

REPUBLIC OF KENYA



ELEVENTH PARLIAMENT - THIRD SESSION - 2015

THE NATIONAL ASSEMBLY



Paper laid
By the Hon. Stephen Mule
On Tuesday 24/11/2015
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**THE REPORT OF THE MEETING ON A HIGH LEVEL PANEL ON
EXPANDING ACCESS TO HEALTH IN LOW AND MIDDLE INCOME
COUNTRIES HELD IN WASHINGTON DC, USA FROM 4TH TO 6TH
NOVEMBER 2015**

**Clerk's Chambers
Parliament Buildings,
NAIROBI NOVEMBER, 2015**

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ABBREVIATIONS/ACRONYMS

AIDS-	Acquired Immune Deficiency Syndrome
HIV-	Human Immuno Deficiency Virus
NEAPACOH-	Network of African Parliamentarians Caucus on health
NY-	New York
PEPFAR-	President's Emergency Plan for AIDS Relief
SDG-	Sustainable Development Goals
TB -	Tuberculosis
USAID-	United States Agency for International Development

1.0 PREFACE

Mr Speaker Sir

On behalf of the Delegation, it is my pleasant privilege and honour to present to this House the Report of the Washington visiton High Level Panel on Expanding Access to Health in Low Income Countries held in Washington DC, USA from 4th to 6th November 2015. The Delegation left the country on 2nd November 2015 and came back on 9th November 2015.

The visit was a response to an invitation to the National Assembly to participate in the conference by ACTION Global Health Advocacy Partnership and its host RESULTS Educational Fund.

1.1 Members of the Delegation

The delegation comprised the following;

1. The Hon. Stephen Mutinda Mule-Leader of Delegation
2. The Hon. (Dr) Robert Pukose
3. Mr David Kiplangat Ngeno –Research officer and secretary to Delegation

1.2 Delegation's Observations and Recommendations

Having considered deliberations from the conference and from the offices of the Senate and of the Congress of the United States of America, the Delegation made the following on:

a) Observations

- i. TB is a global health problem and has remained as major killer to the patients under the ravages of HIV/AIDS
- ii. Parliament can play a pivotal role in expanding access to health services to the people. It was also noted that Kenyan Parliament was tasked to co-chair the regional Caucus on fight against TB.
- iii. Nutrition plays a critical role in the treatment of diseases as no drug has been proven to be effective outside it. However food supplements are not easy to come by.
- iv. Withdrawal of funding on health programs as a result of transition impact negatively on the provision of health services in countries affected. In Kenya Blood Transfusion Services was seriously affected when PEPFAR withdrew its support.
- v. Local communities in most cases do not know what happens in health programs and policies

- vi. Donors do not understand political dynamics in countries which they are funding
- vii. Congress of the USA is considering pushing for continued support for the programs that PEPFAR was funding.

b) Recommendations


- i. To effectively bring TB under control, more funding is needed to conduct research to establish its linkages with other diseases and also funds to buy drugs. It is therefore imperative that the government sets more funds and solicits support from donors such as PEPFAR and Global Fund towards this.
- ii. The role of Parliament in budget making is critical and therefore it can scrutinize and check on how much allocation has been given towards fighting TB, Malaria and Nutrition. Through Parliamentary caucus, linkages with other parliaments can be used effectively to control these diseases across the borders. Through advocacy and the fact that parliamentarians are closer to the grassroots, a lot can be achieved
- iii. Since the Kenyan Parliament Caucus was tasked to co-chair the regional caucus on TB advocacy, it was felt that secretariat be established in the Clerk's Office so that it can keep track of the activities of the caucus.
- iv. Strong voices are needed to mobilise local resources so that cheaper food supplements can be produced. The First Lady, Her Excellency Margaret Kenyatta has agreed to champion for nutrition advocacy in the country. This gesture will go a long way in promoting health sector in this country as has been noted that no drug can be effective enough to bring patient's recovery in absence of nutrition.
- v. Classification on whether countries transit from Low Income to Middle income should not base their criteria on infrastructure projects alone but also consider health component as it greatly affected. Transiting should be a process and country specific with focus on health systems and sustainability.
- vi. Policies should take into account views of the local communities and societies and make use of examples that have worked elsewhere to provide solutions.

