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23/6/26

REPUBLIC OF KENYA

THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT – FIFTH SESSION – 2026

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

.....

**REPORT ON PUBLIC PETITION NO. 001 OF 2026 REGARDING
MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS
AMONG PATIENTS AND CHILDREN IN THE COUNTRY**

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 23 JUN 2026	
DAY: TUESDAY	
TABLED BY:	Hon. Dr. James Njiru, MP <i>Deputy Leader of Majority Party</i>
CLERK-AT THE TABLE:	<i>Party Chair, DC Health</i> P. Muiga

Published by:
The Directorate of Departmental Committees
Clerk's Chambers
Parliament Buildings
NAIROBI

June, 2026



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CHAIRPERSON'S FOREWORD

It is my honour, on behalf of the Departmental Committee on Health and pursuant to Standing Order 227, to present to the House this Report on Public Petition No. 001 of 2026 on the Management of Haemophilia and Other Bleeding Disorders in Kenya.

The Petition was submitted by Mr. James Kago, Treasurer of the Haemophilia Association of Kenya, on behalf of haemophilia patients across the country. It was tabled by the Rt. Hon. Dr. Moses M. Wetang'ula, EGH, MP, Speaker of the National Assembly on 8th March 2026, pursuant to Standing Order 225(2)(a), and subsequently committed to this Committee for consideration under Standing Order 221(1).

The Petitioners made the following prayers to the National Assembly:

- i. Recognition of clotting factor concentrates as essential medicines for both adult and paediatric haemophilia treatment, to ensure their consistent and sustainable availability in Kenya.
- ii. The Government to strengthen infrastructure and capacity by establishing additional haemophilia treatment centres across the country, enhancing diagnostic capacity, improving healthcare worker training, including specialized pediatric care, reviewing medical curricula to incorporate management of haemophilia and other bleeding disorders, and increasing funding for public awareness, particularly in relation to early childhood screening.
- iii. Formal recognition of haemophilia as a disabling condition to enable registration with the National Council for Persons with Disabilities (NCPWD), as well as inclusion of haemophilia treatment under the Social Health Insurance Fund (SHIF).
- iv. Any other measures that the National Assembly deems appropriate to address the plight of persons living with haemophilia in Kenya.

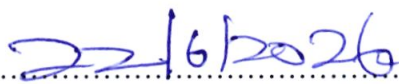
The Petition highlights the significant burden of haemophilia in Kenya. Haemophilia affects an estimated 4,500 to 5,500 Kenyans, yet only 1,265, roughly 23 percent, have been formally identified. Current donor support through the World Federation of Haemophilia, valued at approximately USD 20 million annually, covers only 30 percent of required clotting factor concentrates. The Memorandum of Understanding governing this support expires in early 2027. Without urgent domestic financing and a sustainable supply chain, Kenya faces a preventable humanitarian crisis that will leave thousands of patients without life-saving treatment.

In response, the Committee recommends that the Ministry of Health fast-track the inclusion of clotting factor concentrates in the Kenya Essential Medicines List, develop and implement a comprehensive haemophilia benefits package under SHIF, classify haemophilia as a disabling condition, expand treatment infrastructure to underserved counties, reform medical training curricula to include training on the management of haemophilia and other bleeding disorders, introduce mandatory antenatal screening for bleeding disorders, fully operationalize the a national patient registry and integrate psychosocial support into the national health system.

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during the consideration of

the Petition. Additionally, I wish to express my appreciation to the Honourable Members of the Committee and all those who contributed in the processing of this petition.

Pursuant to Standing Order 227(2), I present to this this report to the House for consideration and adoption by the House.

Sign.......... Date..........

HON. DR. NYIKAL JAMES WAMBURA, CBS, MP
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

CHAPTER ONE

1.0 PREFACE

1.1 Establishment and Mandate of the Committee

1. The Departmental Committee on Health is one of the Departmental Committees of the National Assembly established under Standing Order 216 whose mandates pursuant to the Standing Order 216 (5) are as follows:
 - 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;
 - c) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;
 - d) To study and review all legislation referred to it;
 - e) 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;
 - f) 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;
 - g) To vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments);
 - h) To examine treaties, agreements and conventions;
 - i) To make reports and recommendations to the House as often as possible, including recommendations of proposed legislation;
 - j) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and
 - k) To examine any questions raised by Members on a matter within its mandate.

1.2 Subjects under the Committee

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance, including universal health coverage.

1.3 Oversight

3. In executing its mandate, the Committee on Health oversees the:
 - i. State Department for Medical Services; and
 - ii. State Department for Public Health and Professional Standards.

1.4 Committee Membership

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

Chairperson

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

Vice-Chairperson

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

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

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

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

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

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

Hon. Kipng'ok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

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

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

Hon. (Prof.) Jaldesa Guyo Waqo, MP
Moyale Constituency
UPIA Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

I.5 Committee Secretariat

5. The Committee is facilitated by the following staff secretariat:

Mr. Adan Gindicha

Principal Clerk Assistant II-HOD

Mr. Ellam Omuhinda

Clerk Assistant III

Ms. Gladys Jepkoech Kiprotich

Clerk Assistant III

Ms. Marlene Ayiro

Principal Legal Counsel I

Ms. Sheila Chebotibin

Principal Serjeant-At-Arms

Ms. Faith Chepkemai

Legal Counsel II

Ms. Abigael Muinde

Research Officer III

Mr. Hiram Kimuhu

Fiscal Analyst II

Ms. Mercylyn Kerubo

Audio Recording Officer

Mr Eric Lungai

Hansard Reporter II

Mr. Daniel Psirmoi

Media Relations Officer III

CHAPTER TWO

2.0 BACKGROUND OF THE PETITION

2.1 Introduction

6. Public Petition No. 001 of 2026 Regarding Management of Haemophilia and Other Bleeding Disorders Among Patients and Children in the Country by Mr. James Kago (Treasurer of the Haemophilia Association) was presented to the House on 8th March 2026, the Rt. Hon. (DR.) Moses M. Wetang'ula, EGH, MP, Speaker of the National Assembly, on behalf of Haemophilia patients in the country.
7. This was pursuant to Article 119 of the Constitution, which accords any person the right to petition Parliament to consider any matters within its authority. Further, Standing Order 225(2)(b) requires the Speaker to report to the House any petition other than those presented by a member. The Petition was therefore committed to the Departmental Committee on Health for consideration and reporting to the House.
8. The Petition was presented by Mr. James Kago, who serves as the Treasurer of the Haemophilia Association. The Petition highlights the significant burden of haemophilia in Kenya, noting that the condition affects approximately one in every 10,000 individuals. It is estimated that about 4,500 people in Kenya are living with haemophilia, a large proportion of whom are children. However, only 1,265 patients (representing about 23 per cent) have been formally identified. Treatment coverage remains critically inadequate, with current donation programmes providing only 30 per cent of the required clotting factor levels. This leaves a 70 per cent deficit, and the situation is expected to worsen as the donation programme is projected to end within the next two years, posing an imminent public health crisis.
9. The petitioner raised the following core concerns:
 - i. Haemophilia is described as a life-threatening condition characterized by frequent and unpredictable bleeding episodes, which often result in disabling joint disease, chronic pain, missed opportunities for education and employment, and reduced life expectancy.
 - ii. Access to treatment is a major challenge, as it is highly specialized, costly, and time-consuming, placing considerable physical, financial, emotional, and psychological strain on affected individuals and their families.
 - iii. There are significant data gaps due to fragmented and uncoordinated information systems, particularly affecting the identification and management of children with the condition.
 - iv. The country also faces inadequate infrastructure, with only a few fully operational haemophilia treatment centres, alongside persistent shortages of clotting factor concentrates, forcing reliance on less safe blood-derived products.
10. In consideration of the Petition, the Committee engaged the Petitioners and the Cabinet Secretary, Ministry of Health.

2.2 The Petitioner's Prayers

11. The Petitioners made the following prayers to the National Assembly—

- i. Recognition of clotting factor concentrates as essential medicines for both adult and paediatric haemophilia treatment, to ensure their consistent and sustainable availability in Kenya.
- ii. The Government to strengthen infrastructure and capacity by establishing additional haemophilia treatment centres across the country, enhancing diagnostic capacity, improving healthcare worker training, including specialized pediatric care. reviewing medical curricula to incorporate management of haemophilia and other bleeding disorders, and increasing funding for public awareness, particularly in relation to early childhood screening.
- iii. Formal recognition of haemophilia as a disabling condition to enable registration with the National Council for Persons with Disabilities (NCPWD), as well as inclusion of haemophilia treatment under the Social Health Insurance Fund (SHIF).
- iv. Any other measures that the National Assembly deems appropriate to address the plight of persons living with haemophilia in Kenya.

CHAPTER THREE

3.0 STAKEHOLDER SUBMISSIONS ON THE PETITION

12. The Committee convened a sitting on Tuesday, 21st April, 2026, at which it received oral and written submissions from Mr. James Kago who serves as the Board Treasurer of the Haemophilia Association and engaged in substantive deliberations. Mr. Kago was accompanied by haemophilia patients and caregivers and clinicians.
13. The Ministry of Health, through the Cabinet Secretary, Hon. Aden Duale submitted a formal response on the issues raised in the Petition dated 1st April, 2025.

