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

REPORT OF THE 15<sup>TH</sup> MEETING OF THE NETWORK OF AFRICAN  
PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) HELD FROM 28<sup>TH</sup> TO  
29<sup>TH</sup> FEBRUARY 2024 IN THE KINGDOM OF LESOTHO

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| <br><b>THE NATIONAL ASSEMBLY<br/>PAPERS LAID</b>     |  |      |                 |
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| TABLED BY:  | <i>Hon. Patrick Ntwiga MP<br/>Vice chairperson</i> |      |                 |
| CLERK-AT THE-TABLE:   | <i>A. Chibuko</i>                                  |      |                 |

DIRECTORATE OF DEPARTMENTAL COMMITTEES  
CLERK'S CHAMBERS  
PARLIAMENT BUILDINGS  
NAIROBI

APRIL 2025



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## **ABBREVIATIONS AND ACRONYMS**

|                 |  |
|-----------------|--|
| <b>ALM</b>      | <b>-Abuja Declaration and Africa Leadership meeting</b>                                |
| <b>AMR</b>      | <b>-Antimicrobial Resistance.</b>  |
| <b>AFIDEP</b>   | <b>- African Institute for Development Policy</b>                                      |
| <b>CEHURD</b>   | <b>-Center for Health, Human Rights and Development</b>                                |
| <b>CHW</b>      | <b>-Community Health Workers</b>   |
| <b>COP</b>      | <b>-Climate change Conference of Parties</b>   |
| <b>COP</b>      | <b>- Conference of Parties</b>   |
| <b>FP</b>       | <b>-Family Planning</b>  |
| <b>HIV/AIDS</b> | <b>- Acquired immunodeficiency syndrome (AIDS) /Human immunodeficiency virus (HIV)</b> |
| <b>ICPD</b>     | <b>-International Conference on Population and Development</b>                         |
| <b>IHR</b>      | <b>-International Health Regulations</b>   |
| <b>IPU</b>      | <b>-Inter-Parliamentary Union</b>  |
| <b>MNCAH</b>    | <b>-Maternal, Newborn, Child, and Adolescent Health</b>                                |
| <b>MOH</b>      | <b>- Ministry of Health</b>  |
| <b>MPs</b>      | <b>-Member of Parliament</b>   |
| <b>NCDs</b>     | <b>-Communicable Diseases</b>  |
| <b>NEAPACOH</b> | <b>-Network of African Parliamentary Committees of Health</b>                          |
| <b>NHIS</b>     | <b>-National Health Insurance Schemes</b>  |
| <b>OOP</b>      | <b>- Out-Of-Pocket</b>   |
| <b>PFM</b>      | <b>- Public Financial Management</b>   |
| <b>PHC</b>      | <b>-Primary Health Care</b>  |
| <b>PPP</b>      | <b>-Public-Private Partnerships</b>  |
| <b>RMNCAH</b>   | <b>- Reproductive, Maternal, Neonatal, Child and Adolescent Health</b>                 |
| <b>SDGS</b>     | <b>- Sustainable Development Goals</b>   |
| <b>TB</b>       | <b>- Tuberculosis (TB)</b>   |
| <b>UHC</b>      | <b>-Universal Health Coverage</b>  |
| <b>WASH</b>     | <b>- Water, Sanitation and Hygiene</b>   |
| <b>WHO</b>      | <b>-World Health Organization</b>  |


## CHAIRMAN'S FOREWORD

The National Assembly Departmental Committee on Health was invited to the 15<sup>th</sup> meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) held in February 28 – 29, 2024 in the Kingdom of Lesotho.

The meeting convened delegates and Members of Parliamentary Committees responsible for health, finance, budget, natural resources and environment from 16 countries (Benin, Chad, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mali, Namibia, Nigeria, Senegal, Tanzania, The Gambia, Uganda, Zambia and Zimbabwe) as well as representatives of international organisations, development and technical partners, national population councils, health champions, researchers and academics, Civil Society Organisations, and other stakeholders engaged in programmes on HIV, TB, NCDs, health security and integration of population, health and environment in Africa; under the theme: "Towards ICPD 30 and achievement of UHC: Imperatives for accelerated implementation and the role of Parliamentarians".

