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THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT - FOURTH SESSION

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY
HELD FROM 27TH MAY 2024 TO 1ST JUNE 2024 IN GENEVA,
SWITZERLAND

DIRECTORATE OF DEPARTMENTAL COMMITTEES
CLERK'S CHAMBERS
NATIONAL ASSEMBLY
NAIROBI

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ABBREVIATIONS AND ACRONYMS

AMR -	Antimicrobial Resistance
IHR -	International Health Regulations
INB -	Intergovernmental Negotiating Body
IPC -	Infection Prevention and Control
IPU -	Inter-Parliamentary Union
IRS -	Indoor Residual Spraying
ITNS -	Insecticide-Treated Nets
NCD -	Non-Communicable Diseases
MCH -	Maternal and Child Health
MICYN-	Maternal, Infant, and Young Child Nutrition
MNCH-	Maternal, Newborn and Child Health
NHIF -	National Health Insurance Fund
NTD -	Neglected Tropical Diseases
SDG -	Sustainable Development Goals
SDH -	Social Determinants of Health
TB -	Tuberculosis
DSU -	Drugs and Substance Use
UHC -	Universal Health Coverage
WHA -	World Health Assembly
WHO -	World Health Organization

CHAIRMAN'S FOREWORD

The Government of Kenya, as a member state of the World Health Organization (WHO), participated at the 77th Session of the World Health Assembly (WHA) led by the then Cabinet Secretary for Health, Ms. Nakhumicha Wafula. Being the highest decision-making body of the WHO, the WHA convenes annually bringing together health ministers from all WHO member countries and other stakeholders including Members of Parliament.

The theme for the 77th WHA was "All for Health, Health for All" with several agenda items. The key agenda items were the proposed amendments to the International Health Regulations of 2005 and ongoing negotiations for the Pandemic Treaty which were critical in light of the lessons learnt from the COVID-19 pandemic. Other important discussions at the Assembly were on non-communicable diseases and maternal, newborn and child health among others.

Kenya's participation at the Assembly was important as the 77th WHA was aligned with the country's commitment to universal health coverage (UHC) as demonstrated by the enactment of four new health laws by the government. The WHA also generally presents an opportunity for Kenya to advocate for increased support for critical health programs that are vital to Kenya's UHC goals. It also fosters global consensus and coordinated responses which benefit the country when health crises arise regionally or globally.

We acknowledge the Committee Members who participated at the World Health Assembly, appreciate the role played by the Office of the Clerk of the National Assembly in facilitating the participation and the Ministry of Health for their active participation in championing the interests of the country during the decisions and negotiations at the World Health Assembly.

On behalf of the Departmental Committee on Health, I am pleased to table in the House the Report of the Committee on the participation at the Seventy-Seventh World Health Assembly.

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

1.0 CHAPTER ONE

PREFACE

1.1 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 pursuant 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;
 - ba) on a quarterly basis, 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 recommendation of proposed legislation;
 - i) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and
 - j) To examine any questions raised by Members on a matter within its mandate.

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 of 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 Muinde
Research Officer III