3.1 Submission by Mr. James Kago, Treasurer, the Kenya Haemophilia Association (KHA)

14. The Kenya Haemophilia Association (KHA) was established by clinicians at Kenyatta National Hospital to support haemophilia care. Only 1,265 patients have been identified out of an estimated 5,000, leaving 3,800 undiagnosed. Treatment is extremely costly: Factor concentrate: Kshs. 50,000 per injection. Advanced treatment: Kshs. 1 million/month per patient (limited to 34 patients under trial). Majority of patients rely on on-demand treatment and not on preventive care. There is heavy reliance on donor support (KES 1.5 billion annually), with risk due to an expiring MoU and donor fatigue.

a) Background: The Kenya Haemophilia Association (KHA)

15. The Kenya Haemophilia Association (KHA) was established in Nairobi in 1979 and recognized in 1992 as a National Member Organization (NMO) by the World Federation of Haemophilia (WFH). This recognition mandates KHA as the official patient organization representing individuals living with haemophilia and other inherited bleeding disorders in Kenya.
16. KHA plays a central role in advocacy, patient support, capacity building, and collaboration with key stakeholders to improve access to diagnosis, treatment, and comprehensive care nationwide.

b) Haemophilia

17. Haemophilia is a sex-linked inherited bleeding disorder affecting approximately 1 in every 10,000 individuals. In Kenya, about 1,265 patients have been identified and enrolled out of an estimated 5,500 individuals living with the condition.
18. The disorder may also arise spontaneously due to mutations in the X chromosome. There are three main types:
 - i. Haemophilia A – deficiency of clotting factor VIII
 - ii. Haemophilia B – deficiency of clotting factor IX
 - iii. Haemophilia C – deficiency of clotting factor XI
19. Clinically, haemophilia manifests through prolonged or spontaneous bleeding episodes, particularly into joints and vital organs. Recurrent bleeding can result in chronic joint damage, disability, and reduced quality of life if not adequately managed.

c) Current Challenges

20. Hemophilia care in Kenya faces significant systemic, financial, and structural challenges. The condition is currently not covered under the Social Health Authority (SHA), Kenya's national health insurance framework, forcing patients to meet the full cost of treatment out-of-pocket, which creates a prohibitive financial burden.
21. A single infusion visit at Kenyatta National Hospital costs approximately KES 310, while a clinician consultation costs about Kshs. 1,450 per visit. Patients typically require hospital visits two to three times per month, or more frequently during bleeding episodes, and severe cases may require hospital admissions lasting over a month, resulting in cumulative costs that are unaffordable for most Kenyan families.
22. Kenya is also heavily dependent on donor-funded clotting factor concentrates through a Memorandum of Understanding with the World Federation of Hemophilia (WFH), signed in 2021 and set to expire in early 2027. The donation, valued at approximately USD 20 million annually, provides only about 30% of the required clotting factor levels. Concerns have been raised regarding donor fatigue and shifting global economic conditions, which may affect renewal of the agreement. In the event that the MOU is not renewed, patients risk being left without treatment.
23. The WFH has proposed a cascaded co-investment model in which the Government of Kenya would contribute 25% in the first year, with donor support covering the remaining 75%, and gradually increase its contribution until full ownership of procurement is achieved.
24. Recurrent joint bleeds result in permanent musculoskeletal damage and deformities, with patients demonstrating severely limited joint mobility, in some cases unable to flex beyond 45 degrees. Despite these visible impairments, haemophilia is not formally classified as a disabling condition in Kenya, thereby denying patients access to disability benefits and protections.
25. Additionally, treatment services remain highly centralized, with most patients required to travel to Nairobi or a few regional facilities. Counties such as Kirinyaga and Embu lack treatment centres, forcing patients to travel long distances, sometimes as far as Murang'a, contrary to the KHA recommendation that no patient should travel more than one hour to access care.
26. Clinical awareness and training on haemophilia remain inadequate, as the condition is not sufficiently integrated into medical and nursing curricula. Consequently, clinicians frequently misdiagnose haemophilia, often attributing symptoms to other conditions such as brucellosis. Many healthcare providers, including haematologists and general practitioners, lack the necessary expertise to manage the condition effectively, with most training initiatives funded by international donors rather than national institutions. Furthermore, women with bleeding disorders are not routinely screened before labour, contributing to preventable maternal deaths from postpartum haemorrhage.
27. The socioeconomic burden on affected families is profound. Caregivers, predominantly mothers, often lose employment due to repeated hospital visits and emergency admissions, leading to loss of income and lack of pension security. In many

cases, fathers abandon families with haemophilic children, leaving single mothers as sole caregivers without financial support. Children frequently miss school due to illness, resulting in disrupted education and, in some cases, inability to complete formal schooling. Adults living with untreated haemophilia are often unable to engage in productive employment and may be confined to rural settings without adequate care.

28. An estimated 3,800 Kenyans living with haemophilia remain undiagnosed, contributing to preventable deaths. Testimonies presented included cases of children dying from untreated head bleeds before diagnosis, patients enduring years of misdiagnosis, and boys dying during traditional circumcision due to undiagnosed bleeding disorders.
29. Additionally, maternal deaths have been reported among women with undiagnosed bleeding disorders such as Von Willebrand disease, further underscoring the urgent need for improved diagnosis and care.

d) Key Petition and Requests

30. The Kenya Haemophilia Association formally requests Parliament to consider and support several key interventions. These include the inclusion of haemophilia and related bleeding disorders under SHA as congenital and critical conditions to ensure coverage for treatment, consultations, infusions, and hospital admissions; and the formal recognition of haemophilia as a disabling condition under Kenyan law to enable access to government disability-related services, relief programmes, and protections.
31. The Association further calls on the Government of Kenya to enter into a co-investment agreement with WFH under the proposed cascaded model to progressively assume full responsibility for the procurement of clotting factor concentrates.
32. Additional requests include the expansion of accredited haemophilia treatment centres to underserved counties to ensure that no patient travels more than one hour to access care; the integration of haemophilia management and bleeding disorder recognition into standard medical and nursing training curricula; and the introduction of mandatory screening protocols for bleeding disorders in maternal healthcare to reduce preventable maternal mortality.
33. The Association also emphasizes the need for a structured national awareness programme to support early identification and referral of undiagnosed patients, particularly in rural areas and communities practising traditional circumcision, as well as the provision of dedicated psychosocial support services for patients and their families within the national health system.

3.2 Submission by Haemophilia Patients, Caregivers and Clinician

34. The Committee also received oral submissions from the following three persons on 21st April 2026.

a) Ms. Irene Wakaba – A representative of Parents and Caregiver of Haemophilic Children

35. Ms. Wakaba, a teacher and mother of a 10-year-old haemophilic child, shared a personal account of loss of her first haemophilic child who died at three and a half years old from a head bleed due to delayed diagnosis. She described the physical, financial and psychological burden borne by families, particularly mothers who often become sole caregivers. These caregivers also experience frequent job loss, poverty, and mental health deterioration. She also highlighted the impact of haemophilia on female carriers, who experience prolonged menstrual bleeding which is costly.

b) Mr. Christopher Koisikir – A Patient Representative

36. Mr. Koisikir, diagnosed with haemophilia at the age of sixteen (16) after years of misdiagnosis, advocated for early diagnosis, community awareness, and government support for patient ambassadors. He underscored the mortality risk among the unidentified haemophilic patient population and the urgency of reaching the 3,800 undiagnosed Kenyans.

c) Ms. Roseanne Anguche - A Clinician Representative

37. Ms. Anguche, a clinician with over twelve (12) years' experience submitted that there are systemic gaps in clinical training, noting that hemophilia care is largely absent from the medical and nursing curricula. She reported that haematologists and other doctors frequently lack sufficient knowledge to manage the condition and that a huge part of her own training was donor-funded. She called for the inclusion of haemophilia care in professional training programmes and for routine antenatal screening for bleeding disorders to be mandated to address preventable maternal mortality.

3.3 Submission by the Cabinet Secretary, Ministry of Health

38. The Cabinet Secretary for the Ministry of Health formally submitted the Ministry's response to the Petition vide a letter dated 1st April, 2026.
39. Appearing before the Committee on Tuesday, 21st April, 2026 on behalf of the Cabinet Secretary, Dr. Elias Melly, the Chief Executive Officer (CEO)-National Cancer Institute of Kenya (NCI-K) submitted that:
40. Haemophilia is a hereditary bleeding disorder arising from a deficiency of clotting factors, resulting in prolonged bleeding episodes, increased risk of disability, and a significantly reduced quality of life for affected individuals. In Kenya, approximately 1,265 cases have been identified; however, this figure is likely an underestimation due to limited diagnostic capacity across the country. At present, diagnostic services are largely confined to Kenyatta National Hospital and Moi Teaching and Referral Hospital, while many other health facilities lack the necessary reagents and capacity to support diagnosis. Additionally, there is no structured national screening programme, awareness of the condition remains low, and many cases are diagnosed late, further compounding the burden on patients and the health system.

41. The Ministry of Health, in collaboration with the Kenya Haemophilia Association and County Governments, has established sixteen (16) treatment centres across fifteen (15) counties and eleven (11) primary care centres offering supportive services. However, access to treatment remains limited, with clotting factor concentrates (Factors VIII and IX) largely unavailable to most patients. Despite a 2023 Memorandum of Understanding with the World Federation of Haemophilia to supply factor concentrates worth approximately USD 20 million annually, donations meet only about 30% of patient needs.
42. Advanced therapies cost between USD 30,000 and USD 230,000 per patient annually, highlighting the need for sustainable financing. Due to limited factor supply, patients rely on less effective alternatives such as whole blood or cryoprecipitate, with most costs borne out-of-pocket or through charitable support. Haemophilia treatment is not currently covered under the Social Health Authority (SHA), while the Kenya Haemophilia Association continues to support advocacy and patient care. Accordingly, in order to address the foregoing challenges relating to cost, access, and sustainability of haemophilia care, the Ministry had reviewed the petition as follows:
 - i. **Recommend the formal recognition of clotting factor concentrates as essential medicines for the treatment of haemophilia in both adults and children, and ensure their sustainable availability within the Kenyan market**
43. The Ministry concurs with the recommendation to formally recognize Clotting Factor Concentrates as essential medicines for the treatment of haemophilia in both adults and children. This recommendation is timely, particularly as the Kenya Essential Medicines List (KEML) is currently under review. In this process, clotting factor concentrates and other essential haemophilia products will be formally submitted for consideration.
 - ii. **Recommend to the Ministry of Health to establish additional haemophilia treatment centres nationwide; enhance diagnostic capacity; improve training of healthcare workers (including paediatric specialists); review medical curricula to incorporate the management of haemophilia and bleeding disorders; and increase funding for awareness, particularly for early childhood screening;**
 - (a) **Establishment of additional haemophilia treatment centres and enhancement of diagnostic capacity**
44. The Ministry is implementing an integrated service delivery model as part of ongoing health system strengthening under the Universal Health Coverage (UHC) agenda. Haemophilia is a chronic condition requiring continuous, coordinated care across the life course, including early identification in childhood, preventive and therapeutic care during adolescence, and long-term management in adulthood. Accordingly, haemophilia services are already being integrated into existing platforms, including maternal and child health services, and will progressively be incorporated into other relevant programmes to ensure comprehensive, person-centred care.