The meeting provided a platform for regional Parliamentarians to get acquainted with the status of implementation of the ICPD POA in the African region. It provided space for engaging, reflection and constructive discussions on priority policy interventions, built momentum for political will, national ownership and support towards consolidating the gains made towards achieving the ICPD agenda and Universal Health Coverage. The parliamentarians actively deliberated on improving Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) including HIV/TB outcomes in Africa. Emphasis was put on some of the critical imperatives to the achievement of UHC, such as increasing domestic financing for health with a focus on Primary Health Care (PHC); integrating population, health and the environment; increasing access to sexual reproductive health services and information to the young people; health security, pandemic preparedness and response; HIV/TB financing; non-communicable disease management including immunisation and addressing the social and commercial determinants of health through the strengthening of a multi-sectoral approach among others.

The meeting was hosted by the National Assembly of Lesotho and Partners in Population and Development Africa Regional Office (PPD ARO) with support from the African Institute for Development Policy (AFIDEP), AIDS Health Care Foundation (AHF), Amref Health Africa, Centre for Health, Human Rights and Development (CEHURD), Faith to Action Network and PATH. The 15<sup>th</sup> NEAPACOH Meeting ended with adoption of the Maseru Call to Action (2024).



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

## **PREFACE**

### **Establishment of the Committee**

1. 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 which provides for the establishment of the Committees by Parliament.

The mandate and functions of the 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, 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 analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;*
- e) *To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;*
- 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.*

### **Mandate of the Committee**

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider all matters relating to the health sector. The Committee oversees the Ministry of Health with its two State Departments i.e., State Department for Medical Services and State Department for Public Health and Professional Standards.
3. These Semi-Autonomous Government Agencies (SAGAs); Kenya National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenyatta University Teaching, Research and Referral Hospital (KUTRRH); Kenya Medical Training College (KMTC); Kenya Medical Supplies Agency (KEMSA); Kenya Medical Research Institute (KEMRI); National Aids Control Council (NACC); National Hospital Insurance Fund (NHIF) fall under the Ministry of Health.

## COMMITTEE MEMBERSHIP

4. The Committee 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**

### **COMMITTEE SECRETARIAT**

5. The Committee is serviced by the following secretariat 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. Faith Chepkemoi  
**Legal Counsel II**

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

Mr. Hiram Kimuhu  
**Fiscal Analyst III**

Angela Cheror  
**Public Communication Officer III**

Mr. Hillary Mageka  
**Media Relations Officer**

Ms. Abigael Muinde  
**Research Officer III**

Ms. Sheila Chebotibin  
**Senior Serjeant-At-Arms**

Mr. Eric Lungai  
**Hansard Officer II**

## 1.0 CHAPTER ONE

### 1.1 INTRODUCTION

The National Assembly Departmental Committee on Health was invited to the 15<sup>th</sup> meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) held on February 28 – 29, 2024 in the Kingdom of Lesotho

The meeting convened delegates and members of Parliamentary Committees responsible for health, finance, budget, natural resources and environment from 16 countries (Benin, Chad, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mali, Namibia, Nigeria, Senegal, Tanzania, The Gambia, Uganda, Zambia and Zimbabwe) as well as representatives of international organizations, development and technical partners, national population councils, health champions, researchers and academics, Civil Society Organizations, and other stakeholders engaged in programmes on HIV, TB, NCDs, health security and integration of population, health and environment in Africa; under the theme: "Towards ICPD 30 and achievement of UHC: Imperatives for accelerated implementation and the role of Parliamentarians".

The meeting provided a platform for regional Parliamentarians to get acquainted with the implementation status of the ICPD POA in Africa. It provided space for engaging, reflecting, and constructive discussions on priority policy interventions. It built momentum for political will, national ownership and support to consolidate the gains made towards achieving the ICPD agenda and Universal Health Coverage.

The parliamentarians actively deliberated on improving Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) including HIV/TB outcomes in Africa. Emphasis was put on some of the critical imperatives to the achievement of UHC, such as increasing domestic financing for health with a focus on Primary Health Care (PHC), integrating population, health and the environment, increasing access to sexual reproductive health services and information to the young people, health security, pandemic preparedness and response, HIV/TB financing, non-communicable disease management including immunisation and addressing the social and commercial determinants of health through the strengthening of a multi-sectoral approach among others.

The meeting was hosted by the National Assembly of Lesotho and Partners in Population and Development Africa Regional Office (PPD ARO) with support from the African Institute for Development Policy (AFIDEP), AIDS Health Care Foundation (AHF), Amref Health Africa, Centre for Health, Human Rights and Development (CEHURD), Faith to Action Network and PATH. The 15<sup>th</sup> NEAPACOH Meeting ended with adoption of the Maseru Call to Action (2024).

