REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE PETITION CONCERNING THE PROTECTION AND PROPAGATION OF THE COMMERCIALIZATION OF THE NEW GENERATION (*MUTHEA*) ANTIVENOM IN KENYA.

Clerk's Chambers,
The Senate,
Parliament Buildings,
NAIROBI.

June, 2026

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ACRONYMS

1.	CAJ	-	Commission on Administrative Justice
2.	KEMRI	-	Kenya Medical Research Institute
3.	KIPI	-	Kenya Industrial Property Institute
4.	KIPRE	-	Kenya Institute of Primate Research
5.	KSRIC	-	Kenya Snakebite Research and Intervention Centre
6.	KWS	-	Kenya Wildlife Services
7.	PPB	-	Pharmacy and Poisons Board
8.	UHC	-	Universal Health Coverage
9.	WRTI	-	Wildlife Research and Training Institute

PRELIMINARIES

Establishment and Mandate of the Committee

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

Pursuant to Standing Order 228(4), the Committee is specifically mandated to-

1. investigate, inquire into and report on all matters relating to the mandate, management, activities, administration and operations of the Ministry of Health and its departments;
2. study the programme and policy objectives of the Ministry of Health and its departments, and the effectiveness of the implementation thereof;
3. study and review all legislation referred to it;
4. study, assess and analyze the success of the Ministry of Health and departments assigned to it as measured by the results obtained as compared with their stated objectives;
5. consider the Budget Policy Statement in line with the Committee's mandate;
6. report on all appointments where the Constitution or any law requires the Senate to approve;
7. make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;
8. consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;
9. examine any statements raised by Senators on a matter within its mandate; and
10. follow up and report on the status of implementation of resolution within its mandate; and
11. follow up and report on the status of commitments made by the Cabinet Secretaries in their response to questions under Standing Order 51C

Committee Membership

The Committee is comprised of the following members-

1. Sen. Jackson K. Arap Mandago, EGH, MP	-	**Chairperson**
2. Sen. Mariam Sheikh Omar, MP	-	**Vice-Chairperson**
3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP	-	Member
4. Sen. Ledama Olekina, CBS, MP	-	Member
5. Sen. Richard Onyonka, MP	-	Member
6. Sen. Tabitha Mutinda, CBS, MP	-	Member
7. Sen. Hamida Kibwana, MP	-	Member
8. Sen. Joseph Githuku, MP	-	Member
9. Sen. Cheburet Kiprono Chemitei, MP	-	Member

CHAIRPERSON'S FOREWORD

This report contains the proceedings of the Standing Committee on Health on its consideration of the Petition concerning the protection and propagation of the commercialization of the New Generation (*Muthea*) Antivenom in Kenya. The Petition was presented by Mr. Patrick Musilu and others, residents of Wamunyu in Machakos County and was reported in the Senate on 29th May, 2025.

Snakebite envenoming remains a serious and often neglected public health burden in Kenya, falling hardest on poor, rural communities in our arid and semi-arid counties. Any genuine effort to deliver safe, affordable and accessible interventions therefore merits the careful attention of this House. It is in that spirit, that the Committee approached this Petition.

In discharging its mandate, the Committee met with the Petitioner and received his written submissions as well. The Committee further sought and received written submissions from the Ministry of Health, the Ministry of Tourism and Wildlife, the Kenya Institute of Primate Research and the Kenya Industrial Property Institute and considered the extensive record of correspondence provided by the Petitioner.

The Committee affirms that the Petitioner's right to research, innovate and pursue commercialization is protected under Articles 11, 40 and 43 of the Constitution, while noting that its exercise remains subject to the law. The Committee however found no credible evidence of unlawful denial of service or of collusion to infringe the Petitioner's innovation. It established that the Kshs. 100,000/- demanded from the Petitioner before testing of his product was a lawful cost-recovery charge, and that the Petitioner's patent applications lapsed or were abandoned for non-compliance.

During the consideration of this petition, the Committee identified the absence of a unified, costed and time-bound pathway to guide innovators working with public research institutions. This points to weak inter-institutional collaboration, which substantially explains the Petitioner's frustration. The Committee's recommendations are directed at remedying this gap through a facilitated, monitored and time-bound validation process to enable the Petitioner realize his innovation.