1.3 Acknowledgment

Mr Speaker

The Delegation wishes to sincerely thank the Offices of the Speaker for nominating it to represent the National Assembly in that important event and the Clerk of the National Assembly for the support extended to it in the execution of its mandate.

Finally, it is now my pleasant duty, on behalf of the delegation to present this report to the House.

SIGNED:  DATE. 19th Nov 2015

THE HON. STEPHEN MUTINDA MULE, M.P
LEADER OF THE DELEGATION

2.0 BACKGROUND

2.1 Introduction

The meeting was ostensibly organized to discuss how to expand access to health in low income countries from the depredations of Tuberculosis (TB), HIV, Malaria and Nutrition. It became apparent from the meeting that attempts to eradicate these diseases, which have burdened the world, require concerted efforts from governments, international organizations such as World Bank, the non-governmental organizations and other well-wishers.

Tuberculosis is a contagious bacterial infection that has become a global public-health problem. TB has remained a number one killer disease among patients suffering from the ravages of HIV. HIV-positive people are very susceptible to tuberculosis because HIV, the virus that causes AIDS, destroys the immune system cells (including CD4 lymphocytes) that normally combat tuberculosis. TB is a more lethal disease than HIV, Malaria and Malnutrition as it transcends across borders indiscriminately putting every human being at a risk.

A number of interventions are needed in order to combat TB. These interventions include medical interventions through research to establish relationship with other diseases and non-medical interventions such as behaviour change and involvement of local communities through advocacy to advance the preventive measures.

TB and HIV patients require food supplements to augment their daily dietary intake so as to hasten recovery and lessen the effects respectively. The situation is serious in low income countries because malnutrition is a common phenomenon as these supplements are not readily available thus putting such patients at a risk.

Malaria is one of the epidemics that the United Nations hopes to end by 2030, under Sustainable Development Goals (SDGs) on good health and well-being of all people.

Global Health Fund can finance a country's health sector undertaking on request if that country has been contributing towards the fund on regularly basis irrespective of the amount of share contribution. Contributions to global fund by member countries and by other international organizations as well as non-governmental organizations and well-wishers are the only way towards fighting these diseases in an elaborate manner. It is imperative therefore that a country does not default so as to reap the said benefits.

On transiting from low income to middle income status, a country stands to lose some benefits associated. Increase in epidemics has been reported to upon cessation of aid in middle income countries as a result of transition. A good example was in Romania where cases of HIV increased when support system were withdrawn. It is therefore important for health sector in a country to be fully assessed before such decision is reached so that health sector is not compromised.

2.2 ACTION Global Health Advocacy Partnership

ACTION has worked on TB advocacy since it was formed in 2004. Since that time, ACTION partners helped mobilize their countries to pledge a collective \$8.1 billion during the Global Fund's 3rd replenishment in September 2010 and further pledged a collective \$9.2 billion during the Global Fund's 4th replenishment in December 2013.

In 2014, ACTION's partners in India helped mobilize \$226 million in funding for India's national TB control budget. ACTION partner RESULTS Educational Fund helped get \$160 million in annual funding to TB-HIV through PEPFAR. It has gone further mobilize 357 signatories for the Barcelona Declaration. The Global TB Caucus was formed following an ACTION international parliamentary delegation between the US and UK, where Rt. Hon Nick Herbert came up with the idea to form a Global TB Caucus. Since then, ACTION partners, especially RESULTS UK, have been supporting Mr Herbert to develop the Global TB Caucus and are supporting MPs from 10 countries to attend the upcoming Global TB Summit in Cape Town.

2.3 RESULTS Educational Fund

RESULTS Educational Fund is a non-profit making organization based in Washington DC and generates the political will to improve government funding and policies on global health, education, and economic opportunity.

