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REPUBLIC OF KENYA
 THE NATIONAL ASSEMBLY
 THIRTEENTH PARLIAMENT- FOURTH SESSION
 DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE PARTICIPATION IN THE AFRICA TB SUMMIT AND
 HEALTH COMMITTEE CHAIRPERSONS MEETING HELD FROM 29TH
 TO 30TH OCTOBER 2024 IN LUSAKA, ZAMBIA

DIRECTORATE OF DEPARTMENTAL COMMITTEES
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ABBREVIATIONS AND ACRONYMS

AU	African Union
AMR	Antimicrobial Resistance
CSOs	Civil Society Organizations
DR-TB	Drug-resistant Tuberculosis
FIND	Foundation for Innovative New Diagnostics
KEMRI	Kenya Medical Research Institute
MoH	Ministry of Health
PPR	Pandemic Preparedness and Readiness
PPP	Public-Private Partnerships
SHIA	Social Health Authority
TB	Tuberculosis
UHC	Universal Health Coverage
UN HLM	United Nations High-Level Meeting
WHO	World Health Organization

CHAIRPERSON'S FOREWORD

The meeting brought together African Members of Parliament, development partners, health experts, and civil society organizations to develop actionable strategies for strengthening healthcare systems and eliminating tuberculosis (TB) in the African region. This gathering was particularly timely, as TB, despite being both preventable and curable, TB continues to affect over a quarter of the global population, with poverty exacerbating its spread.

TB remains one of the deadliest infectious diseases worldwide, accounting for approximately 400,000 deaths annually. In the country, it is a leading cause of death under the category of neonatal, maternal, communicable, and nutritional diseases. The country is also among the 30 high-burden nations for TB and HIV, with over 120,000 cases reported each year, 10-11% of which affect children.

Recognizing this significant TB burden, Kenya has adopted and continues to implement strategies to combat the disease. The Kenyan's strategies focus on strengthening public-private partnerships, enhancing diagnostic capabilities, and improving healthcare infrastructure.

Several challenges persist, including social stigma, underfunding of TB programs, and gender-related barriers, all of which have hindered efforts to prevent and treat TB effectively. Addressing these challenges must be a priority, if Kenya is to achieve full eradication of TB.

The participation of the Committee at the meeting was fundamental to the actualization of its international commitment to the global fight against TB. This participation also ensures that national health policies and programmes are in harmony with international best practices.

The Members of the Health Committee play a vital role of mobilizing resource mobilization for the TB programmes. We acknowledge the Committee Members who participated at the meeting and appreciate the role played by the Office of the Clerk of the National Assembly in facilitating the participation.

On behalf of the Departmental Committee on Health, I have the honor to present this report on the participation of the Committee at the Africa TB Meeting and Health Committee Chairs Meeting held from 29th to 30th October 2024 in Lusaka, Zambia.

HON. DR. JAMES NYIKAL, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

1.0 CHAPTER ONE

1.1 PREFACE

1.2 ESTABLISHMENT OF THE COMMITTEE

1. Article 124 of the Constitution of Kenya provides for the establishment of Committees by Parliament. The Departmental Committee on Health is established according to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution.

1.2 FUNCTIONS OF THE COMMITTEE

2. Standing Order 216 (5) of the National Assembly Standing Orders provides that the functions of a Departmental Committee include:
 - a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations, and estimates of the assigned ministries and departments;
 - b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;
 - a) Quarterly, to monitor and report on the implementation of the national budget in respect of its mandate.
 - c) To study and review all legislation referred to it;
 - d) To study, assess, and analyze the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;
 - e) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;
 - f) Vet and report on all appointments where the constitution or any other law requires the National Assembly to approve, except those understanding Order 204 (Committee on Appointments).
 - g) To examine treaties, agreements and conventions;
 - h) To make reports and recommendations to the House as often as possible, including recommendations of proposed legislation;
 - i) To consider reports of Commissions and Independent Offices submitted to the House under the provisions of Article 254 of the Constitution; and
 - j) To examine any questions raised by Members on a matter within its mandate.

1.2.1 Committee mandate and Oversight institutions

3. In accordance with the Second Schedule of the National Assembly Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
4. In executing its mandate, the Departmental Committee on Health oversees the State Departments in the Ministry of Health as delineated in Executive Order No. 1 of 2023 namely:
 - a) The State Department for Medical Services; and
 - b) The State Department for Public Health and Professional Standards.

1.3 COMMITTEE MEMBERSHIP

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

Chairperson

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

Vice-Chairperson

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

Members

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

Hon. Owino Martin Peters, MP
Ndthiwa Constituency
ODM Party

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

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

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party
Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