Ms Faith Chepkemot
Legal Counsel II

Mr Hiram Kimuhu
Fiscal Analyst III

Mr Hillary Mageka
Media Relations Officer

Mr Sheila Chebotibin
Senior Serjeant-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 Ministry of Health invited the National Assembly's Departmental Committee on Health to attend and participate at the Seventy-seventh World Health Assembly (WHA77). The Seventy-seventh World Health Assembly was held from 27th May 2024 to 1st June 2024 under the theme "All for Health, Health for All". This theme was premised upon the global commitment to the realization of universal health coverage (UHC) and the need to strengthen health systems in all member states worldwide.
8. The World Health Assembly is the principal decision-making body of the World Health Organization (WHO). The Assembly is usually attended by delegations from all the 194 WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the Assembly are usually to determine the policies of the Organization, appoint the Director-General, supervise financial policies and review and approve the proposed programme budget. The Assembly is held annually in Geneva, Switzerland. The WHA as such provides Member States an avenue to review progress, share experiences and gain consensus on how to deal with emerging threats in the health sector.
9. The WHA77 therefore sought to achieve the following objectives:
 - (a) to promote equity in health by redressing health disparities across countries and populations and advocating for policies that promote equity, solidarity and social justice in health systems;
 - (b) to advance UHC owing to the need to guarantee that all persons have access to quality healthcare services for all persons without regard to their financial background, socioeconomic status or location. The Assembly was therefore aligned to the policy of "leaving no one behind";
 - (c) to strengthen global health security so as to enhance preparedness for health emergencies based on the lessons learnt by Member States during the COVID-19 pandemic;
 - (d) to promote multisectoral collaboration and global solidarity as the theme in itself focuses on the promotion of collective action by all actors in the health sector including the government, communities, civil societies and development partners;
 - (e) to adopt decisions and resolutions to guide WHO's priorities and workplan for the next two years;
 - (f) to enhance global partnerships between Members of Parliament, governments, experts in health matters and civil society organizations by encouraging the sharing of knowledge and best practices; and
 - (g) to address emerging global health challenges and urgent issues such as mental health and maternal, newborn and child health (MNCH), climate change and health, non-communicable diseases (NCDs) and antimicrobial resistance (AMR).
10. Flowing from these objectives, the delegates at the Assembly had discussions on:
 - (a) mechanisms for the establishment of resilient and sustainable health systems;
 - (b) strategies to accelerate progress towards Sustainable Development Goal (SDG) 3 on Good Health and Well-being for All;

- (c) amendments to the International Health Regulations (IHR 2005) and negotiations on the proposed Pandemic Agreement which are geared towards ensuring and improving the coordination of global responses to future pandemics;
- (d) modalities of addressing the social determinants of health such as education, poverty and environmental factors; and
- (e) progress reports, negotiated health agreements and endorsed new initiatives aligned with the WHO's General Programme of Work.

11. In light of the objectives and discussions at the Assembly, the Members of the Health Committee benefited from their participation at the Assembly in relation to their role of oversight, representation and legislation. With the participation at the Assembly, Parliament and the country at large will realize the following benefits:

- (a) Improved health policies and legislation and informed decision-making as Members of Parliament get information and best practices in relation to global health, which they can incorporate into the country's health legislation and policies for purposes of aligning Kenya's legal framework with international standards.
- (b) Enhanced oversight as Members of Parliament will be able to hold the Ministry of Health accountable in ensuring that UHC is implemented in a manner that is aligned to international best practice.
- (c) Advocacy for health priorities in the budget making process particularly in aspects that are underfunded such as pandemic preparedness, public health emergencies, maternal and child health and mental health.
- (d) Enhanced global health diplomacy due to bilateral and multilateral engagement with other countries for mutual collaboration in addressing health problems.
- (e) Capacity building as Members of Parliament were able to appreciate best practices from other countries including on digital health technologies, health data sharing and innovative health financing models.

12. The aforementioned benefits are crucial to the advancement of health matters in the country as well as at the global level. The involvement and participation of Members of Parliament at the Assembly ensures that the resolutions and decisions of the Assembly are actioned at the national level. It further ensures that international commitments are domesticated which guarantees that global health policies are adapted and are made responsive to the needs of the citizens, who the Members of Parliament are elected to represent.

14. The Committee's delegation comprised of –

- i. Hon. Martin Peters Owino, MP-**Leader of Delegation**
- ii. Hon. Fabian Muli Kyule, MP
- iii. Hon. Kimilu Joshua Kivinda, MP
- iv. Hon. Cynthia Muge, MP
- v. Mr. Nicholas Emejen Longuko, Deputy Director
- vi. Ms. Faith Chepkemai Rotich, Legal Counsel.

15. Prior to the WHA, the Committee delegation met the Ministry of Health officials on 15th May 2024 at Movenpick Hotel, Nairobi to discuss the health agenda items for consideration at the WHA, the Director-General's reports and the country's position papers on the health agenda items.