45. In collaboration with county governments and Kenya Haemophilia Association, the Ministry is progressively expanding haemophilia services through a hub-and-spoke model, with comprehensive care anchored at referral hospitals and linked county facilities providing diagnosis, referral, follow-up, physiotherapy, counselling, and family education. Currently, there are two comprehensive haemophilia treatment centres and fourteen (14) other treatment centres across fifteen (15) counties, reflecting ongoing efforts to decentralize services and improve access. Further, there are eleven (11) health facilities that do not offer treatment but have been trained to offer supportive services such as physiotherapy (Annex 1).

(b) Training of healthcare workers and review of medical curricula

46. In response to the concerns raised, the Ministry has prioritized capacity building of healthcare workers through targeted training across all levels of care and cadres. The Ministry acknowledges that past trainings were made possible through collaboration with the Kenya Haemophilia Association, and remains committed to continuing this partnership to strengthen healthcare worker capacity and improve haemophilia care. It is worthy to note that the treatment guidelines developed by the Ministry have been useful in standardizing care, guiding clinical decision-making, and improving the quality and consistency of haemophilia management across healthcare facilities. The Ministry is also taking deliberate steps to ensure that community health promoters are well-equipped with the knowledge to educate the public on haemophilia and other bleeding disorders. To this end, the Ministry plans to develop a dedicated training module for CHPs to enhance community awareness and support early detection.
47. Regarding the review of the medical curriculum, the Kenya Medical Training College is in the process of reviewing its curriculum to ensure comprehensive coverage of haemophilia and other rare bleeding disorders.
48. The Ministry plans to convene consultative forums with other medical colleges and universities to encourage them to review and update their curricula, ensuring that training on haemophilia and related bleeding disorders is adequately integrated across all health professional programs.

(c) Increased Funding for Awareness and Early Screening

49. The Ministry will progressively increase budgetary allocation to support haemophilia and other non-communicable diseases, with a focus on strengthening awareness, promoting early childhood screening, and improving access to diagnostics, treatment, and comprehensive care service.
- iii. **Recommend the recognition of haemophilia as a disabling condition, to enable registration of both adult and paediatric patients with the National Council for Persons with Disabilities (NCPWD), and to support the inclusion of haemophilia services under the Social Health Insurance Fund (SHIF);**
50. The Ministry will engage with the relevant Ministries, Departments, and Agencies (MDAs), including the National Council for Persons with Disabilities (NCPWD), to

review the proposal for recognition of haemophilia as a disabling condition, guided by the laid-out criteria.

51. The Ministry acknowledges that haemophilia care imposes a significant financial burden on households when financed through out-of-pocket payments. The Petitioner's request for inclusion of haemophilia services under the Social Health Insurance Fund (SHIF) is therefore well justified and aligned with the principles of financial risk protection under Universal Health Coverage. The Ministry together with key stakeholders will define the haemophilia benefits package for consideration by the Benefits Package and Tariffs Advisory Panel, to ensure that services are comprehensive, equitable, and financially sustainable.

iv. To make any further recommendations deemed necessary to address the challenges faced by adult and paediatric patients living with haemophilia and other bleeding disorders in Kenya

52. The Ministry recognizes that haemophilia requires a multi-dimensional and system-wide approach that extends beyond clinical treatment to include prevention, early detection, continuous care, rehabilitation, psychosocial support, and financial protection. Accordingly, the Ministry will continue to strengthen policy, programmatic, and health system interventions within the broader Non-Communicable Diseases (NCD) framework.
53. In addition to the measures outlined above, the Ministry will prioritize:
 - i. Strengthening integrated service delivery across the life course, anchored in Primary Health Care and supported by effective referral systems.
 - ii. Establishment of a haemophilia registry through the Digital Health Agency (DHA) to enable real-time patient tracking and data collection, supporting evidence-based decision-making.
 - iii. Strengthening supply chain systems to ensure consistent availability of clotting factor concentrates and related commodities. In line with the Government's directive on pooled procurement, the Ministry will explore collaborative initiatives with relevant stakeholders, including pharmaceutical suppliers and regional procurement agencies, to enhance the efficiency, affordability, and consistent availability of clotting factor concentrates and other essential haemophilia commodities.
 - iv. Promoting local and global partnerships, including collaboration with patient organizations, professional bodies, and development partners.
 - v. Advancing research and evidence generation to inform policy, planning, and resource allocation for our setting.
54. The Ministry concluded by appreciating the concerns raised and reaffirms its commitment to the realization of the right to the highest attainable standard of health, as enshrined under Article 43(1)(a) of the Constitution of Kenya. Haemophilia and related bleeding disorders, though rare, constitute a significant public health concern due to their chronic nature, high cost of management, and impact on quality of life, particularly among children. The Ministry will continue to monitor implementation progress and emerging needs, and will make appropriate policy and programmatic adjustments to ensure that persons living with haemophilia and other bleeding disorders receive equitable, quality, and sustainable care.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATION

55. Upon engaging the Petitioners and the Ministry of Health, the Committee made the following observations on the concerns raised by the Petitioners:

- a) Kenya has an estimated 4,500 to 5,500 people living with haemophilia, but only 1,265 have been formally identified. The remaining 3,800 go undiagnosed, leading to preventable deaths and disability. Diagnostic services exist only at Kenyatta National Hospital and Moi Teaching and Referral Hospital. No national screening programme exists.
- b) The World Federation of Haemophilia currently donates clotting factor concentrates worth approximately USD 20 million annually, covering only 30% of patient needs. The Memorandum of Understanding on this donation expires in early 2027. Most Kenyan haemophilia patients will lose access to life-saving treatment if sustained funding for clotting factor concentrates is not guaranteed thereafter.
- c) Haemophilia treatment is not covered by the Social Health Authority even though severe cases of haemophilia treatment cost between USD 30,000 and USD 230,000 per patient annually. This level of expenditure is burdensome and catastrophic for most families with haemophilic patients. The national health insurer needs to make provision for haemophilia treatment so as to ease the burden of the families of persons living with haemophilia.
- d) There are sixteen (16) haemophilia treatment centres across fifteen (15) counties and only eleven (11) primary care centres offering supportive services. Patients therefore have to travel beyond recommended distances to receive comprehensive haemophilia care.
- e) Haemophilia is not included in the medical and nursing curricula which affects effective diagnosis of the disease. Women with bleeding disorders are not routinely screened before labour which has contributed to preventable maternal deaths linked to bleeding disorders such as the Von Willebrand disease. Young undiagnosed boys are also at risk of death due to excessive bleeding during circumcision.
- f) The national antenatal care framework currently does not have screening protocols for bleeding disorders and haemophilia carrier status. This may lead to postpartum haemorrhage among women with undiagnosed bleeding disorders.
- g) A large part of clinical training on haemophilia management is donor funded and the continuity of such training will become uncertain with the impending expiry of the Memorandum of Understanding with the World Federation of Haemophilia in early 2027.

- h) Haemophilia is not classified as a disabling condition in Kenya and as such haemophilia patients do not have access to the benefits and protections under the Persons with Disabilities Act, 2025. Psychosocial support is not well provided within the national health system to haemophilia patients and their caregivers who sometimes experience job loss, family breakdown and extended periods of non-attendance of school in the case of haemophilic children.
- i) The country does not have a national patient registry on persons living with haemophilia which leads to data fragmentation which further prevents evidence-based planning and policy making on matters relating to the management of haemophilia patients.
- j) A similar Petition (Public Petition No. 60 of 2019 regarding the management of Hemophilia and other bleeding disorders among patients in Kenya dated 20th June, 2019) was previously submitted to the National Assembly on 26th June, 2019 by Hon. David Ole Sankok, MP on behalf of Hemophilia Patients of Kenya. The same was considered by the then Committee and a report tabled on 9th October 2029 presented in the National Assembly. The report had several recommendations, which have not yet been implemented, including that:
 - (i) The National Treasury should put in place a mechanism to automatically waive Railway Development Levy (RDL) and Import Declaration Fees (IDF) related to treatment of hemophilia including clotting factor concentrates and any other -donated drugs related to treatment of hemophilia;
 - (ii) The relevant regulations related to classification of essential drugs should be amended to include provision on treatment of bleeding disorders including hemophilia;
 - (iii) The relevant tax legislations should be amended to exempt donated drugs;
 - (iv) Hemophilia should be recognized as a disabling condition by the National Council of Persons with Disability and the condition should be covered by the National Hospital Insurance Fund; and
 - (v) The Ministry of Health in collaboration with County Governments should embark on public awareness campaign on bleeding disorders including hemophilia.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATIONS

56. Pursuant to the Provisions of Standing Order 227, the Committee recommends as follows in response to the Petitioners' prayers:

- a) That the Cabinet Secretary, Ministry of Health includes clotting factor concentrates (Factors VIII, IX, and XI) covering both adult and paediatric formulations as essential medicines in the Kenya Essential Medicines List (KEML).
- b) The Ministry of Health, the Kenya Medical Supplies Authority and the County Governments ensures sustainable procurement and consistent distribution and availability of clotting factor concentrates (Factors VIII, IX, and XI) within the national supply chain including through pooled procurement arrangements with local, regional and international agencies.
- c) That the Cabinet Secretary, Ministry of Health, the Social Health Authority and the Benefits Package and Tariffs Advisory Panel to develop comprehensive haemophilia benefits packages under the Primary Health Care Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund that make provision for clotting factor infusions, specialist consultations, hospital admissions, physiotherapy, diagnostics and screening, and psychosocial support; and reports to the House within six months upon tabling of this report on the details of the packages developed.
- d) That the Ministry of Health and the National Board for Social Protection recognizes haemophilia patients and their caregivers as vulnerable persons and affords them the necessary social assistance and social care pursuant to the provisions of the Social Protection Act, No. 12 of 2025; and reports to the House within one year upon the tabling of this report on the type of social assistance provided to haemophilia patients and their caregivers.
- e) That the Ministry of Health, in collaboration with the National Council for Persons with Disabilities, classifies haemophilia as a disabling condition to afford haemophilia patients access to the benefits and protections availed to all persons living with disabilities under the Persons with Disabilities Act, 2025 and any other written law.
- f) That the Ministry of Health, in collaboration with the County Governments, establishes additional fully-fledged haemophilia treatment centres with trained clinical staff, diagnostic capacity, reliable access to clotting factor concentrates and physiotherapy services in all underserved counties.
- g) That the Ministry of Health, Ministry of Education, Healthcare Professional Statutory Regulatory Bodies and the Kenya Medical Training College incorporates haemophilia management in the clinical training and education curricula.