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

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

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

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

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ANC Party

1.4 COMMITTEE SECRETARIAT

6 The Committee is supported by the following secretariat

Mr Hassan Abdullahi Arale
Clerk Assistant I/Head of Secretariat

Ms Gladys Jepkoech Kiprotich
Clerk Assistant III

Mr Timothy Kimathi
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel II

Ms Abigael Munde
Research Officer III

Ms Faith Chepkemoi
Legal Counsel II

Mr. Hiram Kimuhu
Fiscal Analyst III

Mr Hillary Mageka
Media Relations Officer

Ms Sheila Chebotibim
Senior Sergeant-At-Arms

Ms Rahab Chepkilim
Audio Recording Officer II

Mr Eric Lungai
Hansard Officer III

Ms Angela Cheror
Protocol and Public Communications Officer

2.0 CHAPTER TWO

2.1 INTRODUCTION AND BACKGROUND

7. The Meeting brought together parliamentarians from; Kenya, Eswatini, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. Also present were civil society organizations (CSOs), TB experts, and development partners to have high-level forums on specific, well-coordinated plans that quicken the elimination of tuberculosis (TB) as a public health hazard in Africa.
8. The agenda of the meeting was to strengthen political will, boost regional cooperation, and empower lawmakers to lead the necessary legislative, policy, and budgetary reforms on the prevention, diagnosis, treatment, and funding of TB, while also building on the commitments made at the 2023 UN High-Level Meeting (UN HLM) on TB. The Summit was held against the backdrop of knowledge that Africa bears a disproportionately high TB burden, which ensured participants emphasized the need for sustained political commitment and multi-sectoral partnerships to bridge gaps in the fight against TB.
9. By bringing together diverse stakeholders, the Africa meeting highlighted the need to translate **commitments** into **action** and ensure parliamentarians take up their roles as key drivers of accountability and policy transformation.

2.2 OBJECTIVES OF THE MEETING

10. The Meetings key objectives were:
 1. **To raise Awareness**, by keeping MPs apprised of the current TB situation in the region and reviewing progress towards achieving UN HLM targets.
 2. **To promote Innovation**, by facilitating ideas exchange sessions that focus on the use of the latest technologies to drive TB research and development advancements.
 3. **To strengthen Advocacy**, by fostering regional and in-country partnerships that increase advocacy for domestic and global resources needed for the fight against TB.
 4. **To develop a Unified Strategy**, through drawing up the resolution and roadmap that drive a sustainable response to eliminating TB in Africa (and in line with the 2023 UN HLM).

2.3 KEY HIGHLIGHTS

1. **Participation in Africa Regional Dialogue:** A key highlight of the Summit was participation in the Africa Regional Dialogue on TB financing by parliamentarians and the Secretariat of the Global TB Caucus. The Dialogue was co-organized by The African Union (AU) Commission Department of Health and Humanitarian Affairs in collaboration with the Stop TB Partnership secretariat.
2. **Insights and Collaborative Discussions:** The members of the committee interacted with their counterparts from **high** TB-burden countries, development partners, civil society representatives, donors, and key stakeholders; these discussions focused on salient aspects of TB response, including scaling up financing efforts to meet UN HLM targets and shared experiences.
3. **The outcome document:** The Africa Parliamentary TB Caucus, together with stakeholders, adopted the **Abuja Statement on Financing to End TB in Africa**. It was agreed that the

operationalizing of the commitments would be implemented through the African region's roadmap of activities and the Global TB Caucus 2025 work plan

The Committee's delegation included:

- 1 Hon Dr Nyikal James Wambura, Member of Parliament- Leader of Delegation
- 2 Hon Duncan Maina Mathenge, Member of Parliament
- 3 Hon Stephen Mule, Member of Parliament and Chair, Africa TB Caucus
- 4 Ms Abigael Mukeli Munde, Research Officer (Delegation Secretary)

3.0 CHAPTER THREE

3.1 SYNOPSIS OF MEETINGS AND PRESENTATIONS

3.1.1 Opening Remarks by Hon. Dr. Christopher Kalila, MP the Chairperson of Zambia's Parliamentary Committee on Health, Community Development, and Social Services

11. Hon. Dr. Christopher Kalila the chairperson of the Zambia Parliamentary Committee and a member of the African TB Caucus welcomed delegates and brought out the agenda of the meeting to unite stakeholders in their key mandate; "Helping to accelerate TB eradication". He acknowledged the fight against TB had resource constraints but stressed the importance of actionable strategies.

3.1.2 Keynote Speech by the Rt Hon, Lord Herbert of South Downs, Chair of Global TB Caucus

12. Lord Herbert emphasized the parliamentarians' role of securing funding and mobilizing political will was critical in eradicating TB. His speech acknowledged advancements in TB diagnostics, while also highlighting setbacks brought on by COVID-19, funding gaps, and persistent stigma around the disease.

3.1.3 Keynote Speech by Peter Sands, Executive Director, Global Fund - Video Message

13. Global Fund Support: Peter Sands thanked the Zambia National Assembly and partners for hosting the meeting, commending the Global TB Caucus for nearly a decade of impactful partnership. He highlighted that 74% of Global Fund grants support Africa, emphasizing African leaders' critical role in combating TB. He highlighted a key achievement; despite COVID-19, TB deaths in Africa decreased by 38%, and TB incidence fell by 23% between 2015 and 2022. Over 7.1 million people were treated in 2023, surpassing pre-pandemic levels. Africa has exceeded WHO End TB strategy milestones, particularly in reducing TB-HIV co-infection and preventive treatment for people living with HIV.

3.1.3 Presentation by Dr. Michel Gasana from the World Health Organization's Regional Office for Africa (WHO AFRO)

14. Dr. Michel Gasana's presentation provided epidemiological updates, noting **404,000 TB-related deaths in Africa in 2023**. Some of the key challenges brought out included HIV co-infection, limited diagnostics, and funding shortfalls. In his presentation, Dr. Gasana recommended increased funding would go a long way, while the deployment of new diagnostic tools, and strengthening of multisectoral collaboration would give African countries increased advantages in eliminating TB.

3.1.4 Harnessing Gender-Responsive TB Interventions in Africa and Beyond Dr. Leyla Abdullahi (AFIDEP)

15. This presentation and discussions focused on the gendered dimensions of tuberculosis (TB) and the need for gender-responsive programming in Africa and beyond.