The Committee is however concerned about the Petitioner's conduct toward officers of State agencies, marked by abusive, derogatory and ethnically charged language which fell below the standard of civility and good faith expected of any person engaging public institutions. Such conduct cannot be condoned and ultimately undermined the very cause the Petitioner sought to advance.

The Committee has sought to strike a careful balance, protecting the legitimate right to innovate while safeguarding public health through proper scientific, ethical and regulatory scrutiny. To this end, the committee recommends that the Ministry of Health (MOH), within sixty days of the adoption of this report, convene a structured facilitation meeting bringing together the Petitioner, KEMRI, KIPRE, PPB, NACOSTI and KIPI

to agree and issue a single written, costed validation roadmap with defined milestones and named contact officers, with the aim of eliminating bureaucracies for the purpose of ensuring that the Petitioners product is objectively analysed and protected.

On behalf of the Committee, I wish to extend my gratitude to the Committee members for their diligence, commitment and insightful contributions throughout this inquiry. I also thank the Petitioner and all stakeholders who provided valuable input during our investigations.

As I conclude, I wish to sincerely thank the Office of the Speaker and the Office of the Clerk of the Senate for the support extended to the Committee in execution of its mandate.

It is now my pleasant duty, pursuant to standing order 238 (2) of the Senate Standing Orders, to present the Report of the Standing Committee on Health on a petition concerning the protection and propagation of the commercialization of the New Generation (*Muthea*) Antivenom in Kenya.

I thank you.

SIGNED..... **DATE**.....4/6/2026.....

SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, COMMITTEE ON HEALTH)

CHAPTER ONE

1.1 Introduction

1. The right to present petitions to public authorities is provided for under Article 37 of the Constitution. Article 119(1) further provides that 'Every person has a right to petition Parliament to consider any matter within its authority, including to enact, amend or repeal any legislation.'

2. The Petition to the Senate to protect and propagate commercialization of the new generation (Muthea) antivenom in Kenya was reported in the Senate on Thursday, 29th May, 2025 and referred to the Standing Committee on Health for consideration. A copy of the Petition is attached to this Report as ***Annex 2.***

1.2 Summary of the Petition

3. The Petitioners, Patrick Musilu, Tom Babu and Alfred Dosso, citizens and residents of Wamunyu in Machakos County, described themselves as citizen innovators of a non-animal plasma antivenom who have spent five years working to commercialize a New Generation Antivenom derived from the chemically synthesized traditional "*Muthea*" (also branded "SBE Elixa") antivenom.

4. The Petitioners asserted they are lawfully engaged in snakebite healing in Wamunyu and seek to research, innovate and commercialize their patented traditional medication for nationwide availability. They claimed their preclinical intervention is legitimate under the State Directorate of Culture, the Kenya Industrial Property Institute, and the promised Universal Health Coverage. They allege the initiative faces serious maladministration created by employees of various government agencies.

5. The Petitioners indicated that the antivenom's efficacy is backed by over one hundred (100) years of safely, effectively and affordably saving life, with zero death outcomes among casualties attended in Wamunyu in Machakos County and Kinango in Kwale County. The Petitioners stated their inspiration to formalize the product to Pharmacy and Poisons Board standards was sparked by a neighbour's snakebite death and the 2019 Ministry of Health policy document on snakebite envenoming.

6. The Petitioners traced a dispute with a Kenya Medical Research Institute (KEMRI) official who, in late 2021, allegedly demanded Kshs. 100,000 for sample analysis while declining to sign a requisite Non-Disclosure or Material Transfer Agreement under the Science, Technology and Innovation Act. They contended this demand was retaliatory, made in response to their insistence on protecting their intellectual property and that it led to a referral to the Kenya Snakebite Research and Intervention Centre.

7. They further allege that although the National Research Fund offered to fund incubation of the antivenom provided KEMRI cooperated, this was rejected by the KEMRI Deputy Director. The Petitioners' report escalating the matter as abuse of office and illegal denial of service to the Ethics and Anti-Corruption Commission (EACC) in early 2022, which erroneously referred it to the Commission on Administrative Justice (CAJ) rather than investigating or formally declining.

