amendment of the constitution for the creation of the health service commission

- c) Amendment of the constitution to have **human resource part** of devolved health reverted to the national government and empower the counties to venture into issues of health facilities development and supply of drugs and commodities.
 - d) Process all consequential amendments to legislation arising from the amendment to the Constitution. Example, PSCK and the health service commission.
7. If his recommendations above are implemented, the following will be realised:
- a) The doctors and nurses fleeing from the public sector will be retained.
 - b) A motivated health workforce hence good health service delivery.
 - c) Even distribution of human resource in the health sector to cushion those counties that lack or have inadequate locally trained professionals.
 - d) Promotion of diversity in terms of health care workers working in various counties not necessarily where they come from.

COMMITTEE OBSERVATIONS

The Committee members observed that:

1. The petitioner raised issues that had been of concern to the Committee with regard to devolution of the health function.
2. There was need for the petitioner to seek broad consensus and backing from unions in the health sector to strengthen his case.
3. The petitioner raised issues that are at the core of concerns by most public health sector professionals some of whom, with the advent of devolution, had been demoted and lost aspects of their allowances.
4. There was an urgent need to create a Health Service Commission (non-constitutional) or any such other body that would take care of the welfare of all health professional throughout the country in terms of administration and policy on career progression, remuneration and training.
5. There was need for the petitioner to avoid emphasis on Millennium Development Goals (MDGs), which were coming to a close and focus on Sustainable Development Goals (SDGs), which were now being pursued globally.
6. There was an urgent need for all County Assemblies to have an advisor on health matters. This is justifiable since the health function is not only critical but is also the most devolved.

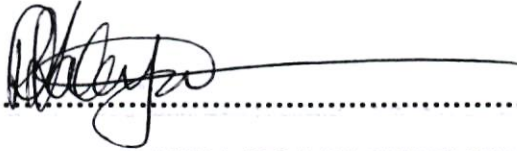
MIN.NO.DCH 223/2015: ANY OTHER BUSINESS

1. The Committee resolved that in the year 2015, there was going to be a National Conference to deliberate on the Crisis in the Health Care System in Kenya to be spearheaded by the National Assembly's Committee on Health.

MIN.NO.DCH 224/2015: ADJOURNMENT

There being no other business, the meeting was adjourned at 12.05 pm.

SIGNED.....



HON (DR.) RACHAEL NYAMAI, M.P
CHAIRPERSON

DATE:.....

31/7/2015



MINUTES OF THE 53RD SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN THE 4TH FLOOR COMMITTEE ROOM, CONTINENTAL HOUSE, PARLIAMENT BUILDINGS ON THURSDAY, 16TH JULY, 2015 AT 10.00 AM.

PRESENT

1. The Hon. Dr. Rachael Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson)
3. The Hon. Dr. Eseli Simiyu, M.P.
4. The Hon. Dr. James O. Gesami, M.P.
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12. The Hon. Dr. Stephen Wachira, M.P.

APOLOGIES

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12. The Hon. Alfred Agoi, M.P.
13. The Hon. Hassan Aden Osman, M.P.
14. The Hon. Kamande Mwangi, M.P.
15. The Hon. Dr. James Murgor, M.P.
16. The Hon. Paul Koinange, M.P.
17. The Hon. Dr. Patrick Musimba, M.P.

IN ATTENDANCE

National Assembly Secretariat

1. Ms. Esther Nginyo - Third Clerk Assistant.

2. Mr. Dennis Mogare - Third Clerk Assistant.
3. Mr. Sydney Lugaga - Legal Counsel

Ministry of Health

1. Dr. Nicholas Muraguri - Director of Medical Services
2. Dr. Mary Wangai - Head of Division, Legislation and Regulation
3. Belinda Kamar - Legal Counsel
4. Kilu A.M - Parliamentary Liaison

Attorney General's Office

1. Mr. James Mwenda - Deputy Chief Parliamentary Counsel

MIN.NO. DCH 225/2015: PRELIMINARIES

The meeting was called to order at 10:30 am and a prayer was said by Hon. Dr. Stephen Wachira, M.P. Thereafter, the Chairperson welcomed all present and requested them to do self-introduction.

MIN.NO. DCH 226/2015: MEETING WITH STAKEHOLDERS IN THE CONSIDERATION OF THE PETITION TO REVIEW THE HEALTH CARE SYSTEM IN KENYA BY MR. BERNARD KIPROTICH CHERUIYOT.

