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REPUBLIC OF KENYA  
THE NATIONAL ASSEMBLY  
THIRTEENTH PARLIAMENT – FOURTH SESSION - 2025  
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE 4TH GLOBAL ASSOCIATION OF CLINICAL OFFICERS AND  
PHYSICIAN ASSOCIATES (GACOPA) INTERNATIONAL DELEGATES  
CONFERENCE HELD FROM AUGUST 26<sup>TH</sup> TO 29<sup>TH</sup> 2024 AT THE TLOTLO  
HOTEL AND CONFERENCE CENTRE, BOTSWANA.

 <b>THE NATIONAL ASSEMBLY PAPERS LAID</b>	
DATE: 17 APR 2025	DAY: Thursday
TABLED BY:	Hon. Patrick Njuguna MP Nice chairperson
CLERK-AT THE-TABLE:	A. Shituko

DIRECTORATE OF DEPARTMENTAL COMMITTEES  
CLERK'S CHAMBERS  
NATIONAL ASSEMBLY  
PARLIAMENT BUILDINGS  
NAIROBI

APRIL 2025

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## **LIST OF ABBREVIATIONS**

**CO:** Clinical Officers

**GACOPA:** Global Association of Clinical Officers and Physician Associates

**PA:** Physician Associates

**UHC:** Universal Health Coverage

## **CHAIRMAN'S FOREWORD**

The report documents a foreign participation in 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. One of Kenya's national priorities is universal health coverage, which can only be attained through primary healthcare (PHC). Given that there are only about 200 family physicians serving a population of over 54 million, creative approaches to delivering high-quality PHC are required. Although they lack specialized training, clinical officers, who are mid-level healthcare professionals, currently provide a large portion of primary care in Kenya.

I acknowledge the Committee Members who participated in conference, appreciate the role played by the Office of the Clerk of the National Assembly in facilitating the visit, and commend the secretariat for the technical and logistical support to the Committee.

Pursuant to Standing Order (S.O) 199(6), it is my pleasant duty to present to the House 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.

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

## CHAPTER ONE

### PREFACE

#### 1.1 Introduction

1. The 4th Global Association of Clinical Officers and Physician Associates (GACOPA) international delegates' conference took place from August 26-29, 2024 at Tlotlo Hotel, Botswana. The participation in the conference provides not only an opportunity for the Committee to support the Association and Clinical Council of Kenya (which is an agency oversighted by the committee) during its presentation on progress made in regulating the clinical officers and physicians practice globally and in Kenya. This would inform the conference resolutions and recommendations that will be proposed for future improvements.

#### 1.2 Mandate of the Committee

2. The Departmental Committee on Health is one of the twenty (20) Departmental Committees of the National Assembly established under *Standing Order 216*. The functions and mandate of the Committee include, among others, to:
  - a) 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) study the programme and policy objectives of Ministries and departments and the effectiveness of the implementation;
  - c) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;
  - d) study and review all legislation referred to it;
  - e) study, assess and analyze the relative success of the Ministries and departments as measured by the results obtained as compared with their stated objectives;
  - f) 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;
  - g) vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments);
  - h) examine treaties, agreements, and conventions;
  - i) make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;
  - j) consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and
  - k) examine any questions raised by Members on a matter within its mandate.

The Second Schedule to the National Assembly Standing Orders assigns the Departmental Committee on Health the mandate to consider matters in matters of health, medical care and health insurance including Universal Health Coverage.

### 1.3 Oversight

3. In executing its mandate, the Committee oversight the following MDAs: the Ministry of Health (MoH), the State Department for Medical Services, the State Department for Public Health, and Professional Standards,

### 1.4 Committee Membership

4. The Departmental Committee on Health was constituted by the House on 27<sup>th</sup> 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**

## 1.5 Committee Secretariat

The Committee is facilitated by the following staff:

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 Chepkemai  
**Legal Counsel II**