3.0 CHAPTER THREE

3.1 HEALTH AGENDA ITEMS CONSIDERED AT THE WORLD HEALTH ASSEMBLY

16. The Assembly considered several health agenda items including:

- (a) Antimicrobial Resistance
- (b) Climate Change and Health
- (c) Consolidated Report by the Director-General on global health challenges and WHO's strategic priorities
- (d) Draft Global Action Plan for Infection Prevention and Control
- (e) End TB Strategy
- (f) Follow-up on NCDs
- (g) Maternal and Child Mortality
- (h) Prevention of Sexual Exploitation, Abuse, and Harassment
- (i) Provisional Agenda
- (j) Report on Universal Health Coverage
- (k) Roadmap for Neglected Tropical Diseases
- (l) Sustainable Financing WHO Investment Round

17. Prior to the 77th WHA, the Director-General for the WHO prepared reports on each of the above health agenda items for consideration by the delegates at the Assembly. The reports were as below:

(a) Antimicrobial Resistance (AMR)

18. The Report set out the effects of AMR on socioeconomic crisis and global health. AMR presently causes 1.27 million deaths globally. The report then implored upon Member States to enhance surveillance systems, implement comprehensive policy reforms and promote responsible antimicrobial use by animals and humans. The report further recommended that Member States ought to strengthen national action plans and to increase investments in research and development of alternative treatments including new vaccines, antibiotics and diagnostics.

(b) Climate Change and Health

19. The Report highlighted the impact of health on climate change and pollution. It also linked environmental degradation with public health risks including heat-related conditions, vector-borne illnesses and respiratory diseases. The report then asked Member States to integrate health considerations into its national climate policies for purposes of strengthening health sector preparedness for climate-related disasters. It further called for Member States to cooperate and collaborate in the reduction of greenhouse gas emissions and development of climate-resilient systems in the health sector.

(c) Consolidated Report by the Director-General

20. The Consolidated report by the Director-General of the WHO set out the pressing challenges affecting global health challenges and the strategic priorities of the WHO. It then urged Member States to support the WHO processes and initiatives so that WHO can ensure equitable access for all to certain essential health services. The support should be through improved data collection, increased investments in health nationally and internationally and increased collaboration in addressing health challenges.

(d) Draft Global Action Plan for Infection Prevention and Control

21. The Draft Global Action set out a detailed framework that is intended to enhance infection prevention and control (IPC) within national health systems by reducing antimicrobial resistance and healthcare-associated infections. Under the DG's report, Member States were required to implement their national comprehensive action plans with measurable and specific targets by the year 2030 such as adoption and mainstreaming of IPC in all healthcare systems and national health policies and continuous monitoring and evaluation of the set targets.

(e) End TB Strategy

22. The report by the DG of the WHO set out the progress in efforts towards the elimination of TB even with challenges such as COVID-19 which adversely affected these efforts. It then urged Member States to increase funds for the elimination of TB and to leverage on global coordination in the development of mechanisms for the prevention, treatment and diagnosis of TB. Nationally, Member States are to realize the target of eliminating TB by 2030 by strengthening community-based mechanisms, improving adherence to TB treatment, improving the detection and diagnosis of TB and prioritizing the prevention, treatment and diagnosis of TB in their national health policies.

(f) Follow-up on NCDs

23. The report highlighted the achievements made and the challenges identified in the management of NCDs since the third high-level meeting on NCDs. Under the report, Member States were implored to integrate NCD services in their national healthcare settings, partner with the private sector and civil society and enhance public awareness campaigns in the early diagnosis, prevention and management of NCDs. Further, Member States were to adopt NCD policies that will reduce risk factors that have been causing NCDs including the lack of physical activity, the use of tobacco, excessive consumption of alcohol and poor nutrition.

(g) Maternal and Child Mortality

24. The report highlighted efforts made towards the reduction of maternal and child deaths while noting that many Member States were still far from meeting their 2030 targets. Member States were then encouraged to enhance their efforts by improving access to quality maternal and child health services that include emergency obstetric care. National healthcare systems should also have skilled birth attendants and promote immunization and breastfeeding so as to reduce preventable deaths.

(h) Prevention of Sexual Exploitation, Abuse and Harassment

25. The report by the Director-General set out the challenges that have been identified in relation to the prevention of sexual exploitation, abuse and harassment both in humanitarian responses and within national health programs and humanitarian responses. Member states were then urged to protect vulnerable persons from sexual abuse, exploitation and harassment through the adoption and implementation of accountability mechanisms at all levels of healthcare services.

(i) Provisional Agenda

26. The report enumerated the topics to be considered at the Assembly which included NCDs, the realization of UHC, management of health emergencies and sustainable financing for the WHO. The provisional agenda then urged Member States to make substantive contributions to all agenda items so as to enrich the resolutions and policies to be adopted at the Assembly.