## **1.2 CONFERENCE OBJECTIVES**

The 2024 NEAPACOH meeting was to provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers and civil society, to deliberate on priority policy interventions, build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals.

The meeting participants devised means to increase domestic financing for health with a special focus towards primary healthcare systems to meet the needs and priorities of communities and countries towards the achievement of the ICPD, 2030 Agenda for Sustainable Development, the SDGs and Africa Agenda 2063. With a commitment to increase allocation of resources to Primary Health Care, RMNCAH, TB, HIV/AIDS, NCDs, Immunisation and Adolescent and Youth Sexual Reproductive Health.

The conference was to put health at the core of the development agenda and ensure that health priorities, including emergency preparedness and Universal Health Coverage are adequately reflected in national agenda and budgets.

The meeting was to inform participants to strongly work with the Inter-Parliamentary Union (IPU) to ratify International Health Regulations (IHR) on health security preparedness in Africa.

It further aimed at equipping Members as lawmakers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people of Kenya in line with the government's agenda of enhancing Universal Health Coverage (UHC);

This was a two-day meeting which involved high-level opening ceremony, followed by full days of sessions with moderated topical discussions, culminating in formulation of country commitments, development and adoption of 2024 Maseru Call To Action and achieving Universal Health Coverage (UHC).

## **1.3 The Delegation**

6. The following delegation attended the conference and represented the Departmental Committee on Health.
  1. Hon. (Dr) Robert Pukose, CBS, **M.P- Leader of Delegation**
  2. Ms Gladys Kiprotich - **Delegation Secretary**

## 2.0 CHAPTER TWO

### 2.1 CONFERENCE DELIBERATIONS

#### PRESENTATIONS

7. The conference was organised into various sessions with different topics under discussion. The sessions were presentations, plenary sessions, special sessions, and workshop sessions. The delegates attended the various sessions of the conference which was a policy as participants and contributed to various discussions during plenary. The delegates also joined team Kenya during discussion groups. Several areas were covered during the conference proceedings. Some of the key areas discussed in the conference are summarised below:

#### 2.1 DAY ONE: WEDNESDAY, 28<sup>th</sup> FEBRUARY 2024

##### **Reimagining Maternal, New-born, and Child Health (MNCH) and Immunisation as crucial drivers for advancing the Universal Health Coverage (UHC) agenda**

8. The session included sharing learnings, evidence, innovative and cost-effective practices and programmes for accelerating the achievement of UHC.
9. The session pointed out that globally, a woman dies of pregnancy-related causes every two minutes, and 30 mothers every hour. In 2020, the average Maternal Mortality Rate (MMR) in the African Region was 531 deaths per 100,000 live births, accounting for 69% (2/3) of maternal deaths.
10. The session highlighted that the major contributors/causes, of maternal deaths, are severe haemorrhage, infection, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications during childbirth and unsafe abortions (75%).
11. It was further noted that MMR needs to be reduced by at least 20.3% each year from 2020, to reach the SDG target by 2030.
12. Compared to 2017, in 2020 the maternal mortality ratio increased in 17 countries and decreased in 30 countries.
13. It was also stated that some countries have registered an increase in MMR due to COVID and other factors including environmental-related challenges.



*Group discussion is going on*

**a) Call to Action - Investment and political commitment**

14. While 83% of countries have established national targets for reducing maternal and newborn mortality rates, insufficient political commitment and ambition persist in addressing mortality and morbidity.
15. Even in cases where countries have set targets for maternal, newborn, and stillbirth rates, not all have aligned financing with these objectives.
16. Enhanced synergies in planning, financial tracking, and accountability mechanisms are imperative to achieve targets for women and newborns.
17. The agenda is crowded with many important things like climate change, and disaster preparedness, but MM issues still stand. We lose a mother every two minutes.

**b) Strengthening service delivery for quality and respectful care**

18. Quality and respectful MNH care hinges on accessible, skilled, motivated, and respectful healthcare providers, coupled with the availability of essential commodities and appropriate equipment.
19. Community engagement is pivotal to ensuring responsive services that cater to the needs and preferences of women and newborns, with mechanisms such as maternal and perinatal death surveillance and response systems playing a vital role.

**c) Accountability and partnerships**

20. It was stated that women, families, and communities should be actively involved in planning, monitoring, and supporting services to ensure accountability.