Mr. Hiram Kimuhu  
**Fiscal Analyst II**

Mr. Hillary Mageka  
**Media Relations Officer II**

Mr. Sheila Chebotin  
**Serjeant-At-Arms III**

Ms. Rahab Chepkilim  
**Audio Recording Officer II**

## 1.6 Committee Delegation

5. The delegation comprised of:

- 1) **Hon. Dr. Robert Pukose, CBS, MP**
- 2) Mr. Hiram Kimuhu

**-Leader of Delegation**

**-Delegation Secretary**

## CHAPTER TWO

### ROLE OF CLINICAL OFFICERS AND PHYSICIANS IN PRIMARY HEALTHCARE

#### 1.1 Background Information

1. The World Health Organization (WHO) recommends reorienting health systems toward primary healthcare (PHC) in order to achieve universal health coverage (UHC), which is in line with Sustainable Development Goal 3 (target 3.8). Once it is commonly known that PHC-focused health systems result in increased efficiency, equity, and better outcomes. In low- and middle-income countries, expanding primary health care interventions could save 60 million lives and raise average life expectancy by 3.7 years by 2030, according to the WHO.
2. Based on the Cuban model, the Ministry of Health describes PCNs as the ideal model for community-level PHC service delivery in the Kenya PHC Strategic Framework 2019–2024. Despite being a crucial component of the PCN model, Kenya only has about 200 family physicians out of a population of over 54 million. Nonetheless, mid-level health workers known as clinical officers (COs), or non-physician clinicians, have played a significant role in Kenya's health system for a number of decades. Although they mainly cover PHC during their basic training, Clinical Officers currently handle a large portion of primary care in Kenya.
3. Clinical officers play a key role in enhancing the quality and accessibility of healthcare, particularly in underserved and rural areas. They do, however, confront many obstacles, such as a lack of resources, heavy workloads, and little opportunity for career advancement.
4. Kenya has at least 25,000 qualified clinical officers, with the government employing about 7,800 on permanent terms; and 800 more on contract across public facilities.

#### 1.2 August 27, 2024: Kenya's Scheme of Service for Clinical Personnel

##### 1.2.1 Aims and Objectives

- (i) To provide for a well-defined career structure which will attract, motivate and retain suitably qualified Clinical Personnel in the Civil Service.
- (ii) To provide for well-defined job descriptions and specifications with clear definition of duties and responsibilities at all levels within the career structure to enable Clinical Personnel understand the requirements and demands of their jobs.
- (iii) To establish standards for recruitment, training and advancement within the Career Structure on the basis of qualifications, knowledge, merit and ability as reflected in work performance and result.
- (iv) To ensure appropriate career planning and succession management.
5. The Clinical Services Function entails: administration and enforcement of the Clinical Officers Act No 20 of 2017; formulation, development, implementation and review of clinical services' policies, procedures and guidelines; setting standards and quality assurance systems in the provision of clinical services; provision of clinical and family health care services in health institutions and communities through history taking, examination, investigation, diagnosis, treatment and management of diseases and conditions; monitoring patients and providing necessary guidance and counseling; formulation, development, review of medico-legal standards and guidelines; and undertaking disease surveillance, control and management in liaison with other stakeholders.
6. In addition, the duties include conducting research on important health issues and new trends, offering clinical outreach and school health services, and creating and reviewing referral policies and procedures in collaboration with other interested parties. offering specialized services such as ophthalmology, ear, nose and throat/audiology, cataract surgery, low vision, pediatrics and child health, anesthesia, orthopedics and trauma,

epidemiology, lung and skin, reproductive health, medical education, dermatology and venereology, forensic medicine, health economics and policy, health systems management, psychology, and family and community health services; and developing emergency health services and disaster preparedness capacity.