Key Points:

1. TB Burden and Gender Disparities:

- a) TB remains a major global health issue, with 10.6 million cases in 2022.
- b) Men are disproportionately affected (55%) compared to women (33%) and children (12%).
- c) Gender plays a critical role in TB exposure, access to care, and treatment outcomes.

2. Drivers of TB Persistence:

- a) Poverty, inequality, and deprivation are key contributors and
- b) Despite economic growth, wealth distribution remains unequal, worsening TB disparities.

3. Funding Gaps:

- a) 62 of 134 low- and middle-income countries (LMICs) lack sufficient funds? How much? for TB response and
- b) Increased domestic and international funding is urgently needed.

4. Gender-Responsive TB Care:

- a) TB care data is often not gender-disaggregated, limiting effective interventions and
- b) LIGHT's work focuses on strengthening evidence generation, stakeholder engagement, and monitoring gendered health pathways.

5. Policy and Programmatic Gaps:

- a) Existing TB policies do not fully address gender-specific challenges and
- b) There is a need for harmonized gender-sensitive policy reforms.

3.1.5 Outputs of Meeting and Next Steps

The key action points agreed at the meeting include:

- a) **Increase in Financing:** Member States to continue advocating for domestic and global funding to close TB gaps.
- b) **Foster Collaboration:** Strengthening partnerships with CSOs, governments, and the private sector will help scale the TB response.
- c) **Promote Equity:** Gender disparities need to be recognized and addressed, all while giving priority to vulnerable populations.
- d) **Enhance Innovation:** Investments in diagnostics, research, and decentralized care are necessary for the next chapter of the TB eradication fight.
- e) **Legislative Engagement:** National TB caucuses need to be strengthened, and lawmakers have a role in enacting supportive laws.

4.0 CHAPTER FOUR

4.1 COMMITTEE'S OBSERVATIONS

16. The Committee made the following observations: That,

1. TB remains a major public health challenge in Africa, with a high disease burden and significant underfunding.

17. With high morbidity and mortality rates, tuberculosis (TB) is one of the leading infectious disease in Africa. Despite global efforts to combat TB, Africa faces a disproportionate TB burden. Several factors contribute to this high mortality rate, including poverty, malnutrition, weak healthcare systems, and high co-infection rates with HIV/AIDS. The underfunded National TB programs have led to gaps in diagnostics, treatment, and prevention efforts. Thus, without substantial investment on TB achieving the global goal of ending TB by 2030 remains unrealistic.

2. Despite global and regional commitments, domestic financing for TB remains inadequate, necessitating urgent budgetary prioritization.

18. The significant dependence of African countries on donor funding for tuberculosis presents sustainability challenges, especially as the Global Fund reallocates health financing towards emerging health threats. There is a need for governments to allocate more domestic resources to TB programs to ensure long-term sustainability and reduce dependency on external donors.

3. Stigma and gender-related barriers significantly hinder TB prevention and treatment efforts.

19. Early TB diagnosis and treatment are greatly hampered in rural populations due to TB-related stigma. While many individuals in rural areas avoid seeking care due to fear of discrimination, gender-related disparities have a limiting impact on access to TB services. Women may face sociocultural barriers while men on the other hand may delay seeking treatment due to economic responsibilities.

4. There is a need for stronger parliamentary advocacy to mobilize resources and enact supportive legislation.

20. Parliament has an important role to play in shaping health policies, ensuring adequate resource allocation, and holding the executive accountable for TB commitments. The establishment of the Departmental Committee on Health and Parliamentary TB caucuses, strengthen the oversight mechanisms and mainstreaming of TB into national development agendas. Parliamentarians have an opportunity to enhance political commitment on the fight against TB and advocate for sustainable interventions.

5. TB diagnostics and treatment innovations are promising, but accessibility remains a challenge in low-income communities.

21. The development of rapid molecular tests, shorter treatment regimens, and potential vaccines highlight the significant progress made in TB diagnostics and treatment. However, high costs,

inadequate healthcare infrastructure, and logistical challenges make these inaccessible to needy populations in low-income and rural populations.

6. Pandemic preparedness and antimicrobial resistance must be integrated into TB response strategies for a holistic healthcare approach.

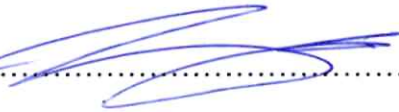
22. The COVID-19 pandemic exposed vulnerabilities in global health systems, including disruptions in TB diagnosis and treatment services. Similarly, the rise of drug-resistant TB (DR-TB), made worse by the misuse of antibiotics and weak surveillance systems, poses a growing public health threat.

5.0 CHAPTER FIVE

5.1 COMMITTEE'S RECOMMENDATIONS

23. The Committee recommends as follows:

- a) **Increase Domestic Financing for TB Programs:** The Cabinet Secretary for Health to budget for a minimum 10% increase in domestic funding for TB programs in the 2024/2025 Budget Policy Statement. This is to ensure adequate resources for prevention, diagnosis, and treatment. Further, before the submission of the financial year 2025/26 budget, the National Treasury is to prioritize increasing funding for critical health programmes considering the reducing donor support.
- b) **Integrate TB Prevention into Universal Health Coverage (UHC):** The Cabinet Secretary for Health, through the Social Health Authority (SHA), should develop and implement policies that incorporate TB prevention and treatment services into UHC initiatives, ensuring a comprehensive approach to TB eradication by June 2025.
- c) **Strengthen the Kenya Parliamentary TB Caucus:** Within the next six months, Parliament should revitalize the Kenya Parliamentary TB Caucus, organizing quarterly meetings to facilitate TB advocacy, maintain continuous dialogue on TB issues, and foster partnerships with key stakeholders.
- d) **Promote Multi-Sectoral Collaboration:** In the next six months, the Cabinet Secretary for Health should organize partnership forums that include civil society organizations, private entities, and other stakeholders to coordinate efforts, pool resources, and share expertise. Additionally, the National Assembly is to participate in international initiatives such as the Stop TB Partnership and the World Health Assembly to facilitate knowledge-sharing and access to technical and financial support.