- h) That the Ministry of Health and the County Governments regularly trains Community Health Promoters and Community Health Officers and Assistants on early identification and referral of bleeding disorders.
- i) That the Digital Health Agency introduces a national haemophilia registry under the Comprehensive Integrated Health Information System established and maintained under section 15 of the Digital Health Act, No. 15 of 2023 to enable real-time patient tracking and evidence-based decision making and planning in relation to haemophilia care and management; and reports to the House within four months upon tabling of this report on the deployment and use of the registry.
- j) That the Ministry of Health undertakes national awareness on bleeding disorders including haemophilia; and reports to the Committee within six months upon tabling of this report on the details of the national awareness programmes undertaken.
- k) That pursuant to the provisions of Standing Order 208A(2)(c), the findings arising from the consideration of this Petition be debated by the House.

SIGNED..... DATE.....

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

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 23 JUN 2026	
DAY: TUESDAY	
TABLED BY:	Hon Dr James Nyikal MP CHAIR, DC HEALTH
CLERK-AT THE-TABLE:	P Muliga

② Aden Duale
Dear
8/4/26



MINISTRY OF HEALTH

DDC
⑦ 8
7/4/26

OFFICE OF THE CABINET SECRETARY

Telegraphic Address "Health"
Telephone Nairobi 254-020-2717077
Email : cs@health.go.ke
When replying please quote:

AFYA HOUSE
CATHEDRAL ROAD
P. O. Box 30016-00100
NAIROBI

Ref: MOH/SDMS/ADM/NA/VOL.VII

1st April, 2026

Mr. Samuel Njoroge, CBS
Clerk of the National Assembly
P. O. Box 41812-00100
NAIROBI

RE: REQUEST FOR SUBMISSION OF VIEWS ON PUBLIC PETITION NO.001 OF 2026 REGARDING MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS AMONG PATIENTS AND CHILDREN IN THE COUNTRY

Reference is made to a letter Ref No. Ref: NA/DDC/DC-H/2026/006/17 dated 11th March, 2026 on the above subject.

Attached herewith, please find the response from the Ministry of Health.


Hon. Aden Duale, EGH
CABINET SECRETARY

Encls.



NATIONAL ASSEMBLY
07 APR 2026



MINISTRY OF HEALTH

OFFICE OF THE CABINET SECRETARY

RESPONSE TO PETITION NO. 001 OF 2026 REGARDING
MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS
AMONG PATIENTS AND CHILDREN IN THE COUNTRY

Reference is made to the letter Ref: NA/DDC/DC-H/2026/17 dated 11th March, 2026 on the above subject matter. The Ministry of Health acknowledges and appreciates the National Assembly for its commitment to strengthening the country's health systems, particularly in addressing haemophilia and other bleeding disorders among patients and children, and, with respect to the Petition brought by James Kago (Treasurer, Kenya Haemophilia Association), hereby responds to the concerns raised as follows:

Honourable Chair, Honourable Members,

Haemophilia is a hereditary bleeding disorder arising from a deficiency of clotting factors, resulting in prolonged bleeding episodes, increased risk of disability, and a significantly reduced quality of life for affected individuals. In Kenya, approximately 1,265 cases have been identified; however, this figure is likely an underestimation due to limited diagnostic capacity across the country. At present, diagnostic services are largely confined to Kenyatta National Hospital and Moi Teaching and Referral Hospital, while many other health facilities lack the necessary reagents and capacity to support diagnosis. Additionally, there is no structured national screening programme, awareness of the condition remains low, and many cases are

diagnosed late, further compounding the burden on patients and the health system.

The Ministry of Health, in collaboration with the Kenya Haemophilia Association and County Governments, has established sixteen (16) treatment centres across fifteen (15) counties and eleven (11) primary care centres offering supportive services. However, access to treatment remains limited, with clotting factor concentrates (Factors VIII and IX) largely unavailable to most patients. Despite a 2023 Memorandum of Understanding with the World Federation of Haemophilia to supply factor concentrates worth approximately USD 20 million annually, donations meet only about 30% of patient needs.

Advanced therapies cost between USD 30,000 and USD 230,000 per patient annually, highlighting the need for sustainable financing. Due to limited factor supply, patients rely on less effective alternatives such as whole blood or cryoprecipitate, with most costs borne out-of-pocket or through charitable support. Haemophilia treatment is not currently covered under the Social Health Authority (SHA), while the Kenya Haemophilia Association continues to support advocacy and patient care. Accordingly, in order to address the foregoing challenges relating to cost, access, and sustainability of haemophilia care, the Ministry has reviewed the petition as follows:

- i. Recommend the formal recognition of clotting factor concentrates as essential medicines for the treatment of haemophilia in both adults and children, and ensure their sustainable availability within the Kenyan market

Honourable Chair, honourable members;

The Ministry concurs with the recommendation to formally recognize Clotting Factor Concentrates as essential medicines for the treatment of haemophilia in both adults and children. This recommendation is timely, particularly as the Kenya Essential Medicines List (KEML) is currently under review. In this process, clotting factor concentrates and other essential haemophilia products will be formally submitted for consideration.

- ii. Recommend to the Ministry of Health to establish additional haemophilia treatment centres nationwide; enhance diagnostic capacity; improve training of healthcare workers (including paediatric specialists); review medical curricula to incorporate the management of haemophilia and bleeding disorders; and increase funding for awareness, particularly for early childhood screening;

Chair and honourable members;

- a) Establishment of additional haemophilia treatment centres and enhancement of diagnostic capacity

The Ministry is implementing an integrated service delivery model as part of ongoing health system strengthening under the Universal Health Coverage (UHC) agenda. Haemophilia is a chronic condition requiring continuous, coordinated care across the life course, including early identification in childhood, preventive and therapeutic care during adolescence, and long-term management in adulthood. Accordingly, haemophilia services are already being integrated into existing platforms, including maternal and child health services, and will progressively be incorporated into other relevant programmes to ensure comprehensive, person-centred care.

In collaboration with county governments and Kenya Haemophilia Association, the Ministry is progressively expanding haemophilia services through a hub-and-spoke model, with comprehensive care anchored at referral hospitals and linked county facilities providing diagnosis, referral, follow-up, physiotherapy, counselling, and family education. Currently, there are two comprehensive haemophilia treatment centres and 14 other treatment centres across 15 counties, reflecting ongoing efforts to decentralize services and improve access. Further, there are 11 health facilities that do not offer treatment but have been trained to offer supportive services such as physiotherapy (Annex 1).

b) Training of healthcare workers and review of medical curricula

In response to the concerns raised, the Ministry has prioritized capacity building of healthcare workers through targeted training across all levels of care and cadres. We acknowledge that past trainings were made possible through collaboration with the Kenya Haemophilia Association, and we remain committed to continuing this partnership to strengthen healthcare worker capacity and improve haemophilia care. It is worthy to note that the treatment guidelines developed by the Ministry have been useful in standardizing care, guiding clinical decision-making, and improving the quality and consistency of haemophilia management across healthcare facilities. We are also taking deliberate steps to ensure that community health promoters are well-equipped with the knowledge to educate the public on haemophilia and other bleeding disorders. To this end, we plan to develop a dedicated training module for CHPs to enhance community awareness and support early detection.

Regarding the review of medical curriculum, the Kenya Medical Training College is in the process of reviewing its curriculum to ensure comprehensive coverage of haemophilia and other rare bleeding disorders.

We plan to convene consultative forums with other medical colleges and universities to encourage them to review and update their curricula, ensuring that training on haemophilia and related bleeding disorders is adequately integrated across all health professional programs.

c) Increased funding for awareness and early screening

The Ministry will progressively increase budgetary allocation to support haemophilia and other non-communicable diseases, with a focus on strengthening awareness, promoting early childhood screening, and improving access to diagnostics, treatment, and comprehensive care service.

- iii. Recommend the recognition of haemophilia as a disabling condition, to enable registration of both adult and paediatric patients with the National Council for Persons with Disabilities (NCPWD), and to support the inclusion of haemophilia services under the Social Health Insurance Fund (SHIF);

Chair and honourable members;

The Ministry will engage with relevant Ministries, Departments, and Agencies (MDAs), including the National Council for Persons with Disabilities (NCPWD), to review the proposal for recognition of haemophilia as a disabling condition, guided by the laid-out criteria.

The Ministry acknowledges that haemophilia care imposes a significant financial burden on households when financed through out-of-pocket payments. The Petitioner's request for inclusion of haemophilia services under the Social Health Insurance Fund (SHIF) is therefore well justified and aligned with the principles of financial risk protection under Universal

Health Coverage. The Ministry together with key stakeholders will define the haemophilia benefits package for consideration by the Benefits Package and Tariffs Advisory Panel, to ensure that services are comprehensive, equitable, and financially sustainable.