(j) Report on UHC

27. The report highlighted the collective progress made by Member States in the implementation of UHC while noting the challenges that continue to affect the realization of UHC such as the lack of equity in accessing quality healthcare services. It then urged Member States to renew their commitment in the realization of UHC particularly on the aspects of financial protection by ring-fencing budgetary allocations for the health sector

(k) Roadmap for Neglected Tropical Diseases (NTDs)

28. The report urged Member States to adopt several mechanisms to deal with the challenges faced so far in the elimination of NTDs. These challenges included inadequate finances, poor health systems and the effects of COVID-19. The report then urged Member States to adopt measures including enhanced financing of NTD programs which will include the adoption of better and innovative treatments and diagnostics and strengthened surveillance for NTDs by leveraging on community engagement and private sector involvement.

(l) Sustainable Financing WHO Investment Round

29. The Report set out how WHO programs are to be financed in a sustainable manner that encourages flexibility, openness and predictability. The WHO investment round was then set out in the Report for purposes of getting Member States and WHO partners to affirm their commitments in aligning donor support to strategic priorities identified by WHO, diversifying WHO funding sources and increasing the financial contributions of Member States.

3.2 THE MINISTRY OF HEALTH'S STATEMENTS ON THE HEALTH AGENDA ITEMS

30. In response to the Reports by the Director-General on the health agenda items at the Assembly highlighted above, the Ministry of Health of the Republic of Kenya prepared and presented national statements that set out Kenya's strategic positions, priorities and commitments on the health agenda items. These national statements addressed Kenya's unique health issues and were aligned with the global health objectives as adopted at previous Assemblies.
31. Kenya's national statements on the various health agenda items as prepared by the Ministry of Health set out the following:
- (a) UHC-The Ministry of Health reaffirmed its commitment to achieving UHC and highlighted the progress made in enhancing health insurance coverage through reforms to the national health insurer, the National Health Insurance Fund (NHIF).
 - (b) NCDs- The Ministry of Health reported that it had addressed the ever rising burden of NCDs by enhancing early detection of NCDs, preventive healthcare and improved management of conditions such as diabetes, cancer and cardiovascular diseases. The Ministry of Health then committed to invest in community health programs, strengthen primary healthcare systems and promote public awareness campaigns on healthy lifestyles.
 - (c) Social Determinants of Health (SDH), Maternal, Infant, and Young Child Nutrition (MIYCN) and Health Promotion-the Ministry of Health noted the role of social determinants of health namely income, housing and education and its impact on health outcomes as well as the significance of optimal infant and young child nutrition. It then committed to enhance Maternal, Infant, and Young Child Nutrition (MIYCN) interventions such as the promotion of breastfeeding, to integrate SDH into all health programs and policies in the country and to implement health education programs at the primary healthcare levels.
 - (d) Antimicrobial Resistance (AMR), Neglected Tropical Diseases (NTDs) and Maternal and Child Health (MCH)-the Ministry of Health proposed increased national and global investments for addressing AMR, combatting NTDs and improving maternal health outcomes. The Ministry of Health also highlighted its efforts in the reduction of maternal and child mortality through enhanced access to skilled birth attendance and quality healthcare. The Ministry of Health further recommended integration of NTD control in all existing national health programs including at the primary healthcare level. The Ministry of Health then committed to strengthen its laboratory capacity for the surveillance of AMR, enhance maternal health services in the underserved counties and enhance drug administration campaigns for NTDs.
 - (e) Eradication of Polio and Smallpox-The Ministry of Health expressed Kenya's support for the global polio eradication initiative. It also emphasized the importance of surveillance and vaccination campaigns and noted that the country had emergency preparedness mechanisms that would effectively respond to reported smallpox cases. The Ministry then committed to strengthen the country's disease surveillance systems and its emergency preparedness and response capacity as well as to maintain the country's high immunization coverage.
 - (f) Climate Change, Health and Pollution- The Ministry of Health took cognizance of the negative effects of climate change on health including through respiratory illnesses and increasing vector-borne diseases. It also noted that countries need to adopt health policies

and systems that integrate climate change resilience and mitigation of environmental health risks. The Ministry of Health then committed to strengthen its early warning systems for climate-related health threats and to integrate climate change adaptation throughout the health sector.