SIGN  DATE 27/2/2024

HON. DR. JAMES NYIKAL, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

THE NATIONAL ASSEMBLY
PAPERS LAID

DATE: 02 APR 2024 DAY: THURSDAY

TABLED BY:	CHAIRPERSON, DEPT. COMMITTEE ON HEALTH Hon. JAMES NYIKAL
CLERK-AT-THE-TABLE:	J. Anemabelle



THE NATIONAL ASSEMBLY



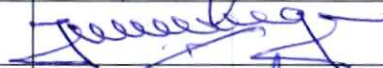




13TH PARLIAMENT – FOURTH SESSION (2025)

DIRECTORATE OF DEPARTMENTAL COMMITTEES-DEPARTMENTAL
COMMITTEE ON HEALTH

REPORT ADOPTION LIST REPORT ON THE PARTICIPATION IN THE AFRICA TB
SUMMIT AND HEALTH COMMITTEE CHAIRPERSONS MEETING HELD FROM 29TH
TO 30TH OCTOBER 2024 IN LUSAKA, ZAMBIA

We, the undersigned Members of the Departmental Committee on Health do hereby append our
signatures to adopt this Report

Date: 27/2/2025

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



MINUTES OF THE 12TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 12, MAIN PARLIAMENT BUILDINGS, ON THURSDAY, 27TH FEBRUARY 2025 AT 10:00 AM

PRESENT

- | | |
|---|--------------------|
| 1. The Hon. Dr. Pukose Robert, MP | - Chairperson |
| 2. The Hon. Ntwiga Patrick Munene, MP | - Vice-Chairperson |
| 3. The Hon. Mathenge Duncan Maina, MP | - Member |
| 4. The Hon. Oron Joshua Odongo, MP | - Member |
| 5. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP | - Member |
| 6. The Hon. Prof. Jaldesa Guyo Waqo, MP | - Member |
| 7. The Hon. Owino Martin Peters, MP | - Member |
| 8. The Hon. Mary Maingi, MP | - Member |
| 9. The Hon. Cynthia Muge, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|--|----------|
| 1. The Hon. Titus Khamala, MP | - Member |
| 2. The Hon. Kipngor Reuben Kiborek, MP | - Member |
| 3. The Hon. Wanyonyi Martin Pepela, MP | - Member |
| 4. The Hon. Dr. Nyikal James Wambura, MP | - Member |
| 5. The Hon. Lenguris Pauline, MP | - Member |
| 6. The Hon. Kibagendi Antoney, MP | - Member |

COMMITTEE SECRETARIAT

- | | |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant I |
| 2. Mr. Timothy Kimathi | - Clerk Assistant III |
| 3. Ms. Gladys Kiprotich | - Clerk Assistant III |
| 4. Ms. Faith Chepkemoi | - Legal Counsel II |
| 5. Mr. Hiram Kimuhu | - Fiscal Analyst III |
| 6. Ms. Abigael Muinde | - Research Officer III |

AGENDA

1. Prayers;
2. Adoption of the Agenda;
3. Confirmation of Minutes of the previous meetings;
4. Matters Arising;
5. Consideration and adoption of the 2025 Budget Policy Statement report.
6. Consideration and adoption of the reports on foreign trips undertaken by the Committee in 2024.
7. Any other business and;
8. Adjournment/Date of the Next Meeting.

MIN. NO. NA/DC-H/2025/81: PRELIMINARIES/INTRODUCTION

The Chairperson called the meeting to order at ten minutes past ten o'clock, followed by the Prayer and self-introductions.

MIN. NO. NA/DC-H/2025/82: ADOPTION OF AGENDA

The agenda of the meeting was adopted having been proposed by Hon. Dr. Pukose Robert, MP and seconded by Hon. Oron Joshua Odongo, MP.

MIN. NO. NA/DC-H/2025/83: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

- 1. Confirmation of Minutes of the 9th sitting held on 19th February 2025.**
Minutes of the 9th Sitting held on 21st February 2025 were adopted as a true reflection of the Committee deliberations having been proposed by Hon. Prof. Jaldesa Guyo Waqo, MP and seconded Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP.
- 2. Confirmation of Minutes of the 10th sitting held on 19th February 2025.**
Minutes of the 7th Sitting held on 21st February 2025 were adopted as a true reflection of the Committee deliberations having been proposed by Hon. Ntwiga Patrick Munene, MP and seconded by Hon. Oron Joshua Odongo, MP.
- 3. Confirmation of Minutes of the 11th sitting held on 20th February 2025.**
Minutes of the 8th Sitting held on 25th February 2025 were adopted as a true reflection of the Committee deliberations having been proposed by Hon. Oron Joshua Odongo, MP and Hon. Prof. Jaldesa Guyo Waqo, MP.