- iv. To make any further recommendations deemed necessary to address the challenges faced by adult and paediatric patients living with haemophilia and other bleeding disorders in Kenya;

Chair and honourable members;

The Ministry recognizes that haemophilia requires a multi-dimensional and system-wide approach that extends beyond clinical treatment to include prevention, early detection, continuous care, rehabilitation, psychosocial support, and financial protection. Accordingly, the Ministry will continue to strengthen policy, programmatic, and health system interventions within the broader Non-Communicable Diseases (NCD) framework.

In addition to the measures outlined above, the Ministry will prioritize:

- Strengthening integrated service delivery across the life course, anchored in Primary Health Care and supported by effective referral systems;
- Establish a haemophilia registry through the Digital Health Agency (DHA) to enable real-time patient tracking and data collection, supporting evidence-based decision-making.
- Strengthening supply chain systems to ensure consistent availability of clotting factor concentrates and related commodities. In line with the Government's directive on pooled procurement, we will explore collaborative initiatives with relevant stakeholders, including pharmaceutical suppliers and regional procurement agencies, to enhance the efficiency, affordability, and consistent availability of

clotting factor concentrates and other essential haemophilia commodities.

- Promoting local and global partnerships, including collaboration with patient organizations, professional bodies, and development partners;
- Advancing research and evidence generation to inform policy, planning, and resource allocation for our setting.

The Ministry appreciates the concerns raised and reaffirms its commitment to the realization of the right to the highest attainable standard of health, as enshrined under Article 43(1)(a) of the Constitution of Kenya. Haemophilia and related bleeding disorders, though rare, constitute a significant public health concern due to their chronic nature, high cost of management, and impact on quality of life, particularly among children. The Ministry will continue to monitor implementation progress and emerging needs, and will make appropriate policy and programmatic adjustments to ensure that persons living with haemophilia and other bleeding disorders receive equitable, quality, and sustainable care.

Chair and honourable members, I hereby submit



HON. ADEN DUALE, EGH
CABINET SECRETARY

Annex 1

Haemophilia Treatment centres

	Haemophilia Comprehensive Care Centres	County
1	Moi Teaching and Referral Hospital	Uasin Gishu
2	Kenyatta National Hospital	Nairobi

	Haemophilia Treatment Centres- Offering Factor concentrates	County
3	Murang'a County Referral Hospital	Murang'a
4	Kisii County Referral Hospital	Kisii
5	Bungoma County Referral Hospital	Bungoma
6	Meru Teaching and Referral Hospital	Meru
7	Garissa County Referral Hospital	Garissa
8	Kakamega County Referral Hospital	Kakamega
9	Nanyuki Teaching and Referral Hospital	Laikipia
10	Narok County Referral Hospital	Narok
11	Coast General Teaching and Referral Hospital	Mombasa
12	Jaramogi Oginga Odinga Teaching and Referral Hospital	Kisumu
13	Nakuru County Referral and Teaching Hospital	Nakuru

14	Hola County Referral Hospital	Tana River
15	Kitui County Referral Hospital	Kitui
16	National Spinal Injury Referral Hospital	Nairobi

	Primary Haemophilia Treatment Centres -Offers supportive therapy such as physiotherapy	County
1	IRC Kakuma Refugee Hospital (International Rescue Committee)	Turkana
2	Kakuma County Referral Hospital	Turkana
3	Lodwar County Referral Hospital	Turkana
4	Busia County Referral Hospital	Busia
5	Kwale (Msambweni) County Referral Hospital	Kwale
6	Kapenguria County Referral Hospital	West Pokot
7	IRC Dadaab Refugee Hospital (International Rescue Committee)	Garissa
8	Migori County Referral Hospital	Migori
9	Marsabit County Referral Hospital	Marsabit
10	Mandera County Referral Hospital	Mandera
11	Kilifi County Referral Hospital	Kilifi

Report adoption schedule



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FIFTH SESSION (2026)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

**REPORT ON PUBLIC PETITION NO. 001 OF 2026 REGARDING
MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS
AMONG PATIENTS AND CHILDREN IN THE COUNTRY**

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

Date: 16/6/2026

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

**Public Petition
under consideration
by the Committee**



**THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT (FIFTH SESSION)**

CONVEYANCE OF PUBLIC PETITION
(No. 001 of 2026)

**REGARDING MANAGEMENT OF HAEMOPHILIA AND OTHER
BLEEDING DISORDERS AMONG PATIENTS AND CHILDREN IN
THE COUNTRY**

1. **Honourable Members**, Article 119 of the Constitution accords any person the right to petition Parliament to consider any matter within its authority. Further, Standing Order 225(2)(b) requires the Speaker to report to the House any Petition other than those presented by a Member.
2. **Honourable Members**, in this regard, I wish to report to the House that my Office has received a petition from *James Kago of Identification Card No. 233xxxx94, Treasurer for the Haemophilia Association*, that deals with the management of haemophilia and other bleeding disorders among patients and children in the country.
3. The Petitioner states that the right to health is a fundamental human right guaranteed under Article 43(1)(a) of the Constitution of Kenya, which provides that every person, including children, has the right to the highest attainable standard of health which includes the right to health care services.
4. **Honourable Members**, the Petitioner is concerned that children and adults living with haemophilia experience frequent, unpredictable, and sometimes life-threatening bleeding episodes, which significantly diminish their quality of life and may result in disabling joint disease (arthropathy), chronic pain, missed school or work, and reduced life expectancy.
5. **Honourable Members**, the Petitioner explains that the treatment and management of haemophilia, especially for children who require preventive therapy (prophylaxis), are extremely costly, specialised, and

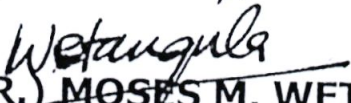
time consuming, leading to severe physical, financial, emotional and psychological strain on families and caregivers.

6. The Petitioner avers that haemophilia affects approximately 1 in every 10,000 individuals, and of an estimated 4,500 patients in Kenya, including a substantial number of children, and only 1,265 equivalent to 23% have been identified, demonstrating an urgent need for continuous nationwide screening, early detection and child focused outreach.
7. **Honourable Members**, the Petitioner further explains that the existing data on haemophilia and bleeding disorders and in particular among children is fragmented, uncoordinated, and incomplete, necessitating the establishment of a national patient registry that captures accurate demographic, diagnostic and treatment information to support planning and service delivery.
8. **Honourable Members**, the Petitioner states that donations of clotting factor concentrates currently received are inconsistent and insufficient, providing only 30% of the required factor levels for the 1,265 diagnosed patients and children; at times forcing families to rely on blood-derived products that require hospital admission and carry risks of complications.
9. The Petitioner is concerned that the existing donation program supplying clotting factor concentrates has a 70% deficit and is expected to end within two years, creating a looming treatment crisis that will particularly endanger children who rely on prophylactic factor replacement to prevent life-threatening bleeds.
10. The Petitioner further states that only a few fully operational haemophilia treatment centres exist across the country, insufficient for the needs of both adult and child patients nationwide. Therefore, there is a need for more centres in all referral hospitals equipped with diagnostic machines for coagulation testing and supportive services such as physiotherapy and child-focused care.
11. The Petitioner's efforts to adequately address the plight of haemophilia patients and children living with bleeding disorders in the country have not yielded meaningful or sustainable progress.
12. **Honourable Members**, the Petitioners therefore pray that the National

- (i) recommend for the formal recognition of clotting factor concentrates as essential medicine for the treatment of haemophilia in both adults and children, and ensuring sustainable availability within the Kenyan market;
- (ii) recommend to the Ministry of Health to establish additional haemophilia treatment centres nationwide; enhancement of diagnostic capacity; improved training of healthcare workers (including paediatric specialists); review of medical curricula to incorporate the management of haemophilia and bleeding disorders; and increased funding for awareness, particularly for early childhood screening;
- (iii) recommend recognition of haemophilia as a disabling condition to enable registration of both adult and child patients with the National Council for Persons with Disabilities (NCPWD), and support the inclusion of haemophilia under the Social Health Insurance Fund (SHIF); and
- (iv) to make any other further recommendations it deems fit to address the plight of adult and child patients living with haemophilia and other bleeding disorders in Kenya.

- 13. Honorable Members,** having established that the matter raised in the Petition is well within the authority of this House, and further, that the matters raised in this Petition are not pending before any court of law, constitutional, or legal body, I hereby commit the Petition to the Public Petitions Committee for consideration pursuant to Standing Order 208A.
- 14.** The Committee is required to consider the Petition and report its findings to the House and to the Petitioner in accordance with Standing Order 227(2).

I thank you.


THE RT. HON. (DR.) MOSES M. WETANG'ULA, EGH, MP
SPEAKER OF THE NATIONAL ASSEMBLY

Date.....