The Chairperson informed the Committee that the meeting was necessitated by the Petition on Review of Health Care System by Mr. Bernard Kiprotich Cheruiyot. She further noted that the petition was presented to the House on 29th April, 2015 and later the Committee held a meeting with the Petitioner on 14th July, 2015. The Chairperson noted that the Committee had invited the Ministry of Health, the Office of the Attorney General and the Commission on the Implementation of the Constitution (CIC) to deliberate on the issues raised in the petition. She however noted that the CIC had not honoured the invitation by the Committee neither had they sent a regret.

The Committee thereafter received submissions as follows;

1. Ministry of Health

The Director of Medical Services submitted to Committee regarding the petition as follows that;

- i. Most of the issues raised by the Petitioner can be resolved by enacting the Health Bill, 2015.
- ii. Returning aspects of health service to the National Government can only be addressed through a constitutional amendment.

- iii. On empowering the counties to venture into other aspects such as development of health infrastructure and supply of drugs, the proposed Health Bill, 2015 addresses the same in Clause 37 where it allows procurement and management of health products which include drugs.
- iv. The establishment of a Health Services Commission can be addressed through a constitutional amendment.
- v. On retention of health professionals in the county, the human resource management was devolved to the county level Public Service Boards. Consequently, the Public Service Commission gave guidelines on the management of seconded staff vide the Kenya Gazette Notice No. 825 on the Transition to Devolved Government Act (No. 1 of 2012). However the proposed Health Bill, Clause 15 (1) (g) provides for national government to develop norms and standards of human resources for health. Clause 20 provides that the county department for health implements the standards as laid down by the national government. Further, the Bill includes provisions on rights of health workers (Clause 12) to motivate and retain them.
- vi. On fair distribution of health professionals among the counties, the Ministry of Health jointly with the Transition Authority, Department of Personnel Services Management, Public Service Commission and the Council of Governors ensure the fair distribution of health professionals. Further, the Health Bill has provided for specialists to be treated as national assets in order to sustain internship training, specialist services to ensure standards and equity.

2. Office of the Attorney General

The Deputy Chief Parliamentary Counsel from the Office of the Attorney General submitted on the petition as follows that;

- i. Though the Health workers were agitating for the formation of the Health Service Commission through the Health Bill, 2015, such as a Commission can only be achieved through the Constitutional amendment and not by an act of Parliament.
- ii. The Committee therefore ought to come up with a bill to amend the Constitution for accommodate the establishment of the Commission.

COMMITTEE OBSERVATIONS

The Committee having listened to the submissions by the stakeholders made the following observations that;

- i. The advice by the Office of Attorney General was incorrect on the amendment of the Constitution to establish the Health Service Commission

- to address the issues of human resource as the same could be achieved through the Inter-governmental forums.
- ii. Most of the issues raised by the Petitioner will be taken care of by the Health Bill, 2015 currently before the Committee.
 - iii. The Process of devolution was implemented too fast affecting crucial sectors such as health. There is therefore need to correctly interpret Article 187 of the Constitution on the transfer of functions as solutions are found to address the issues in the Health Sector without necessarily going through the referendum.
 - iv. The Health Sector has about 17 cadres but so far nothing has been done to address the issues of training and remuneration of each cadre. There is therefore need to have a structure that will address the various cadres in the sector in terms of training, remuneration and career progression. This could address an alarming brain drain in the sector.
 - v. There are many issues that emerged from the petition and from the devolution of the health sector. There is therefore need to convene a national conference to address these issues. Meanwhile, the Committee directed that the Ministry of Health, the Office of the Attorney General and the Commission on the Implementation of the Constitution hold a meeting on 30th July, 2015 to exhaustively address the issues raised by the petitioner in his petition.
 - vi. There is need to protect the petitioner by the Ministry of Health as he was a health practitioner who could easily be victimized for raising the pertinent issues in his petition.

MIN.NO. DCH 227/2015: ANY OTHER BUSINESS

The following issues arose under this agenda item;

- i. The Committee had been requested by the Ministry of Health to register and participate in the 9th Stop Cervical, Breast and Prostrate Cancer in Africa Conference which was being hosted by H.E. First Lady in Nairobi from 19th – 21st July, 2015 at the Kenyatta International Conference Centre.
- ii. The Committee was scheduled to hold a joint retreat with the Senate Committee on Health, Ministry of Health and the Commission on the Implementation of the Constitution on 30th July to 2nd August, 2015 in Mombasa.
- iii. The Committee proposed to benchmark with Israel and Netherlands on their successes in implementing the Universal Health Coverage and the Republic of South Africa and Ethiopia on the traditional health practice.
- iv. The Chairperson reported that Hon. Dr. James Nyikal, MP, Hon. Dr. Stephen Wachira, MP, Hon. Gunga Mwinga, MP and herself would be travelling to Vancouver, Canada to attend the HIV Pathogenesis Conference scheduled for 19th – 22nd July, 2015.