8. The Petitioners claim mediation attempts by the CAJ (the Ombudsman) in 2022 failed and they allege subsequent unauthorized experiments using their patented sample, verbal banning from KEMRI premises and attempts to invalidate their industrial property through threats of arrest. They name several institutions they believe may have something to hide, including KEMRI, the Kenya Institute of Primate Research (KIPRE), the Pharmacy and Poisons Board (PPB) and the National Commission for Science, Technology and Innovations (NACOSTI) among other institutions.

9. They raise concerns about a Welcome Trust funded African Snakebite Alliance launched in early 2024, alleging KEMRI entered an opaque collaboration with a Watamu-based snake farmer who had no antivenom history until the Petitioners disclosed their formulation for Kenya Industrial Property Institute (KIPI) registration in 2022. The Petitioners declare that none of the issues raised in the petition are pending before any court of law or other legal body.

10. The Petitioners therefore prayed that the Senate intervenes in the matter with a view to –

    a) protect the Petitioner's right to research, innovate and commercialize the traditional antivenom to Pharmacy & Poisons Board aesthetic standard and further support our enterprise to take Kenya from the bad place of net importer of inferior animal plasma antivenom to the largest exporter of chemically synthesized antivenom in the world;

    b) instigate a preliminary enquiry to establish the reality of unlawful Denial of Service through impunity, complicity of management in flouting service delivery norms and regulations that govern the institutions;

    c) recommend suspension of the most culpable officials from office to facilitate the investigation that's needed to establish degree of criminal conduct in the failed attempt to invalidate our Industrial Property after illegal Denial of Service;

    d) recommend intervention by mandated law enforcement agencies for an investigation to establish criminal abuse of office and sabotage with the intent to disposes by known/identifiable individual employees of KEMRI, IPR & NACOSTI; and

e) make a recommendation for regulated guidelines to make it easy for indigenous African inventors and non-institutional innovators to access facility for Research & Development of worthwhile products through institutionalized partnership with public funded research institutions.

1.3 Legal Framework

a) The Constitution of Kenya

11. Article 43(1)(a) of the Constitution guarantees every person the right to the highest attainable standard of health, including health-care services. The Petitioner anchors his appeal on this right and the promised Universal Health Coverage, contending that an affordable, accessible snakebite antivenom advances this entitlement, particularly for poor populations in snakebite-prone counties.

12. Article 27 of the Constitution guarantees every person the right to equality and freedom from discrimination, while Article 47 entitles every person to a fair administrative action that is expeditious, efficient, lawful, reasonable and procedurally fair.

13. Article 11 obligates the State to recognise the role of culture and to promote indigenous knowledge and technologies. Further, Article 40 protects the right to property, including intellectual property, which the State is required to support and protect

b) The Health Act, 2017

14. The Health Act, No. 21 of 2017 establishes a unified health system in Kenya and gives statutory effect to the right to health under Article 43 of the Constitution. It obligates the State to protect, respect, promote and fulfil the health rights of all persons in Kenya towards the progressive realisation of the highest attainable standard of health services.

15. Part VII of the Act provides for the regulation of health products and health technologies, establishing a single regulatory body for health products and technologies and setting out its functions and the conditions for procurement of such products. Read together with the Pharmacy and Poisons Act, this framework reinforces the institutional responses that any antivenom intended for human use must satisfy applicable safety, quality and efficacy requirements before registration or use in health facilities, regardless of its traditional origin.

16. Part X of the Act addresses traditional and alternative medicine. The ministry of Health is required to formulate policies to guide the practice of traditional and alternative medicine while the county executive department for health is to ensure their implementation and a regulatory body is to be established by an Act of Parliament to regulate the practice of traditional and alternative medicine. The Act further provides for documentation, standardisation and charges relating to such practice.

c) Science, Technology and Innovation Act, No. 28 of 2013

17. The Science, Technology and Innovation Act establishes the National Commission for Science, Technology and Innovation (NACOSTI) as the regulator and supervisor of research in Kenya, and provides for the accreditation and licensing of research institutions. NACOSTI is mandated to assure quality, relevance and ethics in research and to oversee research undertaken by public institutions.

18. KIPRE is a State corporation established under Legal Notice No. 273 of 2017 pursuant to this Act, with a mandate to improve human health through biomedical and pre-clinical research.