MIN. NO. NA/DC-H/2025/84: MATTERS ARISING

There were no matters arising.

MIN. NO. NA/DC-H/2025/85: CONSIDERATION AND ADOPTION OF THE 2025 BUDGET POLICY STATEMENT REPORT.

After lengthy consideration of the report on the 2025 Budget Policy Statement, the Committee made the following observations and recommendations and adopted the report as the true reflection of the committee deliberation after it was proposed by Hon. Duncan Maina Mathenge and seconded by Hon. Ntwiga Patrick Munene, MP.

The following observations and recommendations were made;

COMMITTEE OBSERVATIONS

The Committee reviewed the Budget Policy Statement 2025 and held consultative meetings with the two State Departments in the Ministry of Health and their SAGAs and thereafter made the following observations:

General Observations

1. For the 2025/26 financial year, the health sector's proposed total expenditure ceiling is Kshs 204.5 billion. Kshs.171.9 billion and Kshs 31.9 billion have been allocated to the State Department for Medical Services and State Department for Public Health and Professional Standards, respectively.
2. There is underfunding for personal emoluments in SAGAs particularly in referral hospitals and the specialized hospitals planned to be established.
3. The government has made UHC a central pillar of the Bottom-Up Economic Transformation Agenda (BETA) and enacted four key health laws in 2023 to ensure access to comprehensive healthcare. The successful implementation of UHC depends on adequate funding, with key initiatives such as The Primary Healthcare Fund and the Emergency, Chronic, and Critical Illness Fund significantly underfunded.
4. Recent U.S. presidential sanctions have resulted in the withdrawal of key donor funding for healthcare programs in Kenya. This has affected initiatives in areas such as HIV/AIDS, TB, Malaria treatment, maternal and child health, tuberculosis and child vaccine procurement. The reduction in donor support may force the government to reallocate domestic resources, potentially straining other health sector priorities.

Specific Observations

(a) State Department for Medical Services

1. The Ministry aims to increase health commodity availability from 64% to 75% in 2025, with a long-term goal of 100% by 2027. Achieving this requires a robust supply chain, investment in local pharmaceutical manufacturing, and reforms at the Kenya Medical Supplies Authority (KEMSA). However, disruptions caused by donor funding withdrawals may impact essential supplies, including child vaccines, Tuberculosis diagnosis and treatment, HIV/AIDS medication, and Malaria treatments.
2. There is inadequate budgetary allocation for the health sector to support implementation of health programmes in view of the reduced donor funding. GAVI will end its support to Kenya by 2028/2029. The government therefore ought to increase exchequer funding on vaccine and immunization programmes, human vaccine production and human health research through the Kenya BioVax Institute and the Kenya Medical Research Institute (KEMRI) respectively.
3. The Kenya Biovax is setting up a fill and finish human vaccine production facility with a capability to produce up to 6 million doses of vaccines per month and 72 million doses per annum. The project contract sum is Kshs 470.6 million and at the end of quarter 1 of financial year 2024/25, Kshs 179 million has been certified for payment.
4. The Wellcome Trust has been supporting research and development at KEMRI. The funded research activities at KEMRI are designed by research partners. Notably, 800 workers have been employed by Wellcome Trust. The

Committee notes that the contract has ended, and this will render the employees jobless.

5. **Kenya Institute of Primate Research (KIPRE) and Kenya Medical Research Institute (KEMRI)** have entered into an MOU to undertake clinical trials and snake anti-venom manufacturing. The commercialization of the products will generate revenue.
6. Although training is a function of the national government, the Ministry and the county governments are yet to come up with a funding framework for the training of registrars working in the Level 6 referral hospitals.
7. **The counties are paying KEMSA pending bills from the County Revenue Fund.** Payment of KEMSA pending bills from Facilities Improvement Fund (FIF) and would ensure that KEMSA pending bills are paid promptly.
8. **The Oxygen plant at Kenyatta National Hospital has not been handed over to KNH.** The Project Implementation Team (PIT) is currently assessing the project. Further, in 2023/24 financial year the project was allocated Kshs 70 million for procurement of generators. However, the generators are expected to be delivered in March 2025. Notably, during this period KNH is purchasing oxygen.
9. **Spinal Injury and Mathari National Teaching and Referral Hospital** has been classified as Semi-Autonomous Agencies under the Ministry of Health. However, the Ministry has failed to fully operationalize the SAGAs by providing transfers to these referral facilities. These facilities have not been able to procure and recruit new staff.
10. **Mathari National Teaching and Referral Hospital** is unable to claim to SHA for services offered to prisoners. Most of these prison patients don't have unique identifiers i.e. Identity cards required for SHA registrations. The referral hospital ends up with unpaid bills left by discharged prisoners.
11. **The defunct NHIF owes co-insurers KES 8.137 billion for civil servants' Work Injury Benefits Act (WIBA) claims,** along with an additional KES 3.927 billion in accumulated WIBA claims predating April 2021. While Section 26(4) of WIBA mandates insurers to resolve claims within 90 days of their submission, the now-defunct NHIF provided this insurance service before receiving payments from respective government agencies. These outstanding debts are among those that the Social Health Authority (SHA) is seeking to recover.
12. **A major challenge facing the Social Health Authority (SHA) system** has been inadequate communication. Many people remain uninformed about the program's benefits, coverage options, registration process, and how to access healthcare services under the new system, resulting in confusion and difficulty in utilizing healthcare services effectively. Additionally, SHA has struggled with insufficient funding in its administrative and support functions. The Act capped administrative expenditure at 5% of its revenue collection.
13. **The defunct NHIF owes healthcare providers an estimated KES 30.9B.** Additionally, NHIF owes co-insurers KES 8.137B for civil servants' WIBA claims and a further KES 3.927B in accumulated WIBA claims before April 2021. NHIF also has outstanding premium receivables totaling KES 25.5B across various government-funded schemes, including the civil service medical cover, Linda Mama program, and indigent support.