2.4 The Conference

This was an annual meeting of ACTION Global Health Advocacy Partnership and its host RESULTS Educational Fund and had invited the National Assembly to participate in a high level panel during that meeting. The conference also provided an opportunity for RESULTS Educational Fund to come together with its ten international partners to discuss their joint advocacy work of the year and strategize for the coming year. It also provided fora for policymakers to share their experiences with the experts in the

medical field. The next follow-up conference shall be held in South Africa in 27th November 2015.

2.3 Objective of the conference

The specific areas of discussion centred on;

- a) Equity in eligibility and transition policies
- b) How to ensure that global(donor and high burden country) resources are targeted to promote equity by expanding access to health services to the poorest, wherever they are
- c) Sharing experiences of policymakers

2.4 Presentations

Group discussions and Press conference were done and centred on these areas; Advocacy on TB, HIV, Malaria, Nutrition, funding and sustainability of Health programs as well as policies on transitions.

2.5 Kenya's position in fighting Tuberculosis, HIV, Malaria and Nutrition

2.5.1 Tuberculosis

Kenya is among countries with high tuberculosis burden globally. Successful treatment of tuberculosis involves taking anti-tuberculosis drugs for at least six months. Kenya subscribes to the internationally accepted World Health Organization (WHO) strategy for TB control and in addition, the country has adopted the WHO recommended tuberculosis treatment regimes.

Adherence to long-term therapies is a multidimensional phenomenon determined by the interplay of sets of factors (dimensions) namely; social and economic factors, health care team and system-related factors, condition-related factors, therapy-related and patient-related factors. Social and economic factors such as low income, lack of social support, low education, financial problems and inability to afford services have been linked to TB treatment adherence.

On 24th March 2015 a TB Strategic Plan 201-2018 for the country was launched. This was later followed by a surveillance survey that took place on 25th July 2015. This was a very important activity in the fight against TB since it was the first of its own since independence. On 30th August 2015



the pilot survey on selected counties was completed and on 1stSeptember 2015 actual survey for the entire country started.

2.5.2 Malaria

Malaria has remained another serious disease in Kenya however attempts are being put in place by the government under the Revised Kenya Malaria Strategy Plan 2009-2018 to scale up interventions that include vector control, prevention, diagnosis testing and treatment. These require collaborations and funding from global fund and government.

2.5.3 Nutrition Related Ailments

Nutrition goes hand in hand with treatment if a patient is to recover within the shortest time possible. It has been observed that no drug can be effective outside nutrition. However, in most cases, nutrition in Kenya has a limited budgetary component and therefore majority of people are underfed or malnourished. Malnutrition in Kenya exists in various forms, including acute and chronic under nutrition, micronutrient deficiencies, as well as overweight and obesity in some pockets of urban populations. These conditions primarily affect pregnant and lactating women and children under five years of age and significantly contribute to their morbidity and mortality.

To fight these incidences of malnutrition, strong voices are needed to mobilise local resources so that cheaper food supplements can be produced. Equatorial Foods Company, which is a local company, is manufacturing food supplements for USAID and AMREF. With funding, the same company can be approached to produce the food supplements.

The First Lady, Her Excellency Margaret Kenyatta has agreed to be the champion for nutrition advocacy in the country. This gesture will go a long way in promoting health sector in this country as has been noted that no drug can be effective enough to bring patient's recovery in absence of nutrition.

2.5.4 Role of Parliament and Parliamentary Caucus

The Parliament of Kenya has continued to support to the health sector through enactment of legislations and recently through parliamentary caucus on Advocacy on eradication of Tuberculosis (T.B). The caucus so far has received a lot of goodwill from the Parliament Leadership and that the

membership reached a record of 145 upon its launching. Due to trans-boundary nature of the disease, the caucus felt it was necessary to have a regional parliamentary caucus known as NEAPACOH(Network of African Parliamentary caucus on Health). Thecaucus has so far targeted 25 African countries upon its launch where Kenya was requested to co-chair.