21. Further it was pointed out that exploring the role of the private sector in bolstering coverage and equity of maternal and newborn interventions is essential, alongside fostering synergies with other ongoing initiatives and programs

### **HIV and TB Financing in Africa**

#### **a) HIV Status in Africa**

22. It was pointed out that globally 46% of all new HIV infections were among women and girls in 2022. In Sub-Saharan Africa, adolescent girls and young women accounted for more than 77% of new infections among young people aged 15-24 years in 2022. Botswana, Eswatini, Rwanda, Tanzania, and Zimbabwe have already achieved the “95-95-95” targets. That means 95% of the people who are living with HIV know their HIV status, 95% of the people who know that they are living with HIV are on lifesaving anti-retroviral treatment, and 95% of people who are on treatment are virally suppressed.

#### **b) HIV Funding in Africa**

23. Participants were informed that international funding is the primary source for HIV and AIDS response in Africa, jeopardising programme sustainability due to rising pressures on global budgets. This trend is evident in declining donor support for Malaria, HIV and AIDS, and TB programmes in recent years.

#### **c) Factors Influencing HIV Programme Funding**

- i. Changing Epidemiology: Shifting demographics are altering HIV-affected groups, funding priorities adjusting to target high-risk populations.
- ii. Advances in Treatment and Prevention Technologies: New technologies like long-acting injectables and novel therapies have emerged, Investment is needed in research, development, and implementation.
- iii. Competing Global Health Priorities: Shifts in global health agendas influence HIV programme funding, new pandemics or health threats may divert resources and consideration of the broader health landscape in funding decisions.
- iv. Political and Economic Factors: Government leadership changes, economic conditions and international relations affect funding commitments, low political will
- v. Increased Focus on Sustainability: Emphasis on sustainable financing for HIV programmes is growing. Countries are encouraged to invest more in their own health systems and reduce reliance on external funding.

## 2021 declaration: Ending inequalities, aiming for aids free 2030



### d) Sustainable HIV and TB Funding in Africa

24. Long-term objective requiring wider health sector planning.
25. Major donors vary: GAVI stresses shared responsibility for financial sustainability, involving fiscal capacity and policies.
26. PEPFAR urges governments to finance health systems with indigenous resources.
27. The AIDS epidemic prompts a strategic shift towards development assistance sustainability (The Lancet Editorial, 2012).

### e) Studies on domestic financing

28. Researchers from Public Health Initiatives in Nigeria conducted a study comparing the funding sources for HIV between South Africa and Nigeria, which have the two largest economies in Africa.
29. Nigeria has an HIV prevalence of 1.4% among adults and an estimated 1.9 million people living with HIV, South Africa has an 18% prevalence with over 7 million people with HIV. (SA- 67-77% domestic), (12-17) – 80 funding from donors.
30. In Tanzania, researchers from the National Institute for Medical Research, Dar es Salaam, investigated the costs associated with providing malaria, HIV and AIDS and TB services.
31. The total financial gap was estimated to be US\$ 1.5 billion for HIV, US\$ 400 million for malaria and US\$ 86 million for TB. The projected financial resources needed to support these services for ten years were estimated to be US\$ 8.5 billion.

#### **f) Funding approaches/opportunities**

The session included presentations and discussions of some funding approaches/opportunities which were as follows;

- i. Pool procurement - Involves multiple buyers joining forces to strengthen their bargaining power and foster competition among suppliers, particularly in the pharmaceutical and vaccine sectors
- ii. Advantages include economies of scale, reduced transaction costs, and harmonised standards, leading to increased access to essential medicines and improved quality assurance
- iii. Invest in HIV socio-economic and health dividends- Triple dividend report (UNAIDS report 2023)
- iv. Local vaccine Manufacturing- Localising vaccine production also offers strategic benefits. It reduces reliance on foreign aid and supply chains, mitigating risks associated with disruptions and ensuring priority access to vaccines.
- v. Tax exemptions for HIV imported products like Uganda, condom shortages are limited compared to Kenya, and cost-benefit over tax exemption is higher.
- vi. Increased public finance management – We need to also encourage MPs and CSOs to advocate for debt cancellation because Africa's rising debts impact its ability to increase DRM.
- vii. Ring-fencing HIV funds
- viii. Integration of HIV services in other health care services (through an allocation formula)
- ix. Minimise wastage and promote accountability and complementarity of health initiatives and resources.