(b) **State Department for Public Health and Professional Standards**

1. Kenya continues to face significant public health challenges, including emerging infectious diseases and persistent threats such as tuberculosis (TB), Malaria, Ebola and Monkey pox, Marburg and Covid-19 among others. While the government has strengthened disease surveillance mechanisms, funding limitations hinder the full

- implementation of monitoring and response programs. The withdrawal of donor support may further strain resources allocated for disease control, laboratory services, and emergency preparedness.
2. To improve service delivery, the government has committed to expanding the health workforce through the Afya Nyumbani program and increasing training capacity at the Kenya Medical Training College (KMTC). Funding constraints have led to over-reliance on internally generated revenues for Personnel emoluments in referral hospitals and other health institutions.
 3. The contract signed by the Ministry of Health for the purchase of kits for Community Health Promoters included the replenishment of consumables for which the Ministry will continue to engage the supplier to meet their contractual obligations.
 4. Most of the regulatory bodies and agencies under the State Department are renting their office spaces. However, NQCL has four acres of land which is sufficient to construct a complex to host the agencies that do not have office space.
 5. Kenya is working towards achieving WHO Maturity Level 3; however, several challenges continue to hinder progress. These include weak regulation of health products and technologies, inadequate control over over-the-counter (OTC) drug sales, and staffing shortages at the Pharmacy and Poisons Board. The Kenya Health Products and Technologies Regulatory Authority Bill, 2022, passed by the National Assembly, and is currently in Senate is a key enabler in attaining this milestone. The Committee, therefore, urges the Senate to expedite its consideration.
 6. There are forty-two (42) professional cadres of health workers in Kenya out of which eight (8) are regulated by eleven (11) professional bodies, thirty-one (31) are totally unregulated which presents a challenge in the management of the health profession in the country.
 7. The declassification of regulatory bodies such as the Kenya Medical Practitioners and Dentists Council (KMPDC), the Clinical Officers Council, and the Nursing Council of Kenya, among others as directed by the Cabinet, poses a significant risk to healthcare service delivery. This directive could undermine quality-of-care surveillance, facility and health professional licensing, and the enforcement of care standards, ultimately compromising the entire healthcare system. For instance, KMPDC may be pushed to increase the licensing fee for a Level 3 facility from the current Ksh 20,000 to Ksh 100,000 to effectively fulfill its mandate. In the long run, this increase will drive up the overall cost of healthcare, making services less accessible and potentially exacerbating the National disease burden.
 8. A total of 29,000 KMTC students require student loans yearly. The Higher Education Loans Board (HELB) does not provide KMTC students with loans despite Kenya Universities and Colleges Central Placement Service (KUCCPS) undertaking placement of KMTC students. There is an increased demand for construction of KMTC colleges in the country (especially at the county level). Notably, the county governments construct KMTC colleges and later approach KMTC management to provide resources for operationalization of the colleges including human resources. This has constrained the KMTC budget. KMTC require Kshs.1 billion to operationalize the 18 newly constructed KMTCs.

COMMITTEE RECOMMENDATIONS

Policy Recommendations

The Committee having reviewed the Budget Policy Statement, 2025 and held consultative meetings with the two State Departments in the Ministry of Health and their respective SAGAs makes the following policy recommendations:

General Recommendations

1. The Principal Secretary for National Treasury to prioritize increasing budgetary allocations for UHC programs in the financial year 2025/2026. The Cabinet secretary for health should ensure efficient utilization of funds and closely monitor the impact of reduced donor funding on critical healthcare programs.
2. The Cabinet Secretary of Health to engage within the next sixty (60) days with international partners to negotiate alternative funding arrangements. Additionally, the Principal Secretary for National Treasury should prioritize domestic resource mobilization to compensate for donor withdrawals, ensuring that critical health programs remain operational.
3. Within the next sixty (60) days the Cabinet Secretary for health to prepare a Cabinet Memo on the housing of all the Ministry of health SAGAs without permanent offices in one building situated at the parcel of land owned by the NQCL.
4. In the financial year 2025/2026 the Cabinet Secretary for the National Treasury, in light of the reduction in donor support, to allocate funding for the promotion of local research and manufacturing in institutions such as KEMRI, KIPRE and BIOVAX Limited.
5. Within the next sixty (60) days the Cabinet Secretary for health, in consultation with the Cabinet Secretary for correctional services, to develop a legal framework for the handling of convicted offenders who are found to be of unsound mind or to have permanent intellectual disability.

Specific Recommendations

(a) State Department for Medical Services

1. Within the next sixty (60) days The Cabinet Secretary, Ministry of Health to fast-track reforms at KEMSA to enhance efficiency, accountability, and transparency in procurement.
2. Within the next thirty (30) days the Principal Secretary, State Department for Medical Services to submit report on the assessment and evaluation of the Managed Equipment Services (MES) Project and the negotiated Intergovernmental Participatory Agreements (IPAs) with County Governments and the new contracts for the National Equipment Support Programme within thirty (30) days.
3. Within sixty (60) days, the Cabinet Secretary, Ministry of Health to develop a policy framework for the training of Registrars working in National Referral hospitals and their re-integration back to the County Governments.
4. In preparation of the 2025/26 financial year budget, the Principal Secretary National Treasury should create a separate budget line for the Mathari National Teaching and Referral Hospital and Spinal Injury Hospital.
5. In the next thirty (30) days, the Cabinet Secretary, Ministry of Health and National Treasury to table a detailed report on status of all donor-funded programmes and projects under the Health Sector.