Minutes of Committee sittings



**MINUTES OF THE 38TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH
HELD IN COMMITTEE ROOM 22,5TH FLOOR, BUNGE TOWER, ON TUESDAY, 16TH
JUNE 2026 AT 10.30 AM**

PRESENT

- | | |
|--|--------------|
| 1) The Hon. Dr. Nyikal James Wambura, CBS , MP | -Chairperson |
| 2) The Hon. Dr. Pukose Robert, CBS, MP | -Member |
| 3) The Hon. Oron Joshua Odongo, MP | -Member |
| 4) The Hon. Mary Maingi, MP | -Member |
| 5) The Hon. Owino Martin Peters, MP | -Member |
| 6) The Hon. Prof. Jaldesa Guyo Waqo, MP | -Member |
| 7) The Hon. Lenguris Pauline, MP | -Member |
| 8) Hon. Kibagendi Antoney, MP | -Member |

ABSENT WITH APOLOGY

- | | |
|---|-------------------|
| 1) The Hon. Ntwiga Patrick Munene, EBS, MP | -Vice Chairperson |
| 2) The Hon. (Bishop) Titus Khamala, MP | -Member |
| 3) The Hon. Kipngor Reuben Kiborek, MP | -Member |
| 4) The Hon Wanyonyi Martin Pepela, MP | -Member |
| 5) The Hon. Cynthia Muge, MP | -Member |
| 6) The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP | -Member |
| 7) The Hon. Mathenge Duncan Maina, MP | -Member |

COMMITTEE SECRETARIAT

- | | |
|--------------------------|-----------------------------|
| 1. Dr. Christine Sagini | - Senior Clerk Assistant |
| 2. Mr. Ellam Omuhinda | -Clerk Assistant III |
| 3. Ms. Gladys Kiprotich | -Clerk Assistant III |
| 4. Ms. Abigael Muinde | -Research Officer III |
| 5. Ms. Sheila Chebotibin | -Principal Serjeant At Arms |
| 6. Mr.Daniel Psirmoi | -Media Relations Officer |
| 7. Ms. Mercylyn Kerubo | -Audio Reporter |
| 8. Ms. Maryan Gabow | -Protocol Officer |
| 9. Mr.Eric Lungai | -Hansard Reporter II |

**INATTENDANCE -STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL
STANDARDS**

- | | |
|-----------------------------|------------------------------------|
| 1. Ms. Mary Muthoni Muriuki | - Principal Secretary, SDPH&PS |
| 2. Mr. Adan G. Harache | -Secretary Administration, SDPH&PS |
| 3. Mr. Ephantus Maree | - SDPH&PS |
| 4. Mr. Onesmus Mwaura | - Admin, TCF |
| 5. Ms. Janet Mule | -ADPH, DDSAC |
| 6. Dr. Naomi Mutie | -ADPH, DEHS |
| 7. Mr. Shawn Mogana | - Senior State Counsel |
| 8. Mr. Jaunta Kinuthia | -PA, SDPH&PS |
| 9. Mr. Collins William | -Comms Officer, Public Health |
| 10. Mr. Kunow Abdullahi | - Comms Officer, SDPH&PS |

AGENDA

1. Preliminaries (Prayers, Introductions, and Communication from the Chair)
2. Adoption of the Agenda
3. Confirmation of previous minutes and Matters Arising
4. **Consideration and adoption of the Report on Public Petition No. 001 of 2026 Regarding Management of Haemophilia and Other Bleeding Disorders Among Patients and Children in the Country**
5. **Meeting the Principal Secretary State Department for Public Health and Professional Standards to apprise members on the implementation status of the Tobacco Control Act 2007 including the Tobacco Control Fund.**
6. Any Other Business (AOB) and Adjournment

MIN. NO. NA/DC-H/2026/195: PRELIMINARIES

The Chairperson called the meeting to order at 10:30 am. This was followed by a word of prayer and self-introductions by those present.

MIN. NO. NA/DC-H/2026/196: ADOPTION OF THE AGENDA

The agenda was officially adopted after being proposed by the Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP and seconded by the Hon. Mary Maingi, MP

The agenda items were reorganized to allow Agenda Item 6 to be considered before Agenda Item 5.

MIN. NO. NA/DC-H/2026/197: CONFIRMATION OF PREVIOUS MINUTES AND MATTERS ARISING

The agenda item was deferred to a later date

MIN. NO. NA/DC-H/2026/198: MEETING THE PRINCIPAL SECRETARY STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS TO APPRISE MEMBERS ON THE IMPLEMENTATION STATUS OF THE TOBACCO CONTROL ACT 2007 INCLUDING THE TOBACCO CONTROL FUND.

The Principal Secretary, State Department for Public Health and Professional Standards, Briefed the Committee on the Implementation Status of the Tobacco Control Act, 2007 as Follows;

A. Background

The PS informed the Committee that Kenya ratified the WHO Framework Convention on Tobacco Control on 25th June 2004 and subsequently enacted the Tobacco Control Act in 2007, supported by tobacco control regulations in 2014. The Tobacco Control Board was established under Section 5 of the Act to oversee implementation and advise the Cabinet Secretary on tobacco control policies and regulations.

B. Key achievements in Implementation of the Tobacco Control Act, 2007

- 1) The FY 2025/2026, sensitization campaigns were conducted in 25 counties targeting Community Health Promoters, with approximately 36,000 promoters reached. Officers at 8 Points of Entry in the Coast region were also trained, with each awareness forum reaching approximately 3,000 persons drawn from government, religious, and community circles.

- 2) As a buildup to World No Tobacco Day 2026, awareness campaigns were conducted in Murang'a, Nyeri, and Embu counties, reaching over 14,000 students in high schools and universities, focusing on the health risks of tobacco use, nicotine addiction, and emerging products.
- 3) The PS reported that the 2017 National Treatment Guidelines for cessation and rehabilitation are currently under review to align with WHO standards, while construction of two cessation and rehabilitation centres in Nakuru and Meru is in its final stages.
- 4) The 2026 World No Tobacco Day national commemoration was held in Embu County under the theme "Unmasking the Appeal Countering Tobacco and Nicotine Addiction."
- 5) On enforcement, the Cabinet Secretary led the destruction of 5.5 tonnes of illicit tobacco products seized at Eldoret International Airport in 2025.
- 6) Smoke-free zones remain enforced across public spaces.
- 7) On shisha, following a January 2024 High Court ruling in Shanzu that invalidated the existing ban due to procedural non-compliance, the Ministry is undertaking public participation on revised Shisha rules across 11 clusters from 18th to 30th June 2026.
- 8) The Tobacco-Free Farms programme, initiated in Migori County in 2022, has transitioned approximately 4,000 farmers from tobacco to Nyota beans. The programme is being expanded to Meru, Embu, Bungoma, Homa Bay, and Busia, with high-level county advocacy conducted in June 2026.
- 9) The Tobacco Alcohol Drugs And Substance Abuse Survey (TADSAS 2022) was been conducted and a new round, TADSAS 2026, is currently underway in collaboration with NACADA, KEMRI, KNBS, Development Gateway, and the International Institute for Legal Affairs.
- 10) A study was conducted by the ministry in partnership with the Kenya Tobacco Industry Monitoring and Response (TIMR) and found that 86% of Kenyans are exposed to digital tobacco content, with 79% of the youth as the primary audience and 93% believing influencers effectively promote tobacco products. The study recommends regulatory reform to address digital marketing, influencer promotions, online sales, and youth-targeted product aesthetics.

C. Implementation challenges

The PS identified six implementation challenges as follows;

- i. The inadequacy of the current Act to cover novel nicotine products such as electronic nicotine delivery systems (ENDS) and nicotine pouches.
- ii. Persistent tobacco industry interference in policy contrary to the WHO FCTC
- iii. Predatory industry tactics including digital marketing and flavoured products targeting youth
- iv. Weak enforcement coordination at county level with limited prosecution of offenders
- v. Persistent illicit trade and smuggling undermining public health and tax objectives and;
- vi. limited cessation services across public health facilities.

D. Rationale for Amendment to the tobacco control act,2027

The Principal Secretary outlined the rationale for the proposed amendment to the Tobacco Control Act, 2007, citing three key considerations:

- 1) Regulation of novel products: The current Tobacco Control Act, 2007 does not cover newer products such as nicotine pouches, electronic nicotine delivery systems (ENDS), and heated tobacco products (HTPs). The amendment would bring these under regulatory oversight.
- 2) Countering new industry marketing tactics: The amendment aims to address gaps in digital marketing regulation, including influencer promotions and the promotion of tech-styled tobacco products. The Ministry noted an instance where a major newspaper was used for implied tobacco advertising, prompting a formal warning to the company.

- 3) Strengthening public health enforcement: The bill would support development of new regulations and enable the Tobacco Control Fund to allocate resources towards legislative review and youth protection from nicotine addiction.

E. The Tobacco Control Fund

The Tobacco Control Fund is financed through parliamentary appropriations, forfeited property, grants, investment income, and the Solatium Compensatory Contribution, which remains its primary revenue source.

In FY 2025/2026, the Fund is supporting county advocacy campaigns, cessation centre construction, emerging product research, legal framework review, youth-targeted drug demand reduction, and strengthening of the National Quality Control Laboratory.

The Fund is governed through nine safeguards encompassing statutory expenditure restrictions, a designated Accounting Officer, PFM Act compliance, annual Auditor-General audits, Board oversight, conflict of interest prohibitions, proper record-keeping, parliamentary scrutiny, and regulatory policy controls.

The PS concluded that while the Tobacco Control Act, 2007 has made significant contributions to tobacco regulation over nearly two decades, persistent gaps in enforcement, regulation of emerging products, illicit trade, and cessation services must be urgently addressed to fully achieve the Act's public health objectives.

Committee raised Concerns

- 1) The committee raised concern that Nairobi had been omitted from the list of public participation venues for the seizure rules exercise, noting that Nairobi is the primary hub of shisha consumption and influencer-driven tobacco promotions. The Ministry responded that Nairobi had not been omitted but was grouped under a cluster centred in Machakos Town, covering Nairobi, Machakos, Kajiado, Kitui, and Makueni counties. Members found this arrangement unsatisfactory, arguing that Nairobi cannot logically be subsumed under Machakos, as the correct hierarchy would place Machakos within a Nairobi-centred cluster and not the reverse. The Ministry undertook to review the clustering arrangement and designate Nairobi as a standalone cluster, with Members further recommending that Nairobi be allocated more than one session given the scale of tobacco consumption and the concentration of social media influencers in the capital.
- 2) The committee questioned why 5.5 tonnes of confiscated illicit tobacco products had been destroyed rather than sold to generate revenue for the State, on the basis that the products retained commercial value if they could be consumed. The Ministry explained that the products were classified as illicit either due to incorrect packaging or because their nicotine content exceeded permissible standards, and that releasing them into the market would constitute a public health harm. Committee further inquired whether cigarettes carry an expiry date, and the Ministry confirmed that they do. The Ministry additionally stated that, as a health agency, it is not in the business of promoting tobacco consumption and that selling confiscated cigarettes would amount to State-sponsored promotion of a harmful product.
- 3) The committee raised concerns regarding the use of the Tobacco Control Fund to finance radiotherapy machine repairs. On the question of legality, members noted that the Fund is established under Section 7 of the Tobacco Control Act with expenditure strictly restricted to tobacco control programmes, and queried whether funding radiotherapy repairs fell within that mandate. On the question of selection criteria, the Members asked why only Nakuru and Mombasa counties benefited from the repairs while Kenyatta National Hospital and Garissa County Hospital, both reportedly with non-functional machines, were excluded. The Ministry responded that tobacco is a leading cause of cancer and that restoring cancer treatment infrastructure is consistent with the Fund's purpose of compensating harm caused by tobacco use, describing the Fund as a

mechanism to make the industry pay for the health damage it has inflicted on citizens. On selection, the Ministry stated that the process was open and that only Nakuru and Mombasa formally applied, with other counties free to do the same.