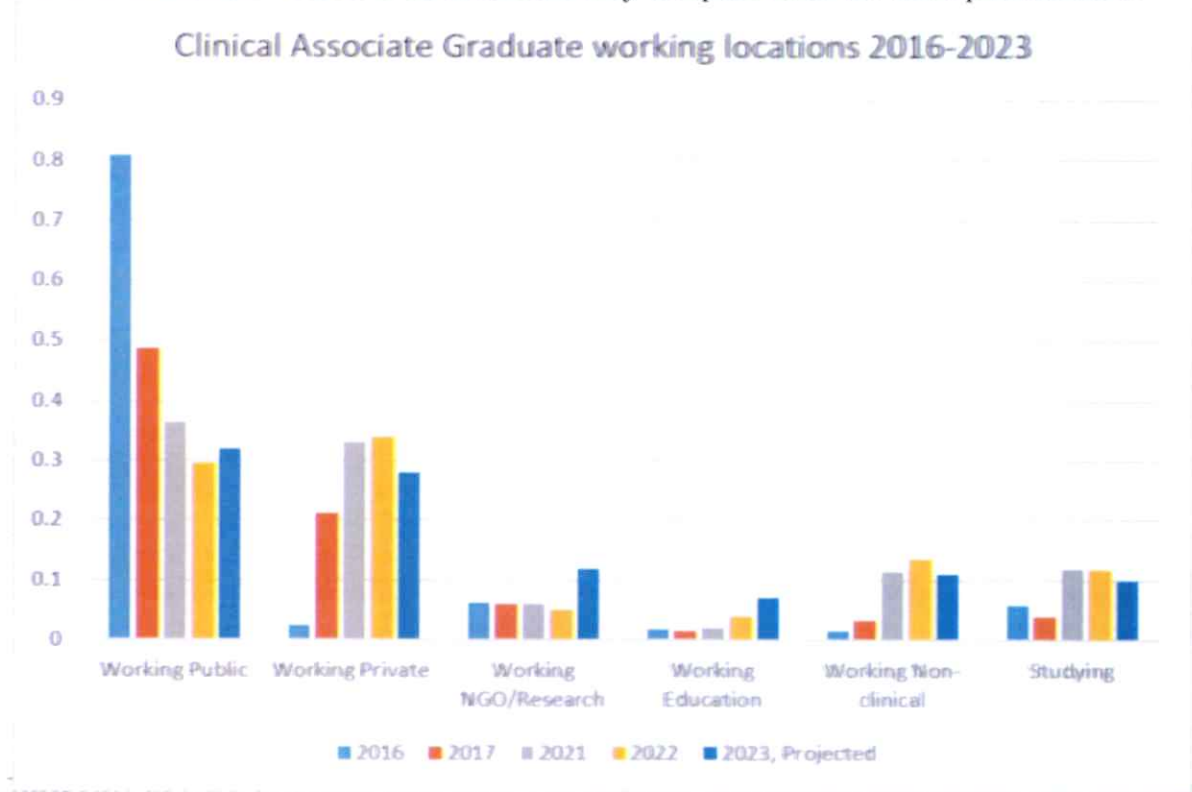
7. The following are the recognized qualifications for the purpose of this Scheme of Service in Kenya: -
  - i. Diploma in Clinical Medicine and Surgery or its equivalent qualification from a recognized institution.
  - ii. Higher Diploma in Clinical Medicine and Surgery in any of the following disciplines: Anesthesia, Ear, Nose, Throat/Audiology, Child Health and Pediatrics, Lung and Skin, Chest Medicine, Orthopedics and Trauma, Reproductive Health, Epidemiology, Ophthalmology and Cataract Surgery, Dermatology and Venereology, Medical Education, Clinical Oncology and Palliative Care, Sonography, Mental Health and Psychiatry, Chronic Disease Management, Nephrology, Audiology and Hearing Care Technology, Emergency and Critical Care, Family Health, Cardiology, Pediatric Emergency and Critical Care or any other equivalent qualification from a recognized institution.
  - iii. Bachelor's degree in clinical medicine and Community Health or its equivalent qualification from a recognized institution.
  - iv. Bachelors degree in any of the following disciplines: Community Health and Development, Counselling Psychology, Psychology, Public Health, Medical Education, Health Systems Management, Health Profession Education, Medical Sociology, Comprehensive Ophthalmology and Cataract Surgery, Sports Medicine or Health Promotion from a recognized institution.
  - v. Masters degree in any of the following disciplines: Clinical Medicine, Public Health, Maternal and Reproductive Health, Tropical Medicine, Tropical and Infectious Diseases; Forensic Medicine, Medical Education, Health Profession Education, Family Health, Comprehensive Medicine, Health Care Management, Health Systems Management, International Health, Community Health and Development, Child and Adolescent Health, Health Economics, Health Economics and Policy; Epidemiology, Human Anatomy, Accidents and Emergency, Medical Sociology, Human Physiology, Clinical Psychology, Medical Biostatistics, Biostatistics, Disaster Management or any other equivalent qualification from a recognized institution.
  - vi. Certificate of Registration from the Clinical Officers' Council.
  - vii. Valid Professional Practice License from the Clinical Officers' Council.
  - viii. Certificate in Supervisory Skills Course lasting not less than two (2) weeks from a recognized institution. (vii) Certificate in Management Course lasting not less than four (4) weeks from a recognized institution. Certificate in Senior Management Course lasting not less than four (4) weeks from a
  - ix. Recognized institution.
  - x. Certificate in Strategic Leadership Development Programme lasting not less than six (6) weeks from a recognized institution.
  - xi. Certificate in computer applications.
  - xii. Any other qualifications may be approved by the Public Service Commission.