#### **g) Role of Members of Parliament/Others**

- i. MPs drive the agenda, political will
- ii. Lobby the government for HIV resources
- iii. Investigate the barriers to strengthening domestic resources
- iv. Enhance political will
- v. Establish dialogue for alternative funding models
- vi. Replicate what has worked
- vii. Invest in building evidence –CSOs
- viii. Invest in the most affected areas (research, prevention)

## 2.2 DAY TWO: THURSDAY, FEBRUARY 29, 2024

### **Accelerating Sustainable Domestic Health Financing for Achieving Universal Health Coverage (UHC)**

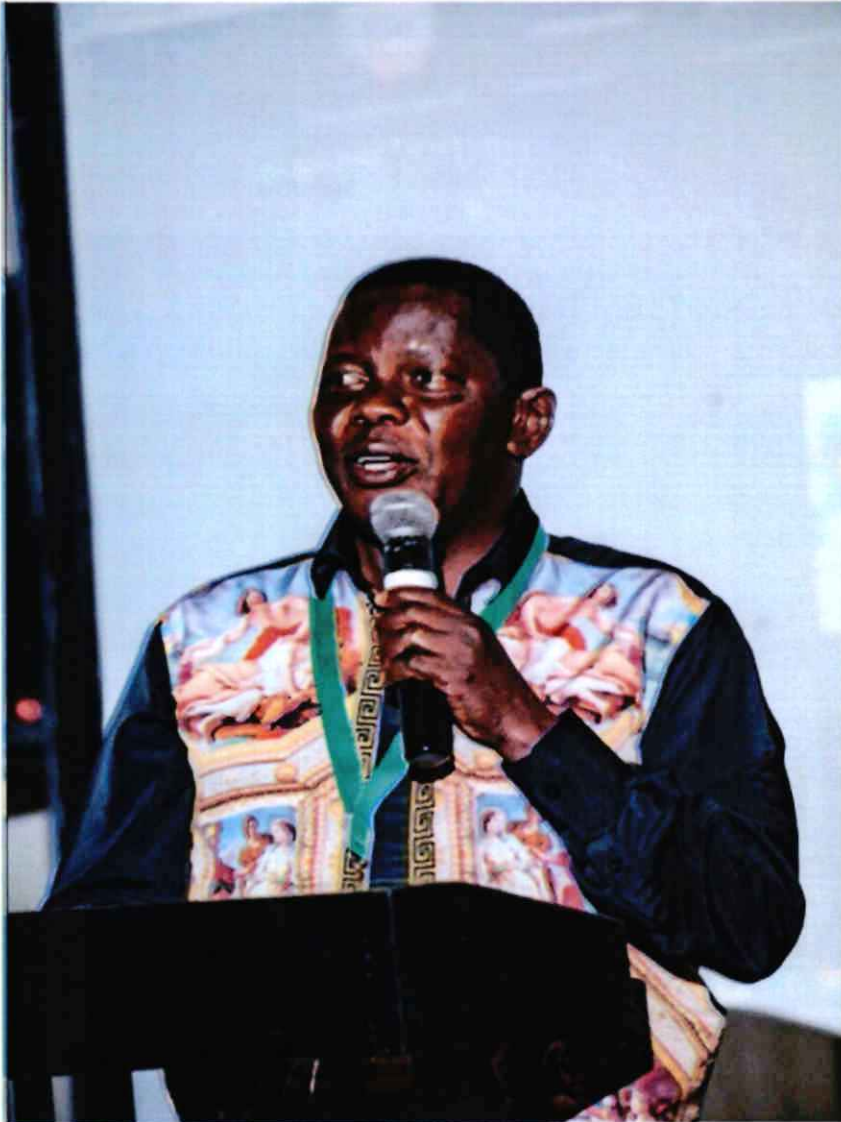
32. The session was meant to increase the knowledge of policy and decision makers on options for increasing domestic and effective utilisation of finances for health as a key imperative for harnessing accelerated achievement of UHC. The following was therefore highlighted:

#### **a) ALM Declaration on Health Financing in Perspective**

- i. Increase domestic investment in health
- ii. Improve public financial management (PFM) capacity
- iii. Enhance national health financing systems, including by exploring options to reduce fragmentation and explore national health insurance (where appropriate)
- iv. Reorient health spending & health systems to target the diseases & conditions across the lifecycle
- v. Digitise the Africa Scorecard on Domestic Financing for Health so that data used to review performance is more widely disseminated