6. In the next sixty (60) days the Principal Secretary, National Treasury should facilitate engagements with all MDAs that have outstanding debts under the defunct NHIF to develop a structured debt repayment plan for settling the KES 12.064 billion owed including WIBA, Kenya Police Service and the Civil Servants scheme. Additionally, a comprehensive and transparent audit of outstanding obligations should be conducted to verify the legitimacy of claims and ensure accountability in the repayment process.
7. To enhance public awareness and improve service utilization, the Social Health Authority (SHA) should launch a nationwide communication campaign. This initiative should leverage multiple channels; including digital platforms, print and broadcast media, and community outreach to educate citizens on SHA's benefits, coverage, registration process, and service accessibility. Additionally, the National Treasury, through the Ministry of Health, should allocate funding in the supplementary II financial year 2024/2025, to support SHA in addressing operational needs and resolving initial implementation challenges. This financial support will ensure a smoother transition and effective service delivery in the early stages of its implementation.

(b) State Department for Public Health and Professional Standards

1. The National treasury through the Ministry of Health allocates resources to public health laboratories, disease surveillance systems, and emergency response mechanisms. The Cabinet Secretary for health to seek Partnerships with international health organizations to mitigate funding gaps occasioned by USAID withdrawals.
2. Within 60 days, Kenya Medical Training College provide a progress report on operationalization of the eighteen (18) new KMTCs. Further, The Principal Secretary, State Department for Public Health and Professional Standards and the National Treasury to prioritize allocating more funds for the recruitment of staff to operationalize other KMTC facilities ready for operationalization.
3. Within the next sixty (60) days the Cabinet Secretary for Health to develop Regulations on the sale and use of nicotine products under the Tobacco Control Act, Cap. 245A within six (6) months.
4. Within ninety (90) days, The Kenya Medical Practitioners and Dentist Council should inspect and categorize all health facilities in Kenya to ensure quality of care and facilitate effective empanelment of healthcare providers by Social Health Authority.
5. Within sixty days, The Ministry of Health develop amendments to the Universities Act, Cap. 210 to allow regulatory bodies to regulate the training of health workers and inspection of healthcare training in all training institutions.
6. In preparation of 2025/2026 financial year budget estimates, the Principal Secretary for National Treasury to provide enough funding to Kenya Medical Practitioners and Dentist Council and other regulatory bodies. The Cabinet Secretary for health, within one month, to seek legal advice from the Office of the Attorney General and the Department of Justice on the framework for the merging and declassification of the State Corporations as directed by the Cabinet. The regulatory bodies should continue to receive funding from the exchequer awaiting the Attorney general's advisory.
7. To support the achievement of World Health Organization (WHO) Maturity Level three (ML3) in accordance with the Global benchmarking tool (GBT) as a priority, to necessitate the institutionalization of the Kenya Health Products and

Technologies Regulatory Authority(KHPT), the Principal Secretary, State Department for Public Health and Professional Standards, in collaboration with the Principal Secretary, National Treasury, should ensure the allocation of adequate funds to the Pharmacy and Poisons Board (PPB) for the absorption of contractual employees who were engaged by the world bank should be given priority to be absorbed on a permanent and pensionable terms in the supplementary II financial year 2024/2025.

Financial Recommendations

The Committee having considered the 2025 Budget Policy Statement expenditure ceilings for the two State Departments in the Ministry of Health, recommends the following additional financial request.

Additional Funding Requests

That, the Committee is aware of the constrained resource basket in the 2025 Budget Policy Statement. However, critical areas within the health sector have serious financial gaps. The Committee recommends that the Budget and Appropriations Committee consider allocating more resources to the Health Sector to accommodate the following areas which are unfunded or underfunded.

State Department for Medical Services Additional Funding Requests

Table 12: Additional funding requests for the State Department for Medical Services (in Kshs)

Programme	Unfunded	Rec	Dev
0410000 Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	Procurement of Family Planning & Reproductive Health Commodities		14.1 billion
0412000 General Administration	Operations and maintenance	500 million	
0412000 General Administration	Funds for public awareness and communication on SHA benefits and other services	200 million	
Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	National Cancer Institute-Funds for cancer research. The Institute has been using foreign generated data for cancer research. These Funds will enable the Institute to fund local research.		300 million
0402000 National Referral & Specialized Services	Funds for procurement of blood transfusion essential commodities e.g. blood bags		3.4 billion
0410000 Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	Procurement of strategic commodities (HIV, Vaccines and family planning)		5 billion
0402000 National Referral & Specialized Services	Funds to relocate Spinal Injury Hospital to Ngong which will promote medical tourism in the country. This is the only		500 million