19. The Act and its attendant institutional policies require researchers to obtain ethical and regulatory approvals before handling biological materials, and contemplate the use of Material Transfer Agreements (MTAs) and Non-Disclosure Agreements where proprietary or non-public methods are involved.

d) Industrial Property Act, 2001 and the Industrial Property Regulations, 2002

20. The Industrial Property Act establishes the Kenya Industrial Property Institute (KIPI) and governs the grant and protection of patents in Kenya. A provisional patent application secures a right of priority for twelve months, within which a final specification must be filed; failure to do so renders the application withdrawn under Regulation 18(3) (a-e) of the Industrial Property Regulations, 2002.

e) Regulation of Medicines, Antivenom and Traditional Medicine

21. The Pharmacy and Poisons Act (Cap. 244) establishes the Pharmacy and Poisons Board (PPB) as the regulator of medicines, including the registration, quality, safety and efficacy of pharmaceutical products and the conduct of clinical trials. Any antivenom or therapeutic intended for human use or for stocking in health facilities is subject to PPB requirements regardless of its traditional or herbal origin.

1.4 Mandate of the Implicated Institutions

22. The Kenya Medical Research Institute (KEMRI) is a state corporation responsible for carrying out human health research in Kenya. It is tasked with generating evidence-based data to advise the Ministry of Health on policy, responding to disease outbreaks and developing life-saving medical innovations and vaccines.

23. KIPRE/KSRIC are mandated to undertake biomedical and pre-clinical research, including snakebite interventions and requiring prior approvals before engagement.

24. Kenya Wildlife Service (KWS) and the Wildlife Research and Training Institute (WRTI) are established under the Wildlife Conservation and Management Act, 2013, mandated for conservation, the licensing of activities involving wildlife and venom collection but expressly not mandated for the procurement, distribution, regulation or clinical evaluation of antivenom.

25. National Commission for Science, Technology and Innovation (NACOSTI) is the oversight regulator of research institutions and licensing under the STI Act.

1.5 Dispute Resolution on ethical breaches

26. The Ethics and Anti-Corruption Commission (EACC), established under the Constitution and the Ethics and Anti-Corruption Commission Act, 2011.

27. The Commission on Administrative Justice (CAJ), established under the Commission on Administrative Justice Act, 2011, is mandated to address maladministration and to investigate complaints of abuse of power, unfair treatment and delay in public service.

1.6 Relevant Policy Documents

28. The Ministry of Health (MoH) publication, Guidelines for Prevention, Diagnosis and Management of Snakebite Envenoming in Kenya (2019), sets the national policy objective of attaining a fifty per cent reduction in snakebite deaths and disabilities by 2030, aligned to Universal Health Coverage and the Sustainable Development Goals.

CHAPTER TWO

2. CONSIDERATION OF THE PETITION

29. During consideration of the Petition, the Committee sought and received both written and oral evidence from the lead Petitioner, Mr. Patrick Musilu. The Committee also received submissions from MoH, KIPI, the Ministry of Tourism and Wildlife, KIPRE, EACC, CAJ and the WRTI.

2.1 Submissions by Mr. Patrick Musilu, Petitioner

30. At its Sitting held on 17th July, 2025, the Committee held a meeting with the lead Petitioner, Mr. Patrick Musilu to deliberate on the issues raised in the Petition. A copy of the submissions is attached to this Report as *Annex 3*.

31. The Petitioner submitted that he is a hereditary *Akamba* snakebite healer who has developed a chemically synthesised, non-animal-plasma antivenom branded *Muthea* or SBE Elixa. He contended that the product is super valent, affordable, easy to administer and is backed by long community use and that it further advances Universal Health Coverage (UHC) by reducing snakebite death and disability among poor, rural populations.

32. The Petitioner asserted that his efforts to have the product validated were frustrated by a demand for a Kshs.100,000 analysis fee, by the refusal of a KEMRI official to sign a Material Transfer Agreement and by a subsequent pattern of denial of service, hostility and alleged sabotage by officials of KEMRI, KIPRE and the KSRIC. He claimed that his patented industrial property was disclosed and threatened.

33. The Petitioner narrated engagements with multiple bodies, including EACC, the CAJ (Ombudsman), NACOSTI, KWS and the State Department for Culture. He alleged an opaque, donor-funded collaboration linked to the African Snakebite Alliance and a Watamu-based snake farmer, which he said appropriated his concept.