#### **b) Challenges Towards Healthcare Financing**

33. Most countries still fall below 50% in UHC coverage because of:
- i. Inadequate allocation of government resources to health
  - ii. Inefficiencies and inequitable health spending leading to 20-40% efficiency losses, fragmentation/weak pooling, inequity in coverage, access and health outcomes, high management costs, duplication and waste of resources and misallocation of resources
  - iii. Inefficiencies include:
    - a) Poor quality service (e.g. frequent stock-outs)
    - b) High out-of-pocket drug expenditure: Poor quality and inappropriate use of drugs
    - c) Low-density health workforce: health clinics not adequately staffed, uneven distribution of health workers throughout the country, little use of services



*Hon. (Dr) Robert Pukose moderating a session*

**c) Key Reasons We Should Invest More in Health, Especially PHC**

34. From the discussions, the Key Reasons for Investing More in Health, Especially PHC were highlighted as follows:

- i. PHC is often the first point of contact for individuals within the healthcare system. By strengthening PHC, communities can achieve better health outcomes, reduce morbidity and mortality rates, and manage chronic diseases more effectively.
- ii. Healthier populations contribute more effectively to the economy. Reducing the burden of disease through strong PHC can enhance workforce productivity and economic growth. Equally, countries with better health outcomes experience better per capita GDP growth over time

- iii. WHO's recommendation is to reorient health systems using a primary health care (PHC) approach. Better health outcomes build resilient health systems that can adapt to changing needs and challenges.
- iv. Most (90%) of essential UHC interventions can be delivered through a PHC approach. PHC encompasses a wide range of services, including preventive, curative, and rehabilitative care. This holistic approach addresses not just physical health but also mental and social well-being.
- v. A study by Mwai et al., 2023 for the investment case in PHC in Kenya shows that for every \$1 invested in PHC interventions saves up to \$16 in spending on conditions like stunting, NCDs, anaemia, TB, Malaria, and maternal and child health morbidity
- vi. Strengthening PHC is essential for responding to global health threats, such as pandemics. It enables rapid identification and management of health crises at the community level.
- vii. PHC promotes health literacy and empowers individuals to take charge of their health, leading to healthier lifestyle choices and better management of personal health conditions.
- viii. PHC often involves community-based approaches, fostering trust and cooperation between healthcare providers and the communities they serve. This engagement can lead to better adherence to health recommendations and interventions.

**Advancing Primary Health Care (PHC): A pathway for ensuring Health security and achievement of Universal Health Coverage (UHC)**

- 35. Participants were informed that 6 years since the landmark 1978 Alma-Ata Declaration, which defined Primary Health Care (PHC) as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford.
- 36. It was pointed out however, that the PHC Agenda in Africa still needs to be improved by a lack of evidence, context relevance, and limited involvement of communities and that Primary Health Care (PHC) is the most effective and cost-efficient way to achieve UHC.
- 37. The session defined Universal Health Coverage (UHC) as all people having access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.
- 38. The meeting also defined Global Health Security (GHS) as the activities required both proactive and reactive to minimise the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries

39. Parliamentary Committees of Health were also informed on the drivers of GHS some of which included models for health financing, population growth, rapid urbanisation, environmental degradation, misuse of antimicrobials disrupting the equilibrium of the microbial world, new diseases like COVID-19 and international travel, the spread of infectious agents and their vectors.

**a) PHC catalyst to Global Health Security for Universal Health Coverage**

40. It was noted during the session that the journey from Primary Health Care to Global Health Security for Universal Health Coverage should involve the following;

- i. Addressing bottlenecks in Strengthening Operational Efficiency
- ii. Interventions to address NCD risk factors, management and prevention: inculcate early in life; school health programmes.
- iii. Models for delivery of PHC for last-mile populations
- iv. Priority interventions that have the greatest impact: immunisation, WASH
- v. Leveraging technology, Health information
- vi. Motivated human resources: CHV/CHP, nurses, physiotherapists, public health, doctors and clinicians
- vii. Partnerships and collaborations that avoid duplication: south-to-south collaboration
- viii. Climate resilient systems

**b) Obstacles to Universal Health Coverage**

41. The session identified some of the obstacles according to the DRC study (Issa, 2023) as; fragile healthcare infrastructure, socio-economic barriers, weak health governance, inadequate policy implementation, absence of comprehensive health information systems and poor data management hindering evidence-based decision-making and resource allocation.

**c) Success to Universal Health Coverage**

42. The meeting participants identified the successes of Universal Health Coverage according to Starfield's landmark publication in 1994, followed by research from Europe, Canada, the United States and other high-low and middle-income countries, confirmed as follows: health systems with strong primary health care at their core have lower health costs, better population health, higher patient satisfaction, fewer unnecessary, hospital admissions and greater socioeconomic equity.