MIN.NO. DCH 228/2015: ADJOURNMENT

There being no other business, the meeting was adjourned at 11.55 am.

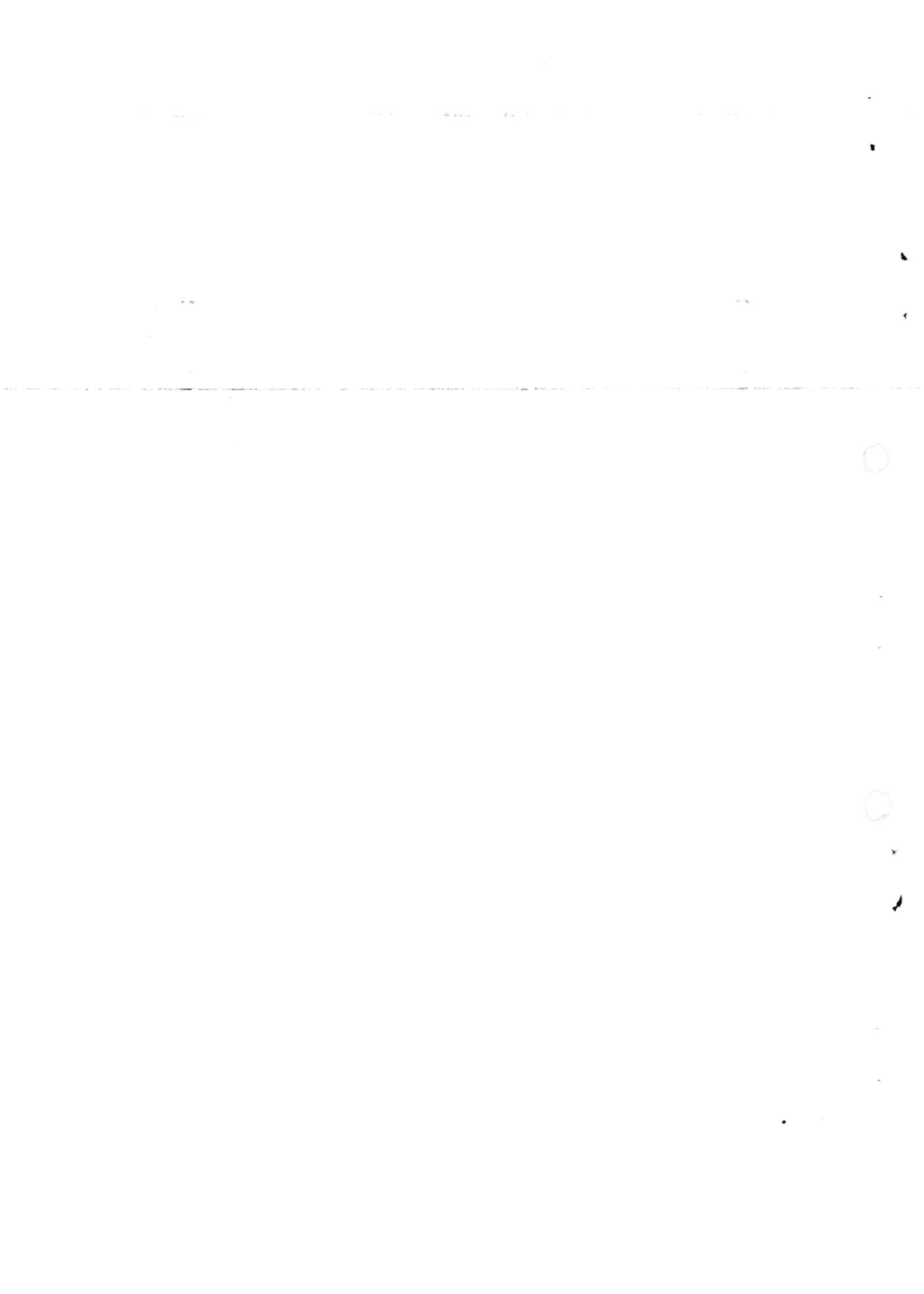
SIGNED.....



HON (DR.) RACHAEL NYAMAI, M.P
CHAIRPERSON

DATE:.....

31 / 7 / 2015



MINUTES OF THE 55TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 4TH FLOOR CONTINENTAL HOUSE, ON THURSDAY 30TH JULY, 2015, AT 10.00 AM.