Kenyan Parliament is also keen to see that the money received from global fund is used prudently and would not hesitate to take those charged with provision of health services to account for the usage of such funds. Kenya has been regular in remitting money to the global fund.

2.6 Meetings

The delegation held meetings with the officers from the Senate and Congress of the United States of America.

Thursday, 5 November 2015

a) Senator of Arizona, Jeffrey Lane Flake

The first meeting was the the senator of Arizona, Jeffrey Lane "Jeff" Flake. He is a member of Committee on Energy and Natural resources, foreign relations and Judiciary. He chairs the subcommittees on African Affairs and on Terrorism and homeland security. During the meeting the delegation briefed the Senator on the steps Kenya has taken in fighting TB, HIV, Malaria and Nutrition and that much support and collaboration was still needed. These are in areas such as Blood transfusion, shortages of TB drugs given the fact refugee camps in Kenya are Large with high cases of TB.

b) Representative from California, Barbara Lee

Barbara Lee is a representative and a democrat from California that has been a major champion on HIV/AIDS and the Global Fund to Fight AIDS, TB, and malaria. She is on the committee that oversees funding for all global health & foreign assistance programs. The delegation visited her office and was received by her Legislative Assistant. During the discussions, the delegation members thanked the Congresswoman & the American people for their support to Kenya through PEPFAR and the Global Fund and shared the positive impact the support has had in Kenya. They also shared a concern about PEPFAR's lack of support for blood transfusion services after they pulled out 2 years ago. This has negatively impacted on health services given the fact Kenya has been experiencing attacks from Al Shabab where people have been killed and some seriously wounded requiring blood. These have not been easy. The delegation invited Lee to join the caucus and sign the Barcelona Declaration and also requested her to attend the conference in South Africa.

On her part, Lee promised to push for increase in funding for PEPFAR and continuity of projects. She said that will consider joining the caucus.

c) Senator of New York, Kirsten Gillibrand

Senator Gillibrand is a democrat from NY is very passionate on women's health issues. The delegation was received by Legislative Assistant, Allyson K Northrup and with her was Vivian Huang a physician from NY. The delegation thanked Senator & the American people for their support to Kenya through PEPFAR and the Global Fund and shared the positive impacts the assistance has had in Kenya. The delegation further said that parliament's departmental committee on health has been very instrumental in seeing that the domestic funding for HIV/AIDS, TB and other health issues were increased. TB was reported by the delegation as the leading killer of people living with HIV/AIDS, causing 1 in 3 AIDS-related deaths in Kenya. The Senator was requested to sign on to the Barcelona Declaration join Caucus on TB control as this was seen to go a long way in pushing TB issues in the world.

While responding to the delegation, the Legislative Assistant said that the Senator was passionate about the TB control because such cases were reported to be on increase in the city of New York. She said there was need to push for more funding for PEPFAR and that continuity of the on-going projects proceed uninterrupted. She was optimistic that the senator would consider joining the caucus.

Friday, 6 November

d) Christopher Henry Smith

Christopher Henry Smith is the U.S. Representative for New Jersey's 4th congressional district, serving since 1981. He is a member to the Committee on Foreign Affairs where he chairs the Subcommittee on Africa, Global Health, and Human Rights. He was represented by Gregory Simpkins who is Staff Director for the U.S. House Subcommittee on Africa, Global Health and Human Rights, where he manages subcommittee activities and advises the Chairman on policy issues arranges Congressional hearings, drafts legislation and conducts oversight missions.

During the discussions, it was observed that the Kenyan parliament is now more independent in discharging its mandate and that it is an institution which is closer to the people. As the health sector has been devolved, it

was observed that it is important to have structures put in place to help county governments provide services efficiently.

On his part, the Staff Director of the US observed that health sector was a problem worldwide and that there was need to have effective system of conducting drug trials taking into account ethical considerations. He took an exception of a contraceptive NORPLANT which, he said has many side effects and women, who use it, mainly from Africa are not told. He said people need to be treated in a humane way. He also observed that people who approve funds do not understand the political dynamics. He further said that TB was still a priority but appreciated the fact that it was underfunded. He said that PEPFAR program has TB and Malaria component and that there was need to have more studies on these diseases for proper management. He promised to send his staff to represent him in the conference in South Africa because US congress will be on session that time.