**27<sup>TH</sup> AUGUST, 2024: TRAINING OF CLINICAL OFFICERS AND ACHIEVEMENTS MADE**

8. The global practice is that after their theory training in college, they are put under the supervision of practicing clinicians to learn real-world decision-making on patient management. Clinical officers go through rigorous training to maintain their competencies, with some even working under doctors.  
In the year 2022 GACOPA achieved the following.
  - i. Engaged the Republic of Zimbabwe through its Parliament's Deputy Speaker, the Rt. Hon Gezi Tsitsi and Health Committee represented by Dr Ruth Labode. The deliberations agreed that the position of Clinical Officer be reestablished and the desire to strengthen the association.
  - ii. Held consultative meetings with the Zanzibar House of Representative's Department of Health. This meeting resulted in the decision to host the 1st East Africa Clinical Officers Delegates Conference tentatively planned to be hosted at the State University of Zanzibar, Unguja, Zanzibar between 3rd and 4th of March 2023.
  - iii. GACOPA visited the East Africa Legislative Assembly in Arusha, Tanzania, with a view of establishing a joint regulatory agency for Clinical Officers.
9. GACOPA also looked forward to stabilizing GACOPA's membership and activities in West Africa, including regularization and harmonization of the profession and curriculum in Ghana and Nigeria.
10. A global health care workforce crisis exists. Physician Assistant/Physician Assistant Comparable (PA/PA-comparable) professions can help fill this gap especially in areas such as obstetrics/gynecology, surgery, and infectious disease. These professions, recognized by the World Health Organization (WHO) include Physician Assistants/Physician Associates (PA), Clinical Officers/Clinical Associates, and Assistant Medical Officers. They exist in more than 50 countries under numerous different names as there is no unifying, international title for this cadre
11. Need for Global Understanding Clinical Practitioners Utilization and roles of CO/PAs vary depending on the countries' needs & protocols around education, accreditation, &

certification Literature is confusion with lack of recognition, lack of understand, lack of effective utilization • There is no internationally accepted name for these practitioners.



Source: GACOPA

### 1.2.2 August 28, 2024: Re-Defining Practice

12. Clinical practitioners (including clinical officers, feldshers, and physician associates) provide advisory, diagnostic, curative, emergency and preventive medical services for diseases and disorders common in their region in a variety of healthcare settings. They work autonomously or collaboratively with the inter-professional healthcare team with the ability to task share; with direct, indirect or limited supervision of medical doctors; and perform clinical, therapeutic and surgical procedures for treating and preventing diseases, injuries and other physical or mental impairments common to specific communities. They may conduct medical education and research activities; and are involved in public health activities.
13. In some countries, following appropriate training, clinical practitioners provide advanced clinical care in certain disease categories, types of patients or methods of treatment and may conduct specialised clinical services in collaboration with the healthcare team in anesthesia, cardiothoracic, dermatology, emergency, mental health and psychiatry, nephrology, , oncology, ophthalmology, orthopedics, pediatrics, palliative care, pulmonology, speech, language and audiology, surgery, and trauma.
14. Tasks include –
  - a) Conducting physical examinations of patients and interviewing them and their families to determine their health status, and recording patients' medical information.
  - b) performing routine or advanced medical and surgical procedures, including prescribing and administering treatments, medications and other preventive, emergency or curative measures, especially for common diseases and disorders in a variety of healthcare settings;
  - c) administering, ordering, and analysing diagnostic tests, such as X-ray, electrocardiogram, laboratory tests, ultrasound and other studies and images to understand disorders or illnesses;