PRESENT

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Mwinga Gunga, M.P.
3. The Hon. Hassan Aden Osman, M.P.
4. The Hon. Kamande Mwangi, M.P.
5. The Hon. Michael Onyura, M.P.
6. The Hon. Dr. James Nyikal, M.P.
7. The Hon. David Karithi, M.P.
8. The Hon. Leonard Sang, M.P.
9. The Hon. Dr. James O. Gesami, M.P.
10. The Hon. Dr. James Murgor, M.P.
11. The Hon. Dr. Enoch Kibunguchy, M.P.
12. The Hon. Dr. Dahir D. Mohamed, M.P.
13. The Hon. Dr. Stephen Wachira, M.P.
14. The Hon. Paul Koinange, M.P.
15. The Hon. Fred Outa, M.P.
16. The Hon. James Gakuya, M.P.
17. The Hon. Raphael Milkau Otaalo, M.P.
18. The Hon. Dr. Susan Musyoka, M.P.

ABSENT WITH APOLOGY

1. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson.)
2. The Hon. Dr. Patrick Musimba, M.P.
3. The Hon. Mwahima Masoud, M.P.
4. The Hon. Alfred Agoi, M.P.
5. The Hon. Christopher Nakuleu, M.P.
6. The Hon. John Nyaga Muchiri, M.P.
7. The Hon. Stephen M. Mule, M.P.
8. The Hon. Joseph O. Magwanga, M.P.
9. The Hon. Dr. Naomi Shaban, M.P.
10. The Hon. Dr. Eseli Simiyu, M.P.
11. The Hon. Zipporah Jesang, M.P.

IN ATTENDANCE

National Assembly Secretariat

1. Esther Nginyo - Third Clerk assistant
2. Hassan A. Arale - Third Clerk Assistant.
3. Dennis Mogare - Third Clerk Assistant
4. Sidney Lugaga - Legal Counsel.
5. Rahab Chepkilim - Audio Recorder.

Ministry of Health Officials:

1. Dr. Mary Wangai - M.O.H
2. Belinda Kamar - M.O.H
3. Dr. Onyantha Pacifica.- M.O.H

Committee on Implementation of the Constitution:

1. Charles Nyachae - Chairman C.I.C
2. Catherine Mumma - Commissioner C.I.C

Kenya Medical Training College.

1. Hon. Prof Philip Kaloki - Chairman K.M.T.C.
2. Mr. Peter K. Tum - Ag. Director.

MIN.NO. DCH 233/2015: PRELIMINARIES.

The Chairperson called the meeting to order at 10.22 am and a prayer was said by Hon. Dr. Dahir Mohamed, MP. She then welcomed all present and invited them to do self-introduction.

MIN.NO. DCH 234/2015: MEETING WITH COMMISSION ON IMPLEMENTATION OF THE CONSTITUTION ON THE PETITION ON THE REVIEW OF THE HEALTH SYSTEM IN KENYA:

Mr. Charles Nyachae, Chairperson, CIC accompanied by Commissioner Catherine Mumma while briefing the Committee on the petition on the review of the health care system apologized for not being able to attend the meeting that was held on 16th July, 2015. In his submissions, he indicated that;

The petition was not explicit on the issues the petitioner wanted cured.

- i. The National Assembly was allowed to make steps that it wishes on the implementation of the constitution.

- ii. It is important to understand the health staffs are a resource not a function as it may have been understood in the past.
- iii. In a bid to agree on the way forward on emerging issues with the advent of devolution, there is a dire need to have an intergovernmental forum to dialogue and resolve these issues that arose as a result of devolution.
- iv. The National Assembly therefore has a major role to play in leading the way for creating coherence on the understanding of issues of devolution for the various concerned players.
- v. On the issue of transferring back the human resource back to the national government, the petitioner failed to understand that human resource is not a function but a resource.
- vi. In terms of empowering the County governments to venture into the development of infrastructure and supply of drugs, the county governments are mandated to develop infrastructure and to purchase drugs. However, the National government is required to build capacity for the county governments even as they execute these mandates. Currently, it is not clear to which extent the national government has built capacity for the county governments.
- vii. In terms of establishing the Health Service Commission, Article 233 of the Constitution establishes the Public Service Commission while Article 234 provides for the functions of the PSC. Creation of the Health Service Commission therefore amounts to taking away the mandate of the PSC and therefore would be in breach of the Constitution and would therefore require an amendment.
- viii. In terms of retaining the health professionals in the country, there is need to address the challenges that came as a result of devolution of the health function which have resulted in the brain drain. However, there is a need to establish the extent of the brain drain before and after devolution and county specific challenges resulting to the brain drain in a bid to address the issue of brain drain.
- ix. The CIC therefore acknowledges that there are issues that are related to the implementation of the Constitution which do not necessarily require the amendment of the Constitution.