On democracy and management of elections in Africa, Mr Simpkins said there was need to relook at the approaches that have so far been used. There has been very little done in identifying what is good for specific countries and it was not proper to prescribe some conditions for others to adopt when you also do not understand them.

e) Elliot Engel

Elliot Engel is Congressman and a democrat representing NY and the Ranking Member on the House Foreign Affairs Committee. He also serves on the Energy and Commerce Committee including the Subcommittee on Health, and the Subcommittee on Energy and Power. He is also a founder of the TB Caucus and the founder and Co-Chair of the House Oil and National Security Caucus, which is seeking clean, energy efficient alternatives to America's over-reliance on oil. He is also a member of the Democratic Task Force on Health and serves on Commission on Human Rights.

The delegation was received by Catherine Barnao is staffer for Representative Elliot Engel. The delegation was told that part of the duties of Elliot included provision of oversight and investigation of what the Administration was doing on TB, HIV, and other global health issues. The delegation on its part sought ways in which TB caucus of Both Kenya and US can work support each other. The staffer said that USAID have TB drugs which were being put on trials to have treatment period reduced to less than the current six months. She was quite optimistic to joining the TB caucus meeting in South Africa to represent Elliot Engel.

3.0 DELEGATION'S OBSERVATIONS

Having considered deliberations from the conference and from the offices of the Senate and of the Congress of the United States of America, the Delegation observed that;

- i. TB is a global health problem and has remained as major killer to the patients under the ravages of HIV/AIDS
- ii. Parliament can play a pivotal role in expanding access to health services to the people. It was also noted that Kenyan Parliament was tasked to co-chair the regional Caucus on fight against TB.
- iii. Nutrition plays a critical role in the treatment of diseases as no drug has been proven to be effective outside it.
- iv. Withdrawal of funding on health programs as a result of transition impact negatively on the provision of health services in countries affected. In Kenya Blood Transfusion Services was seriously affected when PEPFAR withdrew its support.
- v. Local communities in most cases do not know what happens in health programs and policies
- vi. Donors do not understand political dynamics in countries which they are funding
- vii. Congress of the USA is considering pushing for continued support for the programs that PEPFAR was funding.

4.0 DELEGATION'S RECOMMENDATIONS

Having considered deliberations from the conference and from the offices of the Senate and of the Congress of the United States of America, the Delegation recommended that;

- i. To effectively bring TB under control, more funding is needed to conduct research to establish its linkages with other diseases and also funds to buy drugs. It is therefore imperative that the government sets more funds and solicits support from donors such as PEPFAR and Global Fund towards this.
- ii. The role of Parliament in budget making is critical and therefore it can scrutinize and check on how much allocation has been given towards fighting TB, Malaria and Nutrition. Through Parliamentary caucus, linkages with other parliaments can be used effectively to control these diseases across the borders. Through advocacy and the fact that parliamentarians are closer to the grassroots, a lot can be achieved

- iii. Since the Kenyan Parliament Caucus was tasked to co-chair the regional caucus on TB advocacy, it was felt that secretariat be established in the Clerk's Office so that it can keep track of the activities of the caucus.
- iv. Strong voices are needed to mobilise local resources so that cheaper food supplements can be produced. The First Lady, Her Excellency Margaret Kenyatta has agreed to champion for nutrition advocacy in the country. This gesture will go a long way in promoting health sector in this country as has been noted that no drug can be effective enough to bring patient's recovery in absence of nutrition.
- v. Classification on whether countries transit from Low Income to Middle income should not base their criteria on infrastructure projects alone but also consider health component as it greatly affected. Transiting should be a process and country specific with focus on health systems and sustainability.
- vi. Policies should take into account views of the local communities and societies and make use of examples that have worked elsewhere to provide solutions.