- (g) Infection Prevention and Control (IPC), Immunization and Tuberculosis (TB)- the Ministry of Health noted the significance of IPC in the prevention of health infections and noted that the country is still focused on its TB control measures and immunization.
- (h) Control and elimination of malaria-the Ministry of Health reaffirmed the country's commitment in the elimination of malaria. It noted that significant progress had been made to reduce the prevalence of malaria through effective case management, indoor residual spraying (IRS) and insecticide-treated nets (ITNs). The Ministry of Health also noted that one of the challenges that may hamper malaria control efforts is the lack of sufficient funding. The Ministry of Health then committed to strengthen surveillance for timely detection and response and to mobilize resources to support malaria programs.
- (i) Health Emergency Preparedness and Response-the Ministry of Health committed to enhance cross-border partnership in disease surveillance. It also committed to strengthen the country's preparedness and response to health emergencies.

3.3 RESOLUTIONS ON THE HEALTH AGENDA ITEMS

32. The World Health Assembly made resolutions and decisions on several health agenda items which exemplified the need to address and redress the pressing global health issues. The resolutions and decisions are:

- (a) Enhancement of mental health and psychosocial support throughout the emergency preparedness, response and recovery systems.
- (b) development of a global strategy and action plan for Emergency, Critical and Operative care services covering the period 2026–2035; the plan to be presented at the 2026 World Health Assembly shall focus on strengthening health systems for quality Emergency, Critical and Operative care.
- (c) Climate change was recognized as a global health emergency and Member States ought to promote climate-resilient health systems and to advocate for low-carbon health infrastructure.
- (d) promotion of regular and meaningful social participation in health governance by guaranteeing inclusive decision-making processes that include the views of vulnerable persons and empowering communities to contribute to the design, implementation and evaluation of health policy.
- (e) acceleration of progress in Maternal, Newborn, and Child Health (MNCH) toward achieving SDG 3.1 and 3.2 on maternal mortality and child mortality respectively by improving access to sexual and reproductive health services such as family planning, integrating MNCH services at the primary health care level and addressing the social determinants of health including poverty and gender inequality.
- (f) Member States to fully implement the Global Action Plan on AMR by regulating the use of antibiotics, strengthening surveillance and increasing investments in research into AMR.

- (g) Member States to enhance strategies on prevention and control of Non-Communicable Diseases (NCDs) by focusing on the regulation of alcohol use, tobacco control and strengthening their policies on nutrition.
- (h) The global health workforce crisis to be addressed through ensuring fair remuneration and safe working conditions for healthcare workers and increasing investments in the training of healthcare workers.
- (i) Global health equity to be guaranteed through reduction of health disparities especially in conflict-affected, vulnerable and fragile settings.

Amendments to the International Health Regulations (IHR 2005)

33. The Assembly also adopted amendments to the International Health Regulations (IHR 2005) which Member States, Kenya included need to domesticate in their national health laws. These amendments relate to:

- (a) Introduction of a definition of the term “pandemic emergency” so as facilitate effective and efficient international collaboration during pandemics.
- (b) Enhancement of WHO’s authority in the coordination of international responses during health emergencies.
- (c) Establishment of National International Health Regulations (IHR) Authorities which shall improve the implementation of the Regulations within and among countries.
- (d) Enhancement of rapid information sharing and global surveillance for the handling of emerging health threats.
- (e) Establishment of a coordinating financial mechanism that shall facilitate equitable access to financing and health products especially by developing countries.
- (f) Establishment of a Global Health Emergency Council to oversee efforts related to pandemic preparedness and response.
- (g) Fair distribution of critical and essential health products such as therapeutics and vaccines.
- (h) Mechanisms for strengthening compliance with the International Health Regulations.
- (i) Guaranteeing equity in accessing medical counter measures such as vaccines in the event of pandemics.

34. These amendments were informed by the need for well-coordinated, timely and transparent response to global public health emergencies as well as the lessons on global health emergency surveillance, preparedness and response drawn from the gaps noted during the COVID-19 pandemic.

35. Based on the COVID-19 pandemic’s experiences, the Executive Board of WHO had urged Member States to take all appropriate measures to consider potential amendments to the International Health Regulations for purposes of strengthening the global preparedness and response capacity to public health emergencies. In May 2022, the Seventy-fifth (75th) WHA made a decision to establish the Member State-led Working Group on Amendments to the International Health Regulations to consider potential amendments to the IHR, and invited Member States to propose amendments to the IHR by 30th September 2022.