**d) Integrating Population, Health and Environment for sustainable development**

43. The presenter informed the meeting that to achieve UHC and Health Related SDGs, there is need to seek partnerships and financing from outside the health sector, including from environment and climate change.

44. It was stated that there exist some narratives that need to be explored that can potentially accelerate the achievement of UHC and the SDGs. For instance, environment and climate change action are recognized as key pillars towards sustainable development goals.
45. It was also stated that despite the recognition that environment and climate change are influenced by human activity, and have an impact on populations, policies, and strategies for sustainable development, the integration of HPE has largely been silent in the policy and planning nexus. In particular, voluntary family planning and reproductive health, which are critical aspects of population dynamics, are missing in these policies and strategies. Understanding the complex cross-sectoral relationships between health, population, environment, and climate change dynamics provides a solid platform to develop more effective and sustainable solutions to achieving UHC and SDGs.

**e) Good Practices and Lessons Learned in Implementation of the UHC, 2023 NEAPACOH Commitments and Maseru Call to Action**

46. The session provided some insights into critical advocacy issues beyond ICPD 2025 and the evolving advocacy opportunities, progress, experiences and lessons learned in the implementation of the previous NEAPACOH commitments, the Countries made various commitments for the implementation of the ICPD agenda and achievement of UHC and the Kampala Call to Action; Develop Country commitment for achieving UHC.
47. Country delegations convened into groups and worked on commitments for implementing the ICPD agenda and achieving UHC. Countries (who attended the 2023 NEAPACOH meeting) also finalized progress reports on the implementation of 2023 NEAPACOH commitments.
48. Presentations were done by countries on country progress reports and lessons learned on implementation of the NEAPACOH commitments and Kampala Call to Action as well as Country commitments for achieving UHC in 2024.

### 3.0 CHAPTER THREE

#### 3.1 COMMITTEE OBSERVATIONS

49. The Committee makes the following observations, that:

- 1) Primary Health Care (PHC) brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and PHC is the cornerstone of a sustainable health system for the attainment of UHC and health-related SDGs targets;
- 2) Family planning and reproductive, maternal, new born, child, adolescent health and NCDs are among the essential health services most seriously affected by inadequate funding;
- 3) Environment and climate change are influenced by human activity, including a rapidly growing population, hence the need to integrate and prioritize Population, Health and Environment (PHE) in the policies and financing
- 4) There are financing and human resource bottlenecks in the manufacture of key medicines, vaccines and other key supplies at individual country level;
- 5) African countries often have strong policies that advance access to quality reproductive health information and services for women, girls, young people and adolescents, the implementation of these/such policies remain weak largely due to under-investments and low prioritisation in national planning frameworks;
- 6) Inefficiencies and inequitable health spending leading to 20-40% efficiency losses, fragmentation/weak pooling, inequity in coverage, access and health outcomes, high management costs, duplication and waste of resources and misallocation of resources
- 7) Localising vaccine production offers strategic benefits. It reduces reliance on foreign aid and supply chains, mitigating risks associated with disruptions and ensuring priority access to vaccines
- 8) The total financial gap was estimated to be US\$ 1.5 billion for HIV, US\$ 400 million for malaria and US\$ 86 million for TB. The projected financial resources needed to support these services for ten years were estimated to be US\$ 8.5 billion
- 9) Even in cases where countries have set targets for maternal, new born, and stillbirth rates, not all have aligned financing with these objectives.
- 10) Understanding the complex cross-sectoral relationships between health, population, environment and climate change dynamics provides a solid platform to develop more effective and sustainable solutions to achieving UHC and SDGs.

- 11) Some countries have registered an increase in MMR due to COVID and other factors including environmental-related challenges.
- 12) PHC is essential for responding to global health threats, such as pandemics. It enables rapid identification and management of health crises at the community level