COMMITTEE'S CONCERNS

The Committee raised the following concerns that;

- i. In a bid to protect the interest of the health workers who are a special resource due to their specialized training, there is need to set standards in terms of their remuneration and job progression and therefore a need to set up a body to look into standards and criteria on the welfare of the health workers.
- ii. There is need to use the existing mechanisms such as the Public Service Commission and the inter-governmental forum to protect the welfare of the health workers. In this regard, there should be a proposal for a body that the Public Service Commission will delegate its mandate to, to cater for the welfare of the health workers
- iii. There is also a need to clearly define the National Referral Hospital through a law which is not defined in the constitution. This would also define the other levels of hospitals.
- iv. There is need to discuss the issues of health workers with the public service commission.

MIN.NO. DCH 235/2015: MEETING WITH KENYA MEDICAL TRAINING COLLEGE ON THE ISSUE OF STUDENTS ADMISSION BY KUCCPS.

Hon. Prof. Philip Kaloki, the Chairman of the Kenya Medical Training College Board appeared before the Committee to brief it on the issue of student admission controversy with Kenya University and colleges central placement services. He informed the Committee that;

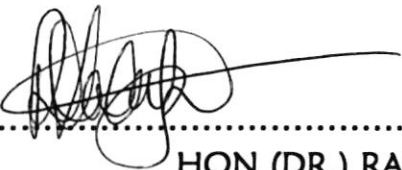
- i. Despite the resolutions reached during the joint meeting that was held in Parliament on 30th September 2014 regarding the students admission between Kenya Universities and Colleges Central Placement Service (KUCCPS) and KMTC, KUCCPS had gone ahead and disregarded the resolutions and had admitted students on behalf of KMTC.
- ii. (KUCCPS) had advertised and placed a list in the newspapers that it had purported to be from KMTC.
- iii. KMTC had advertised their vacancies through the media and had admitted suitable qualified students to different faculties around the country which the college had posted the shortlisted students in their website and would soon be commencing with their training.

WAYFORWARD:

- i. KMTC should assert itself firmly and admit and train students as per the resolutions of the Committee's joint sitting with the Ministries of Health and Education on 30th September, 2014.
- ii. KMTC should do their selection equitably and avail the list constituency by constituency to the Committee. The recent shortlisting by KUCCPS did not reflect equity.
- iii. The Committee abides by its resolution of 30th September, 2014 and supported that KMTC goes ahead with its admissions.

MIN.NO. DCH 236/2015 ADJOURNMENT

There being no other business the meeting was adjourned at 12.30 pm.

SIGNED.....
HON (DR.) RACHAEL NYAMAI, M.P

CHAIRPERSON

DATE:..... 31/7/2015

MINUTES OF THE 60TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 2ND FLOOR COMMITTEE ROOM, CONTINENTAL HOUSE, ON THURSDAY 20TH AUGUST, 2015, AT 10.00 AM.

PRESENT

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson.)
3. The Hon. Michael Onyura, M.P.
4. The Hon. David Karithi, M.P.
5. The Hon. Leonard Sang, M.P.
6. The Hon. John Nyaga Muchiri, M.P.
7. The Hon. Dr. Naomi Shaban, M.P.
8. The Hon. James Gakuya, M.P.
9. The Hon. Raphael Milkau Otaalo, M.P
10. The Hon. Kamande Mwangi, M.P.
11. The Hon. Fred Outa, M.P.
12. The Hon. Dr. James Murgor, M.P.
13. The Hon. Dr. Stephen Wachira, M.P.
14. The Hon. Paul Koinange, M.P
15. The Hon. Dr. Enoch Kibunguchy, M.P.
16. The Hon. Stephen M. Mule, M.P.
17. The Hon. Hassan Aden Osman, M.P.
18. The Hon. Dr. Eseli Simiyu, M.P.

ABSENT WITH APOLOGY

1. The Hon. Dr. James Nyikal, M.P.
2. The Hon. Dr. James O. Gesami, M.P.
3. The Hon. Dr. Susan Musyoka, M.P.
4. The Hon. Joseph O. Magwanga, M.P.
5. The Hon. Mwinga Gunga, M.P.
6. The Hon. Christopher Nakuleu, M.P.
7. The Hon. Dr. Dahir D. Mohamed, M.P
8. The Hon. Alfred Agoi, M.P
9. The Hon. Dr. Patrick Musimba, M.P.
10. The Hon. Mwahima Masoud, M.P.
11. The Hon. Zipporah Jesang, M.P.