- 4) The committee cautioned that tobacco is a contributory factor to cancer rather than a direct cause, and that repairing a radiotherapy machine does not constitute a tobacco control programme as strictly required by the law. The Chairperson supported this view and advised that the amendment bill before the Committee should be used to explicitly expand the Fund's permissible expenditure to include cancer treatment and prevention programmes. Members also questioned whether other hospitals were aware of this funding avenue, since the programme appeared to have been implemented on an ad hoc basis. The Ministry acknowledged that this was the first such instance and agreed to broaden awareness across counties. The Ministry was directed to submit specific legislative proposals to expand the Fund's mandate before the planned clause-by-clause retreat on the bill.
- 5) The committee noted that the Tobacco Control Act, 2007 provides for a 16-member Board, which does not conform to the State Corporations Act requirement of a maximum of 9 members, and queried why this rationalisation had not been addressed in the proposed amendment. The Ministry confirmed that this is among the issues to be addressed in the amendments currently being drafted, and was directed to include a specific provision reducing Board membership accordingly.
- 6) A Concern was raised by the committee about persistent ambiguity over who serves as the accounting officer for the Tobacco Control Fund, with reference to a history of internal disputes and the appointment of officers susceptible to undue influence. The Ministry clarified that each State Department has a single accounting officer appointed by the National Treasury, who holds oversight over the Fund, and that this officer may delegate management to a Fund Manager under the Public Finance Management Act. The Ministry further stated that as of 2025, the Fund has been fully operationalised within the PFM Act framework, with funds domiciled at the Central Bank of Kenya.
- 7) The committee observed that the Committee had previously appropriated Ksh. 20 million to operationalise the Fund but withheld further appropriations after no progress was made. The Chairperson also raised the question of the relationship between the Tobacco Control Board and the Fund, specifically how the Board itself is funded and what role it plays in Fund utilisation beyond revenue determination. The Chairperson further noted that the parliamentary oversight mechanism described in the Ministry's documents related to audit reports, which fall under the Public Accounts Committee, whereas it is the Health Committee that is responsible for overseeing the day-to-day planning and utilisation of the Fund. The Ministry was directed to submit the current Fund balance and bank details, the identity of the current accounting officer and any delegations made, a history of all accounting officers since the Fund's establishment and a full revenue and expenditure record.
- 8) Members observed that the coexistence of a Fund, a Board, and a Fund Manager, without the Board having the status of either a government department or a State Corporation, creates significant governance ambiguity. The Ministry confirmed that the Tobacco Control Board is currently constituted as a committee within the Ministry of Health and is not a SAGA, and noted that the proposed amendments contemplate either elevating it to SAGA status or retaining it as an internal committee with clearer governance structures. The Chairperson observed that this ambiguity is a product of the 2007 Act's drafting, which did not anticipate the Fund's operational complexity, and directed that the amendment must address the Board's legal status and its relationship with the Fund in a structurally sound manner.

Committee Resolutions

- 1) The Ministry of Health was directed to designate Nairobi as a standalone public participation cluster for the ongoing seizure rules exercise, separate from the Machakos grouping. Given the scale of tobacco and shisha consumption in the capital and the concentration of social media influencers

operating therein, Members further recommended that Nairobi be allocated more than one session if the volume of public engagement so demands.

- 2) The Ministry of Health, together with its legal team, was directed to formulate and submit to the Committee specific amendment provisions that would expand the permissible expenditure of the Tobacco Control Fund to expressly include cancer treatment and prevention programmes. These proposals are to be tabled before the Committee at the planned clause-by-clause retreat on the Tobacco Control Amendment Bill.
- 3) The Ministry of Health was directed to include in the Tobacco Control Amendment Bill a specific provision reducing the membership of the Tobacco Control Board from the current sixteen members to nine, in conformity with the requirements of the State Corporations Act.
- 4) The Accounting Officer of the Ministry of Health was directed to submit to the Committee, a comprehensive report covering the following: the current balance of the Tobacco Control Fund and the bank at which it is domiciled, the identity of the current accounting officer and particulars of any delegations that have been made, a historical record of all persons who have served as accounting officer since the Fund's establishment and a full account of the Fund's revenue and expenditure to date.
- 5) The Ministry of Health, together with its legal team, was directed to address in the Amendment Bill the legal status of the Tobacco Control Board, resolving whether it is to be elevated to the status of a State Corporation or retained as a committee within the Ministry of Health with strengthened governance structures. The amendment must also clarify the governance relationship between the Board and the Tobacco Control Fund, including their respective roles in the management and oversight of Fund resources.
- 6) The Ministry of Health was directed to immediately broaden awareness among all county governments and public health facilities of the open-application process through which counties may apply for Tobacco Control Fund support towards the repair of radiotherapy machines. This follows the finding that the programme had hitherto not been widely publicised, resulting in only Nakuru and Mombasa counties having benefited from the facility.

MIN. NO. NA/DC-H/2026/199: CONSIDERATION AND ADOPTION OF THE REPORT ON THE PUBLIC PETITION NO. 001 OF 2026 REGARDING MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS AMONG PATIENTS AND CHILDREN IN THE COUNTRY.

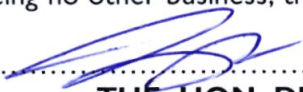
The Report on the Public Petition No. 001 Of 2026 Regarding Management of Haemophilia and Other Bleeding Disorders Among Patients and Children in the Country, was proposed by the **Hon. Dr. Pukose Robert, CBS, MP**, and seconded by **Hon. Prof. Jaldesa Guyo Waqo, MP**, as the true reflection of the Committee deliberations with the following recommendations;

- a) That the Cabinet Secretary, Ministry of Health includes clotting factor concentrates (Factors VIII, IX, and XI) covering both adult and paediatric formulations as essential medicines in the Kenya Essential Medicines List (KEML).
- b) The Ministry of Health, the Kenya Medical Supplies Authority and the County Governments ensures sustainable procurement and consistent distribution and availability of clotting factor concentrates (Factors VIII, IX, and XI) within the national supply chain including through pooled procurement arrangements with local, regional and international agencies.
- c) That the Cabinet Secretary, Ministry of Health, the Social Health Authority and the Benefits Package and Tariffs Advisory Panel to develop comprehensive haemophilia benefits packages under the Primary Health Care Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund that make provision for clotting factor infusions, specialist consultations, hospital admissions, physiotherapy, diagnostics and screening, and psychosocial support; and reports to the House within six months upon tabling of this report on the details of the packages developed.

- d) That the Ministry of Health and the National Board for Social Protection recognizes haemophilia patients and their caregivers as vulnerable persons and affords them the necessary social assistance and social care pursuant to the provisions of the Social Protection Act, No. 12 of 2025; and reports to the House within one year upon the tabling of this report on the type of social assistance provided to haemophilia patients and their caregivers.
- e) That the Ministry of Health, in collaboration with the National Council for Persons with Disabilities, classifies haemophilia as a disabling condition to afford haemophilia patients access to the benefits and protections availed to all persons living with disabilities under the Persons with Disabilities Act, 2025 and any other written law.
- f) That the Ministry of Health, in collaboration with the County Governments, establishes additional fully-fledged haemophilia treatment centres with trained clinical staff, diagnostic capacity, reliable access to clotting factor concentrates and physiotherapy services in all underserved counties.
- g) That the Ministry of Health, Ministry of Education, Healthcare Professional Statutory Regulatory Bodies and the Kenya Medical Training College incorporates haemophilia management in the clinical training and education curricula.
- h) That the Ministry of Health and the County Governments regularly trains Community Health Promoters and Community Health Officers and Assistants on early identification and referral of bleeding disorders.
- i) That the Digital Health Agency introduces a national haemophilia registry under the Comprehensive Integrated Health Information System established and maintained under section 15 of the Digital Health Act, No. 15 of 2023 to enable real-time patient tracking and evidence-based decision making and planning in relation to haemophilia care and management; and reports to the House within four months upon tabling of this report on the deployment and use of the registry.
- j) That the Ministry of Health undertakes national awareness on bleeding disorders including haemophilia; and reports to the Committee within six months upon tabling of this report on the details of the national awareness programmes undertaken.
- k) That pursuant to the provisions of Standing Order 208A(2)(c), the findings arising from the consideration of this Petition be debated by the House.

MIN. NO. NA/DC-H/2026/200: ANY OTHER BUSINESS AND ADJOURNMENT

There being no other business, the meeting adjourned at 12 noon.

Sign.....  Date..... 22/6/2026.....

THE. HON. DR. JAMES WAMBURA NYIKAL, CBS, MP
CHAIRPERSON, THE DEPARTMENTAL COMMITTEE ON HEALTH

**Letter inviting
stakeholders to
submit views on the
Petition**



THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK

P. O. Box 41842-00100
Nairobi, Kenya
Main Parliament Buildings

Telephone: +254202848000 ext. 3300
Email: cna@parliament.go.ke
www.parliament.go.ke/the-national-assembly

When replying, please quote

Ref. NA/DDC/DC-H/2026/17

11th March, 2026

Dr. Oluga Fredrick Ouma, OGW
Principal Secretary
State Department for Medical Services
Ministry of Health
Afya House
NAIROBI.