34. The Petitioner therefore prayed that the Senate intervenes in the matter with a view to –

(a) protect the Petitioner's right to research, innovate and commercialize the traditional antivenom to Pharmacy & Poisons Board aesthetic standard and further support our enterprise to take Kenya from the bad place of net importer of inferior animal plasma antivenom to the largest exporter of chemically synthesized antivenom in the world;

(b) instigate a preliminary enquiry to establish the reality of unlawful Denial of Service through impunity, complicity of management in flouting service delivery norms and regulations that govern the institutions;

(c) recommend suspension of the most culpable officials from office to facilitate the investigation that's needed to establish degree of criminal conduct in the failed attempt to invalidate our Industrial Property after illegal Denial of Service;

(d) recommend intervention by mandated law enforcement agencies for an investigation to establish criminal abuse of office and sabotage with the intent to disposes by known/identifiable individual employees of KEMRI, KIPRE & NACOSTI; and

(e) make a recommendation for regulated guidelines to make it easy for indigenous African inventors and non-institutional innovators to access facility for Research & Development of worthwhile products through institutionalized partnership with public funded research institutions.

2.2 Submissions by the Ministry of Health (MOH).

35. The Ministry of Health, through the Cabinet Secretary submitted a chronology of the engagements between KEMRI and the Petitioner. The Ministry stated that between September and November 2021, KEMRI formally agreed to analyse the Petitioner's sample, provided banking details and advised him to engage the Innovation and Technology Transfer Division and to initiate the pre-clinical pathway through the Kenya Snakebite Research and Intervention Centre.

36. The Ministry submitted that the Kshs. 100,000/- was a standard, published cost-recovery fee for laboratory analysis, applicable to all clients and not punitive. It stated that KEMRI's records show the Petitioner neither paid the fee nor completed the required documentation, including materials-transfer and method documentation and the relevant regulatory and ethical clearances, hence no authorised laboratory testing was undertaken.

37. The MoH found no evidence of denial of service, of unauthorised testing using the Petitioner's materials, or of any Welcome Trust-funded project involving his product. It maintained that the preconditions to testing were not met, that traditional origin does not exempt a product from regulatory determinations and that KEMRI remains ready to proceed once the Petitioner complies with the standard requirements. It recommends a facilitated, time-bound re-engagement amongst all parties and convened by the Ministry of Health.

38. A copy of the submissions by the Ministry of Health, is attached to this Report as ***Annex 4***.

2.3 Submissions by the Ministry of Tourism and Wildlife (KWS)

39. The Ministry of Tourism and Wildlife, through the Cabinet Secretary presented a brief from KWS confirming that the Petitioner sought a permit to harvest venom from wild snakes and was advised, by a letter dated 27th January, 2025, of the requirements to conduct such work. KWS stated that as at the date of presentation to the Committee, the Petitioner had not submitted the requested documents for consideration.

40. KWS advised the Petitioner to liaise with KIPRE which coordinates antivenom programmes and to explore establishing a licensed snake farm. Crucially, KWS stated it is not mandated to handle health-related functions such as the procurement, distribution, regulation or clinical evaluation of snake antivenom, which fall under other arms of Government. It welcomed the initiative subject to compliance with legal requirements.

41. A copy of the submissions by the Ministry of Tourism and Wildlife is attached to this Report as ***Annex 5***

2.4 Submissions by the Kenya Institute of Primate Research (KIPRE)

42. KIPRE, through its Director General submitted that it is a State research agency mandated to improve human health through biomedical and pre-clinical research. It stated that the Petitioner communicated repeatedly from November 2020, forcefully demanding collaboration on his product without following the due ethical procedures for scientific research that had been communicated to him by KIPRE and other institutions.

43. KIPRE submitted that the Petitioner could not provide sufficient information and material to enable collaboration, resorted to threats, insults and false claims of patent violation and visited its offices on several occasions in late 2021 leaving behind capsules he wished to have tested. It stated he was informed of the need for clearances from NACOSTI, KWS and the relevant ethics review boards, which he did not provide.

44. KIPRE stated that the Petitioner's claim of a chemically synthesised oral antivenom with one hundred per cent efficacy is not scientifically feasible and is unsupported by credible evidence. It distanced itself from the African Snakebite Alliance, describing it as a multi-country consortium beyond the scope of the Petitioner's product. KIPRE urged the Senate to investigate the claims and to halt what it terms the Petitioner's disruptive and defamatory conduct against its officers.