IN ATTENDANCE

National Assembly Secretariat

1. Mr. Dennis Mogare - Clerk Assistant III

MIN.NO. DCH 250/2015: PRELIMINARIES.

The Chairperson called the meeting to order at 10.35 am. Thereafter, a prayer was said by Hon. Dr. Stephen Wachira, M.P. The Chairperson then welcomed all Members present to the meeting.

MIN.NO. DCH 251/2015: ADOPTION OF THE AGENDA

The Agenda was adopted as drafted after being proposed and seconded by Hon. Dr. Robert Pukose, M.P. and Hon. Dr. James Murgor, M.P. respectively.

MIN.NO. DCH 252/2015: CONSIDERATION AND ADOPTION OF A REPORT ON A PETITION BY INTERLINK INDUSTRIES ON DELAY OF PAYMENT FOR THE CONSTRUCTION OF AN OUTPATIENT BLOCK AT IGEGANIA SUB- DISTRICT HOSPITAL

The Report was adopted (with amendments) after being proposed and seconded by Hon. Raphael Milkau Otaalo, M.P and Hon. Dr. Stephen Wachira, M.P. respectively.

The amendment effected was that the following be part of the recommendations that: "The Committee recommends that the petition together with the Report from the Committee be forwarded to the Senate for Consideration."

MIN.NO. DCH 253/2015: CONSIDERATION AND ADOPTION OF A REPORT ON A PETITION BY THE KENYA ASSOCIATION OF PRIVATE HOSPITALS ON RECOGNITION BY THE NATIONAL HEALTH INSURANCE FUND

The Report was adopted (with amendments) after being proposed and seconded by Hon. Dr. Eseli Simiyu, M.P. and Hon. Kamande Mwangi, M.P. respectively.

The amendments effected included that:

- a) The following be included in the section on committee observations that:

- i. "The NHIF had employed one actuarial scientist and had no insurance experts. Over time, the same had been outsourced at exorbitant rates and this needed to stop."
 - ii. "Alexander Forbes actuarial study produced a wanting report and the relationship between NHIF and Alexander Forbes ought to be investigated by the Committee and the subsequent recommendations be forwarded to relevant state organs for action."
- b) Recommendation (ii) should be amended to read as follows: "On the issue of intervention to compel the NHIF to involve all other bona fide healthcare providers in consultations on service contracts, the committee compels the fund to involve all other bona fide healthcare providers in consultations on service contracts. Equally, both the KAPH and the NHIF should continue engaging during their regular meetings in order to formulate a mutually beneficial scheme which will facilitate the achievement of universal health coverage for the Kenyan citizens in line with Article 43 of the constitution."
 - c) Recommendation (iii) should be amended to read as follows: "NHIF should employ adequate actuarial scientists and insurance experts and conduct a rigorous actuarial study after identifying a consultant through competitive bidding."
 - d) The following should be included as part of the Committee Recommendations that: "The National Assembly Health Committee should set up a sub-committee to make recommendations on amendments to the NHIF act to provide for universal healthcare."

**MIN.NO. DCH 254/2015: CONSIDERATION AND ADOPTION OF A
REPORT ON A PETITION ON NON- PAYMENT
OF ALLOWANCES FOR CLINICAL OFFICERS
INTERNS.**

The Report was adopted (with amendments) after being proposed and seconded by Hon. Dr. Naomi Shaban, M.P. and Hon. Kamande Mwangi, M.P. respectively.

The amendments effected included that:

- a) Observation (i) should be amended to read that: "since the clinical officers' course is a practical course which does not require a separate internship

period, after qualifying, the trainees need to be registered and posted as was the practice previously.

- b) Recommendation (ii) should be amended to read as follows: “ The Ministry of Health should report to the Committee on the outcome of the discussions with the National Treasury and the Public Service Commission on the payment of interns **within 90 days** from the date of tabling of this Report.
- c) Introduce a recommendation that reads as follows: “The requirement for internship for clinical officer trainees should be abolished as the clinical officers’ course is a practical course which does not require a separate internship period, after qualifying; the trainees need to be registered and posted as was the practice previously.”