## 4.0 CHAPTER FOUR

### 4.1 COMMITTEE RECOMMENDATIONS

50. The Committee having considered the discussions in various sessions during the conference notes that the health status of the people of Africa continues to be a matter of concern. The committee delegation learned lessons from the various presentations during the conference, and made the following recommendations and commitments:
- 1) Both the Executive and Parliament should in the next financial year put health at the core of the development agenda and ensure that health priorities, including emergency preparedness and Universal Health Coverage, are adequately reflected in the national agenda and budgets.
  - 2) The Principal Secretary for National Treasury should in the next financial year mobilize domestic funds for HIV/TB to aid in co-financing global HIV/TB initiatives, fostering equitable and robust health systems rooted in a people-centric approach and unified health services, tailored to individuals' requirements and disease prevalence in the next financial year.
  - 3) Parliament in the next one year should;
    - i. Strongly work with the Inter-Parliamentary Union (IPU) to ratify International Health Regulations (IHR) on health security preparedness in Africa.
    - ii. Advocate to increase domestic financing for health with a special focus towards primary health care systems to meet the needs and priorities of communities and countries towards achievement of the ICPD, 2030 Agenda for Sustainable Development, the SDGs and Africa Agenda 2063 and the Commitment to increase allocation of resources to; Primary Health Care, RMNCAH, TB, HIV/AIDS, NCDs, Immunisation, Adolescent and youth Sexual reproductive health
    - iii. Provide oversight and accountability on how health-related funds in other sectors are being spent (i.e. in Education, Agriculture, Water, Transport, Environment, etc.) through multi-sectoral engagement and collaboration in all matters of health, including stronger emergency preparedness, readiness and response mechanisms within resilient health systems and strengthen scrutiny and tracking of health budgets to reduce the many wastages & inefficiencies in health budget spending by prioritizing and advocating for digitization of the establishment and maintenance of robust data collection systems to ensure the collection and securement of quality demographic data.
    - iv. Review, develop and pass appropriate laws and policies that ensure universal access to health including nutrition, sexual and reproductive health, addressing teenage pregnancies, family planning services, and post abortion care.
    - v. Champion and spearhead legal and other reforms to provide conducive environments for private sector investments and promote PPPs that promote equity in access to quality healthcare services within the next one year.


- 4) The Cabinet Secretary for Health in the next one year should;
- i. Ensure strong, people-centred health systems that are resilient, functional, well-governed, adolescent and gender-responsive, accountable, integrated, and capable of quality service delivery, supported by a competent health workforce, adequate health infrastructure, enabling legislative and regulatory frameworks as well as sufficient and sustainable domestic funding;
  - ii. Develop and strengthen Kenya's Research and Development and manufacturing capacity through harmonized regulatory frameworks and investments to promote self-reliance, and unrestricted equitable access to health commodities, products and pharmaceuticals.
  - iii. Establish and strengthen Local/Sub-national capacity building amongst, communities including young people in an effort to let communities' lead.
  - iv. Address the social and commercial determinants of health, such as gender equality, quality education, zero hunger and poverty, among others.

**CONCLUSION**

51. The 15<sup>th</sup> NEAPACOH meeting participants collectively and individually convey their sincere appreciation and gratitude to the People and Government of the Kingdom of Lesotho, especially the National Assembly of Lesotho, Partners in Population and Development Africa Regional Office (PPD-ARO) and the partners, for the successful organisation and hosting of the 2024 NEAPACOH meeting.

SIGN: *J. Amare* ..... DATE: 17/4/2025 .....

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

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| <br><b>THE NATIONAL ASSEMBLY</b><br><b>PAPERS LAID</b> |   |      |          |
| <b>DATE: 17 APR 2025</b>  |   |      |          |
| <table border="1"> <tr> <td style="text-align: center;">DAY:</td> </tr> <tr> <td style="text-align: center;">Thursday</td> </tr> </table> |   | DAY: | Thursday |
| DAY:  |   |      |          |
| Thursday  |   |      |          |
| <b>TABLED BY:</b>   | <i>Hon. Patrick Ntsoke, mp</i><br><i>Vice chairperson</i> |      |          |
| <b>CLERK-AT THE-TABLE:</b>  | <i>A. Shibusko</i>  |      |          |



**THE NATIONAL ASSEMBLY**  
**13TH PARLIAMENT – FOURTH SESSION (2025)**  
**DIRECTORATE OF DEPARTMENTAL COMMITTEES**  
**DEPARTMENTAL COMMITTEE ON HEALTH**

**REPORT ADOPTION LIST OF THE 15<sup>TH</sup> MEETING OF THE NETWORK OF AFRICAN  
PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) HELD ON 28 TO 29,  
FEBRUARY 2024 IN THE KINGDOM OF LESOTHO**

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 8.137B 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 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.

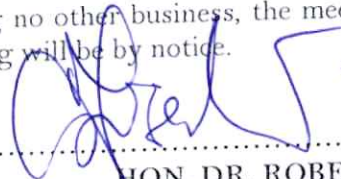
MIN. NO. NA/DC-H/2025/87: ANY OTHER BUSINESS

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.....16/2025.....

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