36. The Director-General was further tasked to convene a Review Committee regarding the amendments which was to provide technical recommendations on the proposed amendments. This Review Committee submitted its report to the Director-General in January 2023, who subsequently shared the same with the Working Group. The latter commenced its work on 14th November 2022

and finalized the same on 24th May 2024. The outcome of the Working Group's negotiations were the proposed amendments that were considered and adopted by the Assembly.

The Pandemic Agreement

37. The Assembly further considered the Pandemic Agreement which seeks to establish a binding legal framework for prevention, preparedness and response to pandemics. The framework shall:
- (a) Strengthen global preparedness and response to future pandemics.
 - (b) Ensure equity by addressing the disparities in access to healthcare resources.
 - (c) Encourage local manufacturing through promotion of the regional production of health products including vaccines for purposes of reducing dependency on external sources.
 - (d) Enhance international and global cooperation and collaboration in the allocation of resources, data sharing and research.
38. Excessive negotiations on the Pandemic Agreement continued throughout the period of the 77th WHA however Member States failed to reach a consensus owing to the following contentious issues:
- (a) Pathogen access and benefit-sharing-where a system is to be established for the sharing of genetic sequence data and pathogens in a manner that ensures the fair distribution of benefits arising from the use of the shared pathogens and genetic sequence data. Most countries have divergent views in that some want mandatory sharing mechanisms so as to enable rapid response during health emergencies while others have expressed concerns over the ownership and potential misuse of the data shared as well as their sovereignty.
 - (b) Integration of a One Health Approach-in a manner that recognizes the interconnectedness of animal, human and environmental health in prevention and response to pandemics. Member States generally agree on the importance of this however some concerns were raised as to resource allocation, implementation measures and the roles of various stakeholders and sectors.
 - (c) Equity in access to health products such as diagnostics, vaccines and treatments during pandemics-Significant divergent positions also arose in that low and middle income countries, in light of the past experiences during the Covid-19 pandemic, want the Agreement to guarantee timely access to health products, whereas the wealthier countries do not want to adversely compromise their domestic priorities.
 - (d) Intellectual property rights and technology transfer-the main challenge relates to the balance of the protection of intellectual property rights while guaranteeing technology transfer so as to facilitate the international manufacturing capacity during pandemics. This is of particular concern to countries with strong pharmaceutical industries who want to protect intellectual property as an incentive to innovation. Other Member States however want the imposition of waivers or flexibility in intellectual property rights so that essential health products can be produced in the low and middle income countries.
 - (e) Legal Binding Nature of the Pandemic Agreement- Member States did not reach a consensus on whether the Agreement ought to be legally binding or to be a framework for voluntary cooperation. This is of great significance as some countries are of the view that a binding instrument may affect their national sovereignty leading to enforcement challenges. Other countries however do not want a non-binding instrument as it does not guarantee accountability or compliance with the provisions of the Agreement.

39. In light of the aforementioned significant and complex contentious issues, Member States passed a resolution to extend the mandate of the Intergovernmental Negotiating Body (INB) of finalizing the Pandemic Agreement by one year. The Agreement was then to be considered at the Seventy-eighth (78th) WHA in May 2025, or earlier at a special session in 2024.
40. During the consideration and negotiations on the Pandemic Agreement and Amendments to the International Health Regulations (IHR 2005), the Ministry of Health:
- (a) reiterated that the Pandemic Agreement must emphasize equity so that low and middle income countries shall have timely access to critical health products;
 - (b) supported the calls for the Pandemic Agreement to make provision for capacity building and technology transfer for the enhancement of local production and manufacturing capabilities;
 - (c) participated in regional dialogues for the harmonization of Africa's position on the stance on the Pandemic Agreement and Amendments to the International Health Regulations; and
 - (d) Supported the need for a united African voice that champions and protects the unique health challenges, circumstances and needs during the consideration of the Pandemic Agreement and Amendments to the International Health Regulations at the 77th World Health Assembly.
41. Besides the 77th WHA's main agenda items, multiple side events were organized at the WHA guided by the Agenda items. The Committee delegation in particular attended and participated at a side event on Parliamentary Dialogue held on 29th May 2024 under the theme "The role of parliamentarians in moving the global health agenda forward". The side event was organized by the WHO Director-General and the IPU President given the recognition that health matters are a political choice, where political leaders and parliamentarians have a critical role to play. The Inter-Parliamentary Union (IPU), the global organization of parliaments, promotes parliamentary engagement on global health in close collaboration with WHO. The two organizations seek to ensure that health remains a priority in the political agendas around the world. In this regard, the dialogue session considered:
- (a) The importance of understanding global health as a central policy issue.
 - (b) The implementation of the key priorities at the 77th World Health Assembly such as the Amendments to the IHR.
 - (c) Based on the learning from the COVID-19 pandemic experience, the need to strengthen global health governance mechanisms including through a global Pandemic Agreement and a strong WHO.
 - (d) the importance of including parliamentarians in key global health forums, such as the World Health Assembly (WHA), given the critical role that parliamentarians play in:
 - (i) legislating;
 - (ii) decision-making on health budgets;
 - (iii) keeping governments accountable for commitments taken; and
 - (iv) representing the people's interests including on health, and also in discussions on international tools such as the Pandemic Agreement, or where budget-related decisions are involved including sustainable financing for the WHO and the WHO Investment Round.
 - (e) How Parliaments can move the global health agenda forward at the national level and engage with health stakeholders at different levels to ensure better health for all.
 - (f) Maintenance of constant dialogue and collaboration between the IPU and WHO