**MIN.NO. DCH 255/2015: CONSIDERATION AND ADOPTION OF A
REPORT ON THE CONSIDERATION OF A
PETITION BY MR. BERNARD KIPROTICH
CHERUIYOT REGARDING REVIEW OF HEALTH
CARE SYSTEM**

The Report was adopted (with amendments) after being proposed and seconded by Hon. James Gakuya, M.P. and Hon. Hassan Aden Osman, M.P. respectively.

The amendments effected included that:

- a) Include an observation that reads as follows: “The Committee commends the courage and forthrightness of the petitioner, who is a health worker, for taking upon himself the responsibility to bring to the fore matters affecting the health sector in Kenya.”
- b) Include the following as part of the Committee Recommendations: “There is an urgent need for the national government to expand training opportunities for all cadres of healthcare professionals.”

DCH 256/2015 ANY OTHER BUSINESS

1. The Committee needed to adopt a calendar of activities to undertake during the long recess that was scheduled from 27th August, 2015.

2. The Committee needed to adopt a calendar of activities to undertake during the long recess that was scheduled from 27th August, 2015.
3. The delegation to represent the Committee during the United Nations General Assembly 2015 meeting was selected and had the following members:
 - i. The Hon. Dr. Racheal Nyamai, M.P.
 - ii. The Hon. Mwachima Masoud, M.P.
 - iii. The Hon. Hassan Aden Osman, M.P.
 - iv. The Hon. Dr. James O. Gesami, M.P.
 - v. The Hon. Paul Koinange, M.P.
 - vi. The Hon. Joseph O. Magwanga, M.P.
 - vii. The Hon. Alfred Agoi, M.P.

MIN.NO. DCH 257/2015

ADJOURNMENT

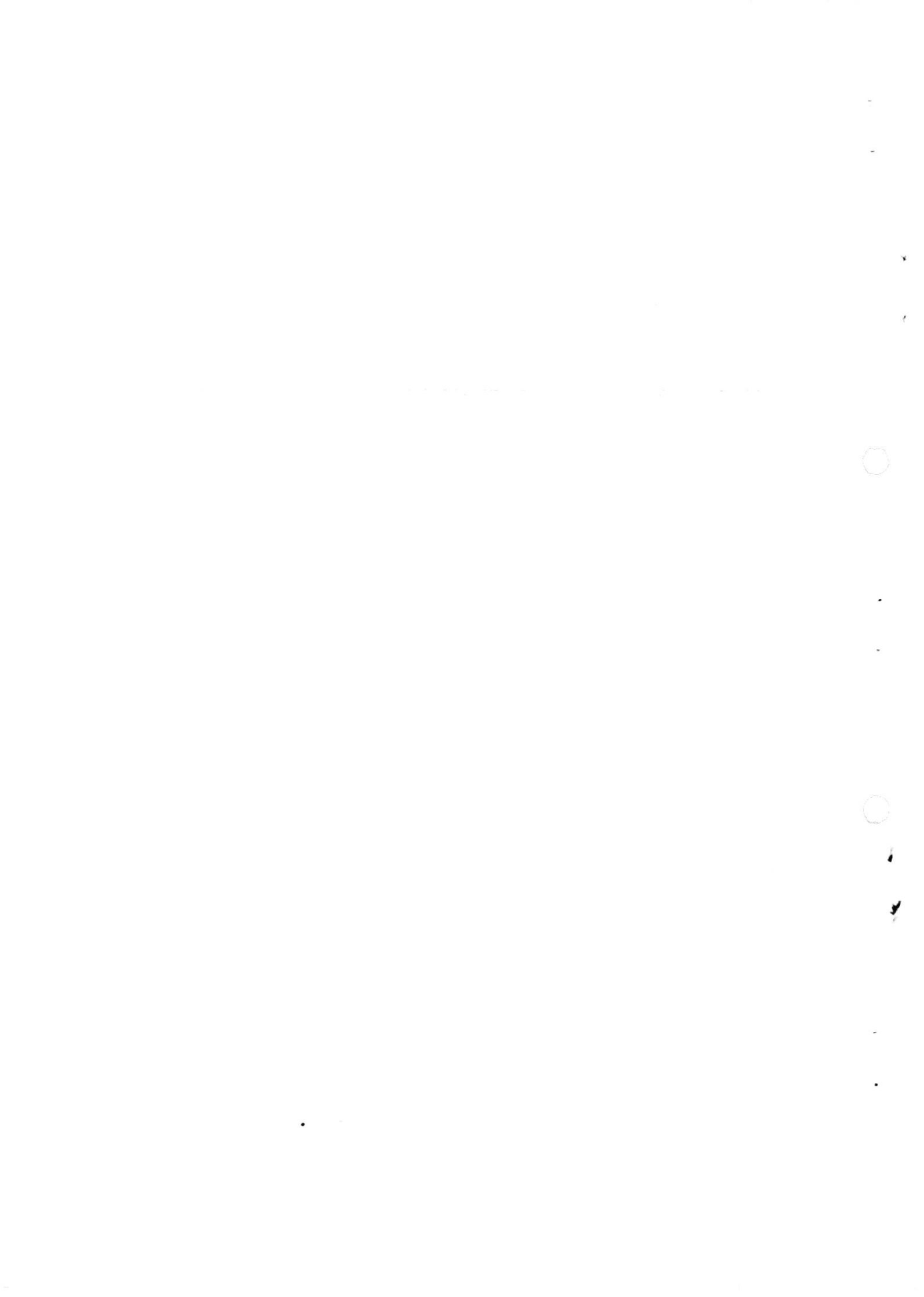
There being no other business the meeting was adjourned at 12.32 pm.