Programme	Unfunded	Rec	Dev
	specialized spine injuries facility and therefore more space for expansion is needed.		
0402000 National Referral & Specialized Services	Funds to procure an additional Linear accelerator and Simulator for Kenyatta National Hospital. The referral hospital has only one linear accelerator and therefore cannot offer timely services to all cancer patients at KNH.		450 million
0402000 National Referral & Specialized Services	Kenyatta National Hospital -Personnel Emoluments shortfall	2.5 billion	
0402000 National Referral & Specialized Services	Mwai Kibaki Teaching & Referral Hospital-operations and maintenance shortfall	500 million	
0410000 Curative &Reproductive Maternal Newborn Child Adolescent Health RMNCAH	National Aids Control Council-operations and maintenance shortfall	500 million	
0402000 National Referral & Specialized Services	Construction and equipping of children hospital at Kenyatta University Teaching, Referral and Research Hospital which is currently stalled		500 million
0402000 National Referral & Specialized Services	Kenyatta University Teaching, Referral and Research Hospital-operations and maintenance shortfall	1.8 billion	
0402000 National Referral & Specialized Services	Moi Teaching and Referral Hospital-Personnel Emoluments shortfall	1.2 billion	
0402000 National Referral & Specialized Services	Training of Registrars in National Referral Hospitals. The Registrars work in Referral hospitals which is a national government function.		720 million
0402000 National Referral & Specialized Services	Kenya Medical Supplies Authority for Personnel Emoluments shortfall	900 million	

Source: MoH

State Department for Public Health and Professional Standards Additional Funding Requests

Table 13: State Department for Public Health and Professional Standards (in Kshs)

Programme	Unfunded	Rec	Dev
0408000 Health Policy, Standards and Regulations	Kenya Health Professions Oversight Authority (KHPOA) (Operations and maintenance costs and refurbishments of rented offices)	100 million	
0407000 Health resources development and Innovation	Kenya Human Resource Advisory Council- (Operations and maintenance	500 million	

Programme	Unfunded	Rec	Dev
	costs- for effective performance of its mandate)	n	
0407000 Health resources development and Innovation	Research and Development at Kenya Institute of Primate Research.		500 million
0407000 Health resources development and Innovation	Personnel Emoluments shortfalls for Kenya Institute of Primate Research	218 million	
0407000 Health resources development and Innovation	Manufacturing of antivenoms at Kenya Institute of Primate Research. The country spends Kshs 1 billion to import antivenoms from India. The fund will ensure that these products are available locally and surplus commercialized.		500 million
0406000 Preventive and Promotive Health Services	Completion & operationalization of phase 1 for the Central Radioactive Waste Processing Facility (CRWPF) project at Ololua Ngong		300 million
Preventive, Promotive and RMNCAH	Procurement of Anti TB Drugs		500 million
0412000 General Administration	Additional funding to cater for personnel emoluments for UHC staff	4.2 billion	
0408000 Health Policy, Standards and Regulations	Health Records and Information Managers Board operations and maintenance. The funds are required to ensure timely printing of licenses for members. This will also generate A-in-A for the Board.	11 million	
0408000 Health Policy, Standards and Regulations	Equipping of a State-of-the Art Laboratory for National Quality Control Laboratory (NQCL). The additional funding will ensure that NQCL effectively tests Health Products and Technologies (HPTs) on behalf of Pharmacy and Poisons Board.		675 million

Source: MOH

MIN. NO. NA/DC-H/2025/86: CONSIDERATION AND ADOPTION OF THE REPORTS ON FOREIGN TRIPS UNDERTAKEN BY THE COMMITTEE IN 2024.

The following foreign reports were adopted;

1. The Committee adopted the report on the 4th Global Association of Clinical Officers and Physician Associates (Gacopa) International Delegates Conference that took place from August 26-29, 2024, at The Tlotlo Hotel and Conference Centre, Botswana having been proposed by Dr. Pukose Robert, EGH, M.P, and seconded Hon. Ntwiga Patrick Munene, M.P

2. The Committee adopted the report on the Visit to Liverpool School of Tropical Medicine Prefeasibility Engagement to Discuss Research and Development of Snakebite Treatments by the Ministry of Health, Departmental Committee on Health, the National Assembly and Kenya Institute Of Primate Research From 13th to 15th May 2024 having been proposed by Hon. Prof. Jaldesa Guyo Waqo, MP and seconded by Hon. Oron Joshua Odongo, M.P.
3. The Committee adopted the report on the 15th Meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) Held On 28th to 29th, February 2024 in the Kingdom of Lesotho having been proposed by Dr. Pukose Robert, M.P and seconded by Hon. Hon. Ntwiga Patrick Munene, M.P
4. The Committee adopted the report on the Participation in the Africa TB Summit and Health Committee Chairpersons Meeting held from 29th to 30th October 2024 in Lusaka, Zambia having been proposed by Hon. Sunkuli Julius Lekakeny MP, and seconded by Hon. Prof. Jaldesa Guyo Waqo, MP
5. The Seventy-Seventh World Health Assembly held from 27th May 2024 to 1st June 2024 having been proposed by Hon. Mathenge Duncan Maina, M.P and seconded by Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P.

MIN. NO. NA/DC-H/2025/87: ANY OTHER BUSINESS

The following issues were raised;

1. The Ministry of Health to submit to the committee in two weeks' time a signed contract for Community Health Promoters and new signed contract for Managed Equipment Services (MES).
2. The Clerk was tasked to write to the Parliamentary Research department to request Parliamentary Researchers to conduct Primary Research on Community Health Promoters impact.

MIN. NO. NA/DC-H/2025/88: ADJOURNMENT

There being no other business, the meeting was adjourned at four minutes past noon. The next meeting will be by notice.

SIGN..... DATE..... 4/3/2025.

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