45. A copy of the submissions by KIPRE is attached to this Report as ***Annex 6***.

CHAPTER THREE:

3. COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

3.1 Committee Observations

46. Having considered the Petition and the responses and submissions received thereon, the Committee makes observations as set out below-

1) That the Petitioner's right to research, innovate and pursue commercialization is protected under Articles 11, 40 and 43 of the Constitution and notes that the Ministry of Health expressly welcome local innovation in snakebite envenoming and had invited the Petitioner to re-engage Kenya Medical Research Institute (KEMRI) and Kenya Institute of Primate Research (KIPRE);

2) That the Petitioner had indeed filed for patent protection of his innovation but application No. KE/P/2022/4326 lapsed upon the expiry of the statutory twelve-month period while application No. KE/P/2024/4942 was abandoned for non-compliance with the formality requirements;

3) That the Cabinet Secretary, Ministry of Health confirmed that the Kshs. 100,000 demanded from the Petitioner was a lawful, standard cost-recovery charge for general application and not evidence of denial of service. Further, there is no credible or sufficient evidence of unlawful denial of service through impunity or complicity of the government agencies as alleged and therefore no basis for recommending a separate criminal inquiry;

4) That the pattern across different agencies indicate that there was no unified framework or standard guiding document provided to the Petitioner setting out the complete validation process, the applicable fees, the responsible institutions and the timelines for completion. The absence of a single, time-bound and costed pathway points to weak inter-institutional collaboration system but does not amount to unlawful denial of service, nonetheless, it substantially explains the Petitioner's frustration and perception of obstruction;

5) That several of the Petitioner's submissions directed at officers of different agencies contained abusive, derogatory and demeaning language such as "*charlatan*," "*merchant of death*" and "*palace slave*" which impute, without proof, criminal conspiracy, treachery and disloyalty to some public servants. Further that certain annexures deployed ethnically charged and racially inflammatory language, including derogatory references to officers' ethnic communities and personal backgrounds and invoked offensive historical and political analogies. Such content was directed at identifiable individuals discharging their official functions including officers of KEMRI, KIPRE and other government agencies;

6) That, while the Petitioner's frustration at the slow progress of his initiative is understandable, his conduct towards officers of government agencies fell below the standard of civility and good faith expected of any person engaging public institutions. Personal abuse, unproven criminal imputations and ethnically charged attacks on public servants may have in itself been a material obstacle to the constructive engagement the Petitioner sought and could have contributed to the breakdown of relations with government agencies; and

7) That the Petitioner's allegation that KEMRI colluded with a Watamu-based snake farmer and the African Snakebite Alliance to infringe his formulation is unsupported. KIPRE described the Alliance as a multi-country research consortium, and the Ministry of Health found no evidence of any donor-funded project using his product. KIPI also confirmed that there are no registered patents of any product similar to the Petitioner's product.

3.2 Committee Recommendations

47. With the foregoing, the Committee makes the following recommendations-

1) That the Ministry of Health should within sixty days of the adoption of this report, convenes a structured facilitation meeting bringing together the Petitioner, KEMRI, KIPRE, PPB, NACOSTI and KIPI to agree and issue a single written, costed validation road-map with defined milestones and named contact officers, with the aim of eliminating bureaucracies for the purpose of ensuring that the Petitioners product is objectively analysed and protected; and

2) That, once the Petitioner completes the agreed prerequisites and settles the applicable cost-recovery fees, KEMRI and KIPRE should commence the laboratory analysis and issue written results within ninety (90) days, so that the scientific merit of the product can be objectively established as the necessary foundation for any commercialization or export ambition.

LIST OF ANNEXES

Annex 1: Minutes of the Committee in Considering the Petition

Annex 2: Copy of the Petition

Annex 3: Submissions by the Petitioner, Mr. Peter Musilu

Annex 4: Submissions by the Ministry of Health

Annex 5: Submissions by the Ministry of Tourism and Wildlife

Annex 6: Submissions by the Kenya Industrial Property Institute (KIPI)

Annex 7: Submissions by Kenya Institute of Primate Research (KIPRE)