- d) performing clinical and therapeutic procedures such as intubation, injections, immunizations, suturing and wound care, and infection management;
- e) performing minor and routine surgical procedures and assisting medical doctors with complex surgical procedures;
- f) monitoring patients' progress and response to treatment, and identifying signs and symptoms requiring referral to medical doctors;
- g) advising patients and families on diet, exercise and other habits which aid prevention or treatment of disease and disorders;
- h) Identifying and referring complex or unusual cases to medical doctors, hospitals or other places for specialized care.
- i) Reporting births, deaths and notifiable diseases to government authorities to meet legal and professional reporting requirements.
- j) Conducting and assisting with research into human disorders and illness and preventative or curative methods.
- k) Involved in public health encompassing a population focus, community orientation, ethics, prevention, equity, inclusion, accountability and social justice.

Figure 2: GACOPA Botswana Delegates



## CHAPTER THREE

### 1.3 COMMITTEE OBSERVATIONS

9. Having participated in the GACOPA conference, the Committee made the following observations: That,
  1. There is need to establish common nomenclature that defines multi-professions
  2. There is a need to develop the curriculum framework as a standard
  3. There is a need to foster collaboration between GACOPA members, research, development, human resources, students and data and
  4. There is need to harmonize accreditation and recognition between professions.

## CHAPTER FOUR

### 1.4 COMMITTEE RECOMMENDATIONS

10. Having participated in the GACOPA conference, the Committee made the following recommendations: That,

1. The Principal Secretary for the state Department of Public Health and Professional standards should review current curricular of training for the health workforce with a view to enrich it with skills based training and other competencies including specialist training to enhance patient centered care.
2. The Principal Secretary for the state Department of Public Health and Professional standards should put in in place a policy be better harmonization in training amongst training institutions and promotion of affordable training through establishment of a training fund and medical education fund for teaching hospitals to fund trainees.
3. The Cabinet Secretary for Health should facilitate the development of a comprehensive integrated health workforce information system and institutionalization of HRH tools such as Workload Indicators of Staffing Need (WISN) and Health Labour Market Analysis (HLMA) within the next one year. This will enable evidence decision making so as to effectively manage the human resource for health labour market.
4. The Cabinet Secretary for Health should ensure within the next one year to streamline the supply and demand of health workforce in the labour market for quality healthcare through guidelines on absorption, specialist training, retention of medical graduates and migration of health workers.
5. The Cabinet Secretary for Health should ensure the collaboration between universities and tertiary institutions which are uniquely placed to support and prioritize research and implement research findings to improve patient outcomes.
6. The Principal Secretary for public Health and Professional standards should develop a regulatory framework and standards to guide task sharing and common learner based curricular.
7. The Principal Secretary for public Health and Professional standards should put in in place a policy in standardization and harmonization of scopes of practice for all cadres of health workers to match health professional competencies aligned to career progression pathways.

SIGNED: *James Nyikal* ..... DATE: *17/4/2025* .....

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





THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FOURTH SESSION (2025)

DIRECTORATE OF DEPARTMENTAL COMMITTEES-DEPARTMENTAL  
COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF 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.

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	

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MINUTES OF THE 12<sup>TH</sup> SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 12, MAIN PARLIAMENT BUILDINGS, ON THURSDAY, 27<sup>TH</sup> 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 9<sup>th</sup> sitting held on 19<sup>th</sup> February 2025.**  
Minutes of the 9<sup>th</sup> Sitting held on 21<sup>st</sup> 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 10<sup>th</sup> sitting held on 19<sup>th</sup> February 2025.**  
Minutes of the 7<sup>th</sup> Sitting held on 21<sup>st</sup> 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 11<sup>th</sup> sitting held on 20<sup>th</sup> February 2025.**  
Minutes of the 8<sup>th</sup> Sitting held on 25<sup>th</sup> 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 8.197B 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 13<sup>th</sup> to 15<sup>th</sup> 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 15<sup>th</sup> Meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) Held On 28<sup>th</sup> to 29<sup>th</sup>, 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 29<sup>th</sup> to 30<sup>th</sup> 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 27<sup>th</sup> May 2024 to 1<sup>st</sup> 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.....*4th March, 2025*.....

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