SIGNED.....

HON (DR.) RACHAEL NYAMAI, M.P

CHAIRPERSON

DATE:.....



NATIONAL ASSEMBLY
RECEIVED
29 APR 2015
SPEAKER'S OFFICE
P. O. Box 41842, NAIROBI.

PETITION MADE TO THE NATIONAL ASSEMBLY PURSUANT TO
ARTICLE 119 OF THE CONSTITUTION OF KENYA AND THE NATIONAL
ASSEMBLY STANDING ORDERS

BY

MR. BENARD KIPROTICH CHERUIYOT
RESIDENT OF BOMET COUNTY

To
THE SPEAKER OF NATIONAL ASSEMBLY
PARLIAMENT BUILDING
NAIROBI

15th April, 2015

I, the undersigned,

Citizen of the Republic of Kenya, resident of Bomet County:

DRAW the attention of the National Assembly to the

following:

1. THAT, nationally, the health sector has constantly remained grossly under-funded and the state continues to be pathetic.
2. THAT, ever since devolution of health care, there has been a myriad of problems; ranging from, among others, brain drain, demoralized workforce, strikes, delay in payment of salaries and disorganization; resulting in drastic and sustained deterioration in the service.
3. THAT, since devolution, several health care workers have either resigned from, or deserted, public service; and joined private sector, non-governmental organizations (NGO's) or fled outside the country. They have all cited intimidations and poor terms and conditions of work.
4. THAT, as a result of devolution, it has been impossible to fairly distribute the scarce health professionals in public service among the counties. Moreover, it has been impossible to standardize their terms and conditions of service across the counties.
5. THAT, in view of the current state of affairs in Kenya's health care system, it will not be possible to achieve the Millennium Development Goals (MDG's); particularly the sections that pertain to neo-natal health and eradication of HIV/AIDS. For instance, the maternal mortality has been rising over the last few years.
6. THAT, furthermore, the realization of Vision 2030 on the social pillar will not be achieved . It will not be possible to realize "a healthy nation, a working nation".

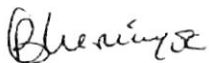
Petition to the National Assembly by Mr. Benard Kiprotich Cheruiyot concerning the
state of health care in Kenya

7. THAT, there is urgent need for a fresh, radical and emergency review and pro-
action of the entire health care system.
8. THAT, Parliament is the right body to address these issues, including in making
proposals for relevant amendments to the Constitution and other laws.
Consequently, I have brought this petition before the National Assembly as the
first port of call.
9. THAT, none of the issues raised in this Petition is pending in any court of Law,
Constitutional or any other legal body.
10. THAT, Parliament is the right body to enact laws to recognize and regulate practice of
traditional medicine since this has proof to treat most of the chronic conditions like cancer. We
need to embrace use of herbal medicine in the hospitals.

WHEREFORE, your humble petitioner prays that the National Assembly-

- 1) Initiates the process of amending the Constitution and all relevant laws to revolutionize health care system, in order to deal with the national health emergency situation and beyond, to incorporate the following main pillars:
 - a) Return certain aspects of the health service, particularly those affecting the human resources, to national government;
 - b) Empower the counties to venture into the other aspects; for instance, development of health infra-structure and supply of drugs;
 - c) Establish a new Health Service Commission;
 - c) Retain the health professionals in the country;
 - e) Fairly distribute the health professionals among the counties.

Dated this 28 day of April 2015.



NAME & SIGNATURE

ADDRESS

ID NO.

MR. BENARD KIPROTICH
CHERUIYOT

P.O. Box 192 – 20210
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22797070

Phone: 0723119159

Email: bcheruiyot82@yahoo.com