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

REPORT ON THE VISIT TO LIVERPOOL SCHOOL OF TROPICAL MEDICINE  
PREFEASIBILITY ENGAGEMENT TO DISCUSS RESEARCH AND DEVELOPMENT  
OF SNAKEBITE TREATMENTS BY THE MINISTRY OF HEALTH,  
DEPARTMENTAL COMMITTEE ON HEALTH, THE NATIONAL ASSEMBLY AND  
KENYA INSTITUTE OF PRIMATE RESEARCH FROM 13<sup>TH</sup> TO 15<sup>TH</sup> MAY 2024

DIRECTORATE OF DEPARTMENTAL COMMITTEES  
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NAIROBI

MARCH, 2025

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## **ABBREVIATIONS AND ACRONYMS**

**LSTM-** Liverpool School of tropical medicine

**MP-** Member of Parliament

**MOH-** Ministry of Health

**KIPRE-** Kenya Institute Primate Research

## CHAIRPERSON'S FOREWORD

Health is a key component of Sustainable Development Goals (SDG's), Vision 2030 and the BETA Agenda on Universal Health Coverage. Article 26 (1) of The Constitution of Kenya, 2010 provides for the right to life. Article 43 (1) (a) provide for the right to the highest attainable standard of health, which includes the right to health care services. Access to effective, safe and affordable anti-venoms is thus necessary for every Kenyan citizen who experiences a snakebite.

The burden of human suffering caused by snakebite has been documented to be high in Kenya. KIPRE and MoH have established that snakebites are prevalent in at least 40 counties - with the highest prevalence in counties with arid and semi-arid conditions, more than 20,000 Kenyans are bitten by snakes leading to approximately 4, 000 deaths and 7,000 permanent...in what period... Liverpool School of Tropical Medicine (LSTM), Liverpool, United Kingdom prefeasibility engagement to discuss research and development of snakebite treatments by the Ministry of Health, Departmental Committee on Health, the National Assembly members and Kenya Institute of Primate Research.

The aim of the two-day meeting to the Liverpool School of Tropical Medicine (LSTM), Liverpool, United Kingdom was to undertake a prefeasibility engagement with the senior leadership of LSTM to:

1. Discuss the research and development of snakebite treatments in Kenya
2. Bolster the relationship between the Ministry of Health – Kenya, KIPRE and LSTM
3. Initiate new health collaborations
4. Discuss Government of Kenya (GoK) and external partner financing for the initiative to locally produce snake anti-venom

I acknowledge the Committee Members who participated in the learning tour, appreciate the role played by the Office of the Clerk of the National Assembly in facilitating the visit, and commend the Kenya Institute of Primate Research for providing technical and logistical support to the Committee.

Pursuant to Standing Order (S.O) 199(6), it is my pleasant duty to present on behalf of the Departmental Committee on Health to the House the Report on the Prefeasibility Engagement to discuss Research and Development of Snakebite treatments to the Liverpool School of Tropical Medicine, United Kingdom.

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

## 1.0 CHAPTER ONE

### 1.0 PREFACE

#### 1.1 ESTABLISHMENT OF THE COMMITTEE

1. Article 124 of the Constitution of Kenya provides for the establishment of Committees by Parliament. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution.

#### 1.2 FUNCTIONS OF THE COMMITTEE

2. Standing Order 216 (5) of the National Assembly Standing Orders provides that the functions of a Departmental Committee include:

- a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;
- b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;
- ba) on a quarterly basis, to monitor and report on the implementation of the national budget in respect of its mandate.
- c) To study and review all legislation referred to it;
- d) To study, assess and analyze the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;
- e) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;
- f) Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments).
- g) To examine treaties, agreements and conventions;
- h) To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;
- i) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and
- j) To examine any questions raised by Members on a matter within its mandate.

##### 1.2.1 Committee mandate and Oversight institutions

3. In accordance with the Second Schedule of the National Assembly Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
4. In executing its mandate, the Departmental Committee on Health oversees the State Departments in the Ministry of Health as delineated in Executive Order No. 1 of 2023 namely:
  - a) The State Department for Medical Services; and
  - b) The State Department for Public Health and Professional Standards.