4.0 CHAPTER FOUR COMMITTEE OBSERVATIONS

42. The Committee made the following observations:


- (a) There is limited access to quality mental health services especially during public health emergencies.
- (b) Climate change has a direct and indirect impact on health as it causes health related issues such as mental health issues, food insecurity, respiratory diseases and vector-borne diseases.
- (c) Health considerations are not well integrated into climate policies in Kenya. .
- (d) There is rising resistance to antimicrobials and antibiotics.
- (e) UHC cannot be effectively realized if Kenyans are not guaranteed access to quality healthcare services and financial protection.
- (f) The amendments to the International Health Regulations (2005) were adopted by Member States at the 77th WHA.
- (g) The Pandemic Agreement is still being negotiated by the WHO Member States as consensus on several complex issues was not reached at the 77th WHA.

5.0 CHAPTER FIVE


COMMITTEE RECOMMENDATIONS

43. The Committee recommends as follows:

- (a) The Cabinet Secretary for the Ministry of Health should integrate the provision of mental health services at all levels of health care in the country and in particular at the primary health care level through the Primary Healthcare Fund established under the Social Health Insurance Act, 2023 within a year.
- (b) The Cabinet Secretary for Ministry of Health and the National Treasury should provide a budget line for the allocation of specific funding for mental health in emergency response.
- (c) The Cabinet Secretary for Ministry of Health through the Kenya Medical Research Institute to undertake research on the impact of climate change on health and on the prevalence of anti-microbial resistance.
- (d) The Cabinet Secretary for the Ministry of Health through the Social Health Authority should ensure that all Kenyans including vulnerable groups register with the Social Health Authority and access health insurance without having to incur out of pocket expenditure within a year.
- (e) Parliament and the Ministry of Health should domesticate the amendments to the International Health Regulations (2005) adopted at the 77th WHA in the next one year.
- (f) The Ministry of Health should engage the departmental Committee on Health National Assembly on the progress and Kenya's position on the Pandemic Agreement that is still being negotiated by the WHO Member States in the next one year.

SIGN..........DATE.....27th Feb, 2025.....

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

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: <u>03 APR 2025</u>	
DAY: <u>THURSDAY</u>	
TABLED BY:	CHAIRPERSON, COMMITTEE ON HEALTH <u>HON. JAMES NYIKAL, MP</u>
CLERK-AT THE-TABLE:	<u>J. Lemelle</u>



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FOURTH SESSION (2025)

DIRECTORATE OF DEPARTMENTAL COMMITTEES-DEPARTMENTAL
COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF THE SEVENTY-SEVENTH WORLD HEALTH
ASSEMBLY HELD FROM 27TH MAY 2024 TO 1ST JUNE 2024

We, the undersigned Members of the Departmental Committee on Health do hereby append our
signatures to adopt this Report Date: 27th Feb, 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.

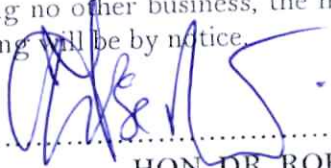
MIN. NO. NA/DC-H/2025/87: ANY OTHER BUSINESS

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 March, 2025

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