Ms. Mary Muthoni Muriuki, CBS
Principal Secretary
State Department for Public Health and Professional Standards
Ministry of Health
Afya House
NAIROBI

Dear

RE: REQUEST FOR SUBMISSION OF VIEWS ON PUBLIC PETITION NO. 001 OF 2026 REGARDING MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS AMONG PATIENTS AND CHILDREN IN THE COUNTRY

The Departmental Committee on Health is mandated by the National Assembly Standing Order 216(5) (e) to *“investigate and inquire into all matters relating to assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House.”*

The Committee is in receipt of a Petition from the Haemophilia Association of Kenya regarding the management of haemophilia and other bleeding disorders among patients and children in the country (*Petition attached*).

Pursuant to Article 119 of the Constitution and Standing Order 225(2) (b), the Committee is required to consider the Petition and report back to the House.

Consequently, the Committee hereby invites you to submit your views and comments on the **specific issues** raised in the petition **by 25th March 2026**. Kindly provide a physical copy of your submission and send an electronic copy to the Office of the Clerk via email: cna@parliament.go.ke.

The Liaison Officers for this meeting are **Mr. Adan Gindicha**, Head of Department (Social Sector) who may be contacted on **Tel No. 0720450112** or email:

adan.gindicha@parliament.go.ke and **Ms. Gladys Kiprotich**, Clerk Assistant, who may be contacted on **Tel. No. 0718721253** and gladys.kiprotich@parliament.go.ke

Yours *Sincerely*

PETER K.CHEMWENO, OGW
For: CLERK OF THE NATIONAL ASSEMBLY

Copy to:

Hon. Aden Barre Duale, E.G.H

Cabinet Secretary

Ministry of Health

Afya House.

NAIROBI

CPA. Dr. Aurelia C. Rono, CBS

Principal Secretary

State Department for Parliamentary Affairs

Railway Building

Haile Selassie Avenue

NAIROBI

**Letter inviting
stakeholders for a
meeting with the
Committee on the
Petition**



**THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK**

P. O. Box 41842-00100
Nairobi, Kenya
Main Parliament Buildings

Telephone: +254202848000 ext. 3300
Email: cna@parliament.go.ke
www.parliament.go.ke/the-national-assembly

When replying, please quote:

REF: NA/DDC/DC-H/2026/23

13th April, 2026

Dr. Oluga Ouma, OGW

Principal Secretary
State Department for Medical Services
Ministry of Health
Afya House
NAIROBI

Dear

**RE: INVITATION TO A MEETING WITH THE DEPARTMENTAL COMMITTEE
ON HEALTH REGARDING THE PETITION ON THE MANAGEMENT OF
HAEMOPHILIA AND OTHER BLEEDING DISORDERS AMONG PATIENTS
AND CHILDREN IN THE COUNTRY AND THE PETITION ON MEASURES
TO ADDRESS ESCALATING CANCER BURDEN IN KENYA**

The Departmental Committee on Health is established under National Assembly Standing Order 216(5) and is mandated to, among other things, "**investigate, inquire into and report all matters relating to the mandate, management, activities, administration, operation and estimates of the assigned ministries and departments.**"

Pursuant to this mandate and in accordance with Standing Order 220 of the National Assembly Standing Orders, the Committee is in receipt of the above Petitions for consideration and reporting to the House. In this regard, the Committee acknowledges receipt of your response on Public Petition No. 001 of 2026. In order to conclusively dispense with the two Petitions, the Committee has resolved to schedule a meeting with you on **Tuesday 21st April, 2026 at 11.00 am** at a venue within the precincts of Parliament to be communicated in due course.

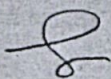
Please ensure that fifteen (15) hard copies of your submissions are delivered to the **Office of the Clerk, First Floor, Main Parliament Buildings**, no later than **Monday, 20th April 2026**. Electronic copies should be sent via email to cna@parliament.go.ke and copied to the liaison officers listed below.

The full text of the Petition by a cancer advocate, Mr. Kipruto Patrick on comprehensive measures to address the escalating cancer burden in Kenya is attached hereto for your ease of reference.

The Liaison Officers for this meeting are **Mr. Adan Gindicha** (Head of Department) reachable at **0720450112** or **adan.gindicha@parliament.go.ke**, and **Ms. Gladys Kiprotich** (Clerk Assistant) at **0718721253** or **gladys.kiprotich@parliament.go.ke**.

Yours

JEREMIAH NDOMBI, MBS
For: CLERK OF THE NATIONAL ASSEMBLY

Copy to: **Hon. Aden Barre Duale, EGH**
Cabinet Secretary
Ministry of Health. 
Afya House
NAIROBI

CPA. Dr. Aurelia C. Rono, CBS
Principal Secretary
State Department for Parliamentary Affairs
Railway Building
Haile Selassie Avenue
NAIROBI



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OFFICE OF THE CLERK

P. O. Box 41842-00100
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Main Parliament Buildings

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When replying, please quote:
REF: NA/DDC/DC-H/2026/24

13th April, 2026

Mr. James Kago
Treasurer, Haemophilia Association
NAIROBI

Dear Mr Kago

**RE: INVITATION TO A MEETING REGARDING THE PETITION ON THE
MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS
AMONG PATIENTS AND CHILDREN IN THE COUNTRY**

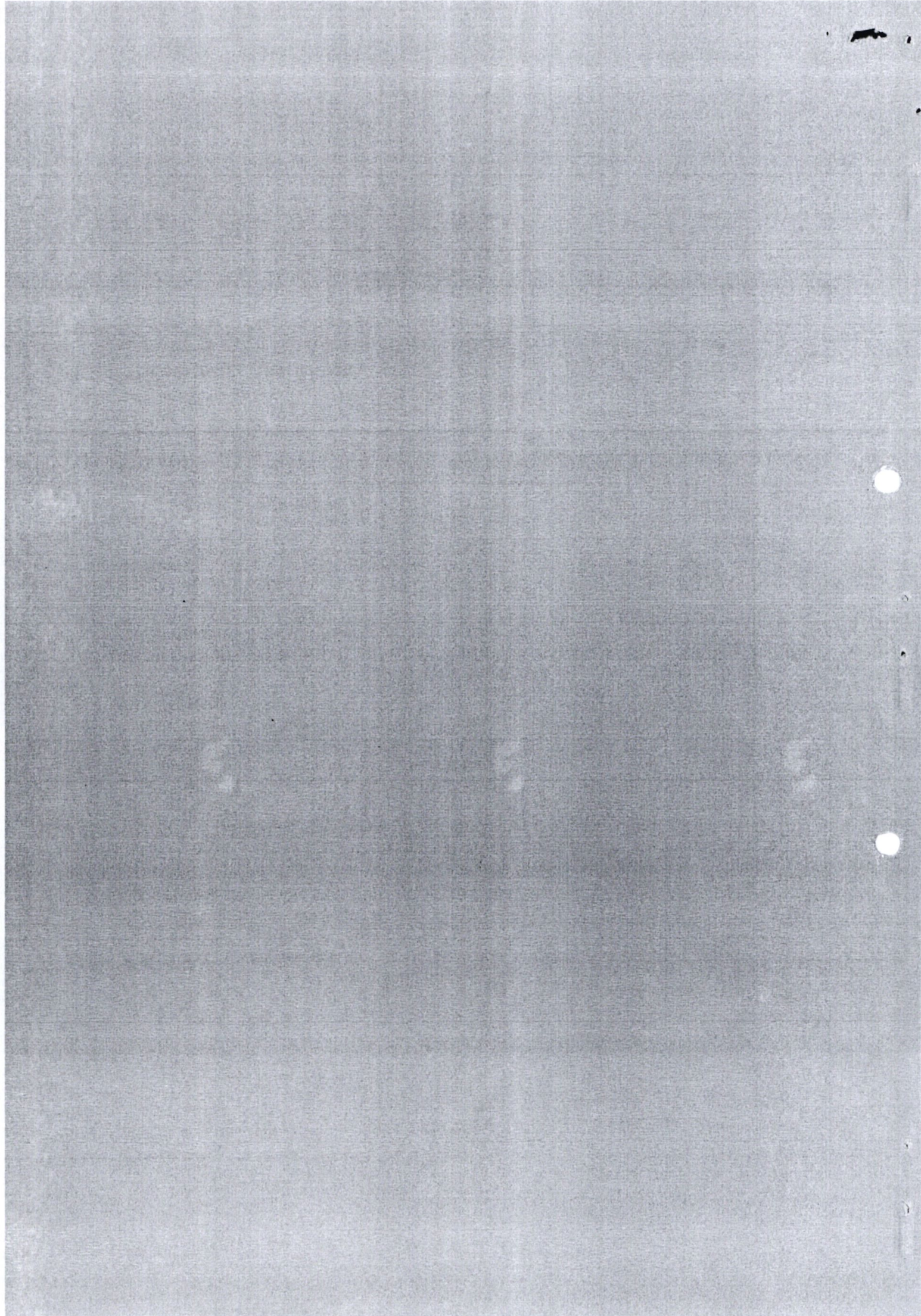
The Departmental Committee on Health is established under National Assembly Standing Order 216(5) and is mandated to, among other things, "investigate, inquire into and report all matters relating to the mandate, management, activities, administration, operation and estimates of the assigned ministries and departments."

The Committee is in receipt of your Petition on the above subject matter. In order to accord you an opportunity to apprise Members on the specific issues raised in the Petition, the Committee has scheduled a meeting with your organization on **Tuesday, 21st April 2026, at 10:00 am**, at a venue within the precincts of Parliament to be communicated in due course.

The Liaison Officers for this meeting are **Mr. Adan Gindicha** (Head of Department) reachable at **0720450112** or adan.gindicha@parliament.go.ke, and **Ms. Gladys Kiprotich** (Clerk Assistant) at **0718721253** or gladys.kiprotich@parliament.go.ke.

Yours

JEREMIAH NDOMBI, MBS
For: CLERK OF THE NATIONAL ASSEMBLY



Stakeholder submissions

1