### 1.3 COMMITTEE MEMBERSHIP

5. The Departmental Committee on Health was constituted by the House on 27<sup>th</sup> October 2022 and comprises of the following Members:

#### **Chairperson**

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

#### **Vice-Chairperson**

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

#### **Members**

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

Hon. Owino Martin Peters, MP  
Ndthiwa Constituency  
**ODM Party**

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

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

Hon. Kipngok Reuben Kiborek , MP  
Mogotio Constituency  
**UDA Party**

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

Hon. Julius Ole Sunkuli Lekakeny, MP  
Kilgoris Constituency  
**KANU**

Hon. Maingi Mary, MP  
Mwea Constituency  
**UDA Party**

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

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

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

Hon. (Prof.) Jaldesa GuyoWaqo  
Moyale Constituency  
**UPIA Party**

Hon. Mukhwana Titus Khamala, MP  
Lurambi Constituency  
**ANC Party**

#### 1.4 COMMITTEE SECRETARIAT

6. The Committee is supported by the following secretariat:

Mr. Hassan Abdullahi Arale  
**Clerk Assistant I/Head of Secretariat**

Ms. Gladys Jepkoech Kiprotich  
**Clerk Assistant III**  
Mr. Timothy Kimathi  
**Clerk Assistant III**

Ms. Abigael Muinde  
**Research Officer III**

Ms. Faith Chepkemoi  
**Legal Counsel II**

Mr. Hillary Mageka  
**Media Relations Officer**

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

Ms. Angela Jepkemboi Cheror  
**Public Communications Officer**

Mr. Hiram Kimuhu  
**Fiscal Analyst III**

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

Mr. Eric Lungai  
**Hansard Officer III**

## 2.0 CHAPTER TWO

### 2.1. INTRODUCTORY AND BACKGROUND

1. Liverpool School of Tropical Medicine (LSTM), Liverpool, United Kingdom prefeasibility engagement to discuss research and development of snakebite treatments by Ministry of Health, Departmental Committee on Health, the National Assembly and Kenya Institute of Primate Research.
  
2. The aim of the two-day meeting to the Liverpool School of Tropical Medicine (LSTM), Liverpool, United Kingdom was for the Senior Leadership of the Ministry of Health (led by Principal Secretary Ms. Mary Muthoni Muriuki, CBS), Departmental Committee on Health (led by Hon. Dr. Robert Pukose, EGH, Chairperson of the Committee) and Kenya Institute of Primate Research (led by Prof. Josephat Mulimba – Board Chairperson) to undertake a prefeasibility engagement with the senior leadership of LSTM (led by Prof Dr. David Laloo – Director/Vice Chancellor) to:
  - a) Discuss the research and development of snakebite treatments in Kenya
  - b) Bolster the relationship between the Ministry of Health – Kenya, KIPRE and LSTM
  - c) Initiate new health collaborations
  - d) Discuss Government of Kenya (GoK) and external partner financing for the initiative to locally produce snake anti-venom
  
3. The following participated in the visit Participants. Kenya was represented by
  - i. Hon. Dr. Robert Pukose, EGH – Chair, Departmental Committee on Health, National Assembly.
  - ii. Ms. Mary Muthoni Muriuki, CBS - Principal Secretary Ministry of Health, Kenya
  - iii. Hon. Patrick Ntwiga Munene – Vice Chair, Departmental Committee on Health, National Assembly.
  - iv. Hon. Prof. Guyo Jaldesa – Member, Departmental Committee on Health, National Assembly.
  - v. Hon. Dr. Joshua Oron Odongo – Member, Departmental Committee on Health, National Assembly.
  - vi. Prof. Josephat Mulimba – Chair, Board of Directors, Kenya Institute of Primate Research
  - vii. Dr. Peter Gichuhi Mwethera, PhD, MBS – Director General/CEO, Kenya Institute of Primate Research.
  - viii. Mr. Hassan Abdullahi Arale – Clerk Assistant, National Assembly.
  - ix. Mr. Wyckliff Omondi – Head of Vector and Neglected Tropical Diseases Unit, MoH
  - x. Dr. George Omondi – Deputy Director of Kenya Snakebite Research and Intervention Centre, KIPRE
  
4. While the CSRI was represented by
  - i. Prof David Laloo – Director of LSTM
  - ii. Prof Nicolas Casewell – Director of CSRI
  - iii. Prof Ymkje Stienstra – Consortium Director of the African Snakebite Allia
  - iv. Brent Thomas – Senior Programme Manager
  - v. Dr. Cassandra Modahl – Lecturer

**Background:**

5. The burden of human suffering caused by snakebite has been documented to be high in Kenya. KIPRE and MoH have established that snakebites are prevalent in at least 40 counties - with the highest prevalence in counties with arid and semi-arid conditions, more than 20,000 Kenyans are bitten by snakes leading to approximately 4, 000 deaths and 7,000 permanent.

**Disabilities every year.**

6. Sadly, those highly affected by snakebite are the country's most economically productive and educationally vulnerable community members – agricultural workers, school going children, and nomadic pastoralists. This situation is exacerbated by use of ineffective and expensive imported anti-venoms or snakebite treatments leading to high morbidity and deaths.

