



KENYA NATIONAL ASSEMBLY

TENTH PARLIAMENT
(THIRD SESSION)

DEPARTMENTAL COMMITTEE ON HEALTH

PROGRESS REPORT, 2009

(Submitted in accordance with Standing Order 182)

CLERKS CHAMBERS
PARLIAMENT BUILDINGS
NAIROBI

December, 2009

CONTENTS

PREFACE.....	iii
Meetings.....	5
Matters examined	6
1.Estimates for the Ministry of Medical Services and those of Ministry of Public Health and Sanitation.....	6
2.The state of health facilities in the country.....	6
3.The extent and control of the Cholera out-break.....	8
4.The extent and control of the Multi-drug resistant Tuberculosis.....	8
5.Spread and control of the H1N1 (Swine Flu) Virus.....	8
6.Disbursement of Health-sector stimulus package for the year 2009/2010.....	9
7.Control of Polio.....	9
8.Spread and control of the jigger menace	10
9.Health care financing.....	10
10.Disbursement of funds by the National Aids Control Council.....	11
11.Importation and supply of pharmaceuticals and non-pharmaceuticals in the country, gaps in the commodity supply chain and alleged importation of counterfeit pharmaceuticals.....	11
12.Regional Meetings/workshops.....	12
13.International Study Tour.....	12
14.Pending issues.....	13
15.Programme for the year 2010 and beyond.....	13

PREFACE

The Departmental Committee on Health of the National Assembly was constituted on June 17, 2009. Pursuant to provisions of Standing Order 198 the Committee is mandated to:-

198. (1) There shall be select committees to be designated Departmental Committees which shall be nominated by the House Business Committee and approved by the House at the commencement of every Parliament.

(2) Unless the House otherwise directs, the Departmental Committees shall be as set out in the Second Schedule.

(3) The functions of a Departmental Committee shall be: -

(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;

(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 or a Minister; and

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

Subjects

According to Schedule II of the Standing Orders, the subject under the committee is "Matters related to health, medical care and health insurance". In this regard, the Committee examined the issues related to the Ministry of Medical Services and the Ministry of Public Health and Sanitation, and other health related issues, notwithstanding that they do not fall within these two Ministries.

Membership

The Members of the Committee are:-

- (i) Hon. Robert O. Monda, M.P. - Chairperson
- (ii) Hon. (Dr.) Nuh Nassir Abdi, M.P. - Vice-Chairperson
- (iii) Hon. Sheikh Muhammad Dor, M.P.
- (iv) Hon. Cyprian O. Omolo, M.P.
- (v) Hon. Fredrick Outa, M.P.
- (vi) Hon. Joseph O. Magwanga, M.P.

- (vii) Hon. Thomas M. Mwadeghu, M.P.
- (viii) Hon. Victor Kioko Munyaka, M.P.
- (ix) Hon. (Dr.) David Eseli, M.P.
- (x) Hon. (Dr.) Boni Khalwale, M.P.
- (xi) Hon. Joseph Lekuton, M.P.

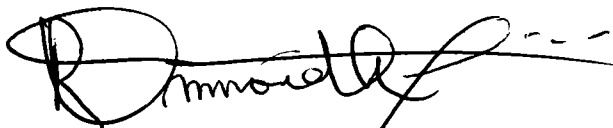
Matters examined

During the period June-December 4, 2009, the Committee examined the following issues:-

- (i) estimates for the Ministry of Medical Services and those of Ministry of Public Health and Sanitation;
- (ii) the state of health facilities in the country;
- (iii) the extent and control of the current Cholera out-break;
- (iv) the extent and control of the Multi-drug resistant Tuberculosis;
- (v) spread and control of the H1N1 (Swine Flu) Virus;
- (vi) disbursement of Health-sector stimulus package for the year 2009/2010;
- (vii) control of Polio;
- (viii) Spread and control of the jigger menace;
- (ix) National medical care financing;
- (x) Disbursement of funds by the National Aids Control Council; and,
- (xi) importation and supply of pharmaceuticals and non-pharmaceuticals in the country, gaps in the commodity supply chain and alleged importation of counterfeit pharmaceuticals.

The Committee also engaged State Corporations, several civil society organisations and NGOs, on their request. The report is a brief on the issues deliberated upon by the Committee during the period June –December, 2009.

This report submitted pursuant to Standing Order 182.



HON. (DR.) ROBERT O. MONDA, MP
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH
DECEMBER 9, 2009

PROGRESS REPORT OF THE DEPARTMENTAL COMMITTEE ON HEALTH.

(FOR THE YEAR 2009)

Meetings

The Committee held a total of twenty-five (25) meetings. These included meetings with:-

- (a) Minister for Public Health and Sanitation;
- (b) Minister for Medical Services;
- (c) Permanent Secretary, Ministry of Public Health and Sanitation;
- (d) Permanent Secretary Minister for Medical Services
- (e) Chief Executive, Kenyatta National Hospital;
- (f) Chief Executive, National Hospital Insurance Fund;
- (g) Chief Executive, Kenya Medical Training College;
- (h) Chief Executive, Kenya Medical Supplies Agency;
- (i) Director, Kenya Bureau of Standards;
- (j) Director, National Aids Control Council;
- (k) Director, National Quality Laboratories;
- (l) Registrar and Board Members, Pharmacy and Poisons Board;
- (m) Members, Pharmaceutical Society of Kenya;
- (n) Members, Kenya Association of Pharmaceutical Industries;
- (o) Members, Kenya Pharmaceutical Distributors Association; and,
- (p) Representatives, the Africa Population and Health Research Centre

The Committee also hosted the parliamentary Committee on Health and Social Affairs of the Parliament of Namibia and the General Purpose Committee of the East African Legislative Assembly.

Matters examined

During the period June-December 4, 2009, the Committee examined the following issues:-

1. Estimates for the Ministry of Medical Services and those of Ministry of Public Health and Sanitation.

The examination was statutory and the report of the Committee was laid before the House and debated alongside the Votes of the two Ministries, at the *Committee of Supply*.

2. The state of health facilities in the country.

The Committee visited health facilities in Nairobi, North Eastern, Nyanza, Coast and Rift valley provinces. The visits were in three phases:

- (a) Phase I: Nairobi, Nyanza and Central Rift Valley;
- (b) Phase II: Coast and North Eastern;
- (c) Phase III: Central and Eastern Provinces; and,
- (d) Phase IV: South Rift and Western Province.

In its first phase of visits, the Committee paid inspection visits to the following : Mbagathi General Hospital; Naivasha District Hospital; Rift Valley Provincial General Hospital, Nakuru; Mogotio Health Centre; Kabarnet District Hospital; Uasin Gishu D. Hospital, Eldoret; Moi Teaching and Referral Hospital, Eldoret; Kapsabet D. Hospital; The New Nyanza Provincial Hospital; Ahero Health Centre; Bari Shauri Community Health Centre (MDGS Facility), Yala-Siaya; KEMSA Main Depot in Nairobi; KEMSA Depot in Nakuru; KEMSA Depot in Kisumu.

The Second phase of the visits which covered the following: Kenyatta National Hospital; Coast General Hospital; Malindi District Hospital; Ngao Sub-District Hospital; Garsen Health Centre; Mamburui Health Centre, Magarini; Ijara District Hospital; Bura Sub-District Hospital; Bura Health Centre; Hola Health Centre; Tana River District Hospital, Hola; Garissa Sub-District Hospital; Saredho Dispensary; Dadaab Health Centre; KEMSA depot, Coast Region; KEMSA depot, Garissa.

The method of collecting data was primarily to tour the health facilities and experience first-hand the conditions under which the health workers were working under and the general service delivery efficiency. Other factors affecting the quality of services delivered were also examined and they included the infrastructure of the health facilities. Another method of gathering data was to interview the health workers and receive feedback on their working conditions, challenges faced, major diseases prevalent in the areas as well as the average amounts collected in form of the cost-sharing funds. This was also indicative of the kind of socio-economic activities that the general population was involved in. Supplies to the hospitals, (both pharmaceutical and non-pharmaceutical) was a key issue and the Committee set to find out ways in which this supply could be better enhanced to ensure timely and relevant delivery of the same. The local populations were also given an opportunity to raise issues that they felt needed to be addressed to further ease delivery of the health services.

It is worth noting that Phases I and II were undertaken by the previous Committee. However, the Committee adopted the report and undertook to carry over the tasks, since the change in membership was minor.

The Committee is yet to visit the other areas in Phases III and IV. However, the preliminary report covering Phases I and II is ready. It is envisaged that Phase III and IV will be undertaken early, next year.

3. The extent and control of the Cholera out-break.

In the examination of the extent of the spread and the control of cholera outbreak, the Committee held meetings with the Minister for Public Health and Sanitation. The Meeting was informed that it has cumulatively affected 42 districts since beginning of 2009. Out of these, a total of 656 cases have been confirmed as cholera. So far the outbreak has been contained in 27 districts. The Ministry has the following challenges: shortage of staff, lack of transport, inadequate capability with respect to disease surveillance and outbreak response.

4. The extent and control of the Multi-drug resistant Tuberculosis.

In this examination the Committee held meetings with the Minister for Public Health and Sanitation and was briefed that the first case in East and Central Africa was reported in Kenya the case was treated with MTRH. Medicines for single case costs more than 2.3 million all contacts of the patient are screened. There only 78 patients on treatment in Kenya as per 13th July 2009. The reason for the increase of the disease include: poor housing, overcrowding, poor ventilations, malnutrition, poor nutrition, poor access to health care, poor quality of health care. The Ministry informed the Committee that the patients are given funds for transport from the hospitals and this is the much that can be done as isolation units , in Kenyatta National Hospital are not complete and can only accommodate 15 patients.

5. Spread and control of the H1N1 (Swine Flu) Virus.

In the examination of the spread and control of the H1N1 (Swine Flu) Virus in the country, the Committee found out that a total of 1421 suspected cases have been

reported with 454 being laboratory confirmed. Due to limited laboratory capacity are only testing cases from new clusters. 411 out of 454 confirmed cases are Kenyans. A total of 25 primary and secondary schools spread across the country have reported over 200 suspected cases, 50 of whom have had positive laboratory confirmation. Most of these cases have been mild and have recovered without the need of hospitalization or administration of *Tamiflu*. Similarly no deaths due to the influenza A H1N1 have been reported

Anti influenza specific drugs and personal protective equipment have been supplied and prepositioned at all headquarters with the Provincial Directors of Public Health and Sanitation for easy mobilization. The biggest challenge is lack of financial resources for the proposed national task force on influenza A/H1N1 2009.

6. Disbursement of Health-sector stimulus package for the year 2009/2010.

In the examination of disbursement of Health-sector stimulus package for the year 2009/2010 the Committee was informed that the Ministry of Public Health and Sanitation was in consultation with the Treasury on the criteria for disbursement of the funds, including the construction of the Model health facilities. Further, it was becoming difficult for the Ministry of Medical Services to employ the 20 nurses per constituency since the funds budgeted for could not pay the minimum salaries.

7. Control of Polio

In the examination of these the Committee was informed it is a highly infectious disease which leads to irreversible paralysis and even death in a matter of hours. Recently, in February 2009, there was an importation of the virus from the neighbouring Sudan into Turkana. A total of 18 cases have been reported. Mop up polio immunization campaign has been conducted. Three rounds of synchronized campaigns have been conducted in 42 districts at high risk of polio transmission. International and local development partners have been mobilized to financially

support these polio immunization campaigns. The Government of Kenya needs to allocate more funds to cater for procurement of these vaccines. The Ministry has asked for Ksh 268 million for disease surveillance for the outbreaks response for both HINI, polio and cholera.

8. Spread and control of the jigger menace

In the examination of spread and control of the jigger menace the Committee found out that over 10 million people are at risk of being infested with jiggers in the country. The most affected areas in Kenya are Central, Coast, Rift valley, Nyanza and Western. However, districts in other provinces have also reported cases. Chemicals for jigger control have been purchased and distributed to all provinces. Spraying of 87% of households in Muranga North, Muranga South and Kericho districts in order to reduce the jigger fleas. Spraying of 32% of households in Thika, Kwale and Siaya. An additional Ksh. 10 million has been allocated this financial year to purchase additional chemicals and disinfectants. Challenges include Stigmatization of those affected, poor housing and limited funding.

9. Health care financing

In this examination the Committee held meetings with the Chief Executive Officer for National Hospital Insurance Fund and was informed that the Fund income has grown from 2,428 billion in 2000/2001 to 5,374 billion in 2008/09 financial year. Benefit payments has grown from 685 million to 2,812 billion in 2008/09 financial period. It has over the years embarked on reduction of administrative costs to below 40% of its total contributions. The Fund introduced a new benefit package during financial year 2008/09 to cater for cases of child birth at the accredited health facilities. The inception to this benefit was informed on the premise that admitted cases would in the past overstay way after child delivery there by consuming extra amounts through claims. This benefit is payable at Kshs 5000 for normal child delivery and Kshs 16000 for caesarean section.

10. Disbursement of funds by the National Aids Control Council.

In this examination the Committee held meetings with the Director for National Aids Control Council. The Meeting was informed that under Round I of the project, which begun in 2008, 673 Organizations were granted 429.27 million as at October 30, 2009. NACC has now completed the processes of reviewing of proposals from same organizations under Round II, 614 and 175 Organizations at Constituency and District levels respectively have applied for funding. To accelerate the implementation of the TOWA Project, NACC has made Round III Call for proposals, closing dates for round III was November 13, 2009.

11. Importation and supply of pharmaceuticals and non-pharmaceuticals in the country, gaps in the commodity supply chain and alleged importation of counterfeit pharmaceuticals.

The Committee is currently undertaking an inquiry on importation and supply of pharmaceuticals and non-pharmaceuticals in the country, gaps in the commodity supply chain and alleged importation of counterfeit pharmaceuticals. The focus of the Committee is on:

- (a) alleged infiltration of counterfeit drugs into the market;
- (b) claims of importation of unregistered drugs;
- (c) alleged importation of registered drugs from unregistered sources;
- (d) regulation of parallel importation of registered drugs; and
- (e) alleged failures in the pharmaceuticals supply chain.

To this end, the Committee has held meetings with: Chief Executive, Kenya Medical Supplies Agency; Director, Kenya Bureau of Standards; Director, National Quality Laboratories; Registrar and Board Members, Pharmacy and Poisons Board; Members, Pharmaceutical Society of Kenya; Members, Kenya Association of Pharmaceutical Industries and Members of the Kenya Pharmaceutical Distributors Association.

The Committee is yet to meet the Minister for Medical Services to adduce evidence on the matters.

It is envisaged that the Report of the Committee on the inquiry will be tabled before the House at the commencement of the Fourth Session.

12. Regional Meetings/workshops

The Committee was also represented in regional meetings on health financing, maternal health and family planning in Kampala, Uganda and Addis Ababa, Ethiopia.

13. International Study Tour

In order to enhance execution of its mandate, the Committee also proposed to visit Finland and Denmark in the months of November and/or December, 2009 to fulfil the following objectives:-

- (a) to have insightful understanding on the role of political parties in Committees;
- (b) to understand how Committees operate in the parliament, particularly , Committees that advise and examine the functioning of government ministries;
- (c) to develop insight on the role of parliament and/or its committees in health sector financing and extent of government and private sector contribution in financing the sector;
- (d) to have a comparative view of mechanisms for procurement and supply of pharmaceuticals and non-pharmaceutical for government health facilities;
- (e) be apprised on mechanisms of provision of affordable health and medical care insurance for all; and,
- (f) to apprise itself on the implementation mechanisms of the reports of Committees;

The Kenya Mission in Sweden was requested to secure appointments with the relevant persons and offices in the two countries. The Mission advised that, having contacted the relevant Ministries of the said countries, they were advised to defer the visit to February/March, 2010. The Committee was agreeable with the advice.

14. Pending issues

The following matters are pending before the Committee:-

- (a) evidence on the inquiry on importation and supply of pharmaceuticals and non-pharmaceuticals in the country;
- (b) visits to health facilities in South Rift, North Rift, Central, Eastern and parts of Nairobi; and,
- (c) international study tour.

15. Programme for the year 2010 and beyond.

The Committee proposes to hold a two-day workshop to draw its strategic plan for the period 2010 to 2012.

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