### 3.0 CHAPTER THREE

#### 3.1 MEETINGS AND FIELD VISITS TO LIVERPOOL SCHOOL OF TROPICAL MEDICINE

7. KIPRE, MoH and partnering organisations led by LSTM established the Kenya Snakebite Research & Intervention Centre (K-SRIC) to address the snakebite public health needs in Kenya through various research and interventions. Below we have highlighted the many and diverse beneficial outcomes our institution has achieved through the LSTM-KIPRE-MoH collaboration towards reducing the snakebite burden in the country.
8. In infrastructure development, the construction of East Africa's first facility (K-SRIC) dedicated to snakebite research, uniquely equipped with a biosecure herpetarium housing venomous snakes, venom-extraction facilities, molecular and immunology laboratories and offices at the Kenya Institute of Primate Research (KIPRE) campus.
9. Establishment of East Africa's first facility with the skills and resources required to preclinical assess the efficacy of anti-venom, including Kenya's first inventory of snake venom standards (profiled by protein composition and toxicity to mice) and
  - (ii) **CD1 mouse colony.**
10. Importantly, K-SRIC closely engages and shares outputs with other MoH departments, the Kenya Medical Supplies Agency (KEMSA) and the Pharmacies and Poisons Board (PPB) - helping to ensure that only anti-venoms of proven efficacy are approved for human use in Kenya (and regionally).
11. Award to KIPRE of Good Financial Grants Practices (GFGP) Bronze and Silver accreditation – the first research institute to attain this accreditation in Africa

#### **Research Capacity Strengthening:**

12. Grants that have sustained and expanded KIPRE's research activities. These grants enabled the recruitment of 36 Kenyan researchers and healthcare workers, 4 MSc and 2 PhDs and we anticipate more such career-enhancing progressions.

13. These researchers have developed new skills in snake handling, venom extraction, testing of venom-toxicity and anti-venom-efficacy in mouse models of envenoming, clinical management of snakebite, snakebite epidemiology, public health and several laboratory skills (biochemistry, immunology and molecular biology)
14. Through these diverse clinical, public health and therapy-development research projects, the K-SRIC, KIPRE team have benefited from being a part of substantial research network including Liverpool School of Tropical Medicine, (UK), University of Bristol (UK), International Aids Vaccine Initiative (USA), Indian Institute of Sciences (India), Bayero University of Kano, the Eswatini-Snakebite Research & Intervention Centre, The University of Groningen, University of Global health Equity, Kwame Nkrumah University of Science and Technology – and to their wider networks.
15. The Financial Assurance Fund (FAF) grants instituted new systems, skills and resources in the fiscal and program management of research grants – a benefit helping the Kenya Institute of Primate Research to attract other non-snakebite grants for the foreseeable future.
16. Vehicles enabling this diverse public health and therapeutic research be conducted simultaneously in different counties of Kenya.
17. These diverse research resources, skills combined with KIPRE's reach to rural, remote communities and close engagement with multiple Kenya Government health, agricultural and regulatory agencies make KIPRE a highly attractive research partner to other international research groups – ensuring sustained/expanded support.

**Research Outcomes:**

- a) KIPRE helped the MoH design and publish Kenya's first snakebite clinical management guidelines. Clinical and first aid guidelines and training delivered to communities and to health facilities in Kitui, Baringo, Busia, Taita-Taveta and Samburu counties
- b) Publications in the scientific literature.
- c) The first paper identified that the supply of anti-venom products in Kenya could be significantly improved to benefit snakebite victim outcomes.
- d) The second paper identified the urgent need, expressed by health workers, for training in the clinical management of snakebite – again to improve the outcome of snakebite victims
- e) KIPRE has developed very close connection to the MOHs in Kitui, Baringo, Busia, Taita Taveta and Samburu, Turkana counties – ensuring our research is developed with health policy decision makers, and that our outputs can help guide health policies
- f) KIPRE has been involved in several substantial advocacy initiatives that have significantly improved awareness of snakebite as a public health concern, including the 'Minutes to Die' Documentary, BBC, Reuters, WHO news, Freek TV, Golf News, KTN, NTV Kenya, among others.

18. In summary, LSTM has donated very many, highly diverse gains both to K-SRIC, to its host institute (KIPRE) and to the country and therefore the obvious and strategic partner to enable KIPRE and MoH achieve its overreaching goal to research, produce and commercialize snake anti-venom.

**Expected outcome:**

- i. Strategic partnership with LSTM in the local research and production of snake anti-venom
- ii. Increased relationship between the Ministry of Health – Kenya, KIPRE and LSTM through a Memorandum of Understanding
- iii. New health collaborations and
- iv. External partner financing for the initiative to locally produce snake anti-venom, to augment GoK funding.

## 4.0 CHAPTER FOUR

### 4.1 COMMITTEE'S OBSERVATIONS

19. The Committee made the following observations: That,
- a) There is an ongoing collaborations with LSTM to determine the socio-economic burden of snakebite to households, counties and GoK and ongoing collaborations with LSTM on new generations snakebite therapies (NGST)
  - b) The Kenya Institute for Primate Research has the necessary experience in research, product development and commercialization of health products such as reproductive health products.
  - c) There are existing partnerships with the World Health organization (WHO), Pharmacies and Poisons Board (PPB), Kenya Medical Supply Agency, anti-venom manufactures (KEMSA), local and international research organizations and universities and marketers, local communities, healthcare workers and county governments – key partners in the success of the research, local production and distribution of anti-venoms.
  - d) There is established a preclinical testing facility to enable testing of these locally produced anti-venoms as required by the WHO.
  - e) KIPRE has established quality venom reference standards needed for the production of quality (effective and safe) anti-venoms
  - f) There is ready prototype anti-venoms in the laboratory that have been pre-clinically tested, ready to be up scaled for mass production and distribution.
  - g) KIPRE has undertaken and published research on the knowledge, attitude and perceptions of healthcare workers and communities on snakebite and anti-venoms, in Kenya and

5.0 CHAPTER FIVE


5.1 COMMITTEE'S RECOMMENDATIONS

20. The Committee recommends as follows: That, Health is a key component of **Sustainable Development Goals (SDG's), Vision 2030 and the BETA Agenda on Universal Health Coverage. Article 26 (1) of The Constitution of Kenya, 2010** provides for the right to life. **Article 43 (1) (a)** provide for the right to the highest attainable standard of health, which includes the right to health care services. Access to effective, safe and affordable anti-venoms is thus necessary for every Kenyan citizen who experiences a snakebite. Thus, this Committee recommends the following:

1. The National Assembly through the Departmental Committee on Health should prioritise the drafting and enactment of an act of Parliament to regulate the Kenya Primate Research Institute within the next six (6) months.
2. The Principal Secretary for the state department for Public Health and Professional standards through the Universal Health Coverage should put in place proper prevention and control of snakebite envenoming thus reducing deaths and disabilities from snakebite and Lower costs of human products and technologies (affordable anti-venoms) due to local research and commercialization in the local context in two years times.
3. The Principal Secretary for the state departmental of Public Health and Professional standards should in the next one year put in place Health innovation and application of technology due to innovative technologies that will be involved in epidemiological data collected and snakebite victim tracking and treatment.
4. The Principal Secretary for the state department for Public Health and Professional standards should increase human resources for health by training healthcare workers and researchers on best practices in the prevention and control of snakebite and capacity build them to enable them perform optimally in the next one year.

SIGN..........DATE.....27/2/2025.....

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

 <b>THE NATIONAL ASSEMBLY PAPERS LAID</b>	
DATE: <u>03 APR 2025</u>	DAY: <u>THURSDAY</u>
TABLED BY:	CHAIRPERSON OF THE COMMITTEE ON HEALTH <u>HON. JAMES NYIKAL, MP</u>
CLERK-AT THE-TABLE:	<u>J. Lemerelle</u>



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FOURTH SESSION (2025)

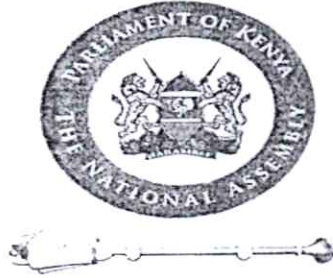
DIRECTORATE OF DEPARTMENTAL COMMITTEES-DEPARTMENTAL  
COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF THE VISIT TO LIVERPOOL SCHOOL OF TROPICAL  
MEDICINE PREFEASIBILITY ENGAGEMENT TO DISCUSS RESEARCH AND  
DEVELOPMENT OF SNAKEBITE TREATMENTS BY THE MINISTRY OF HEALTH,  
DEPARTMENTAL COMMITTEE ON HEALTH, THE NATIONAL ASSEMBLY AND  
KENYA INSTITUTE OF PRIMATE RESEARCH FROM 13 TH TO 15 TH MAY 2024

We, the undersigned Members of the Departmental Committee on Health do hereby append our  
signatures to adopt this Report Date: 27/2/2025

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

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MINUTES OF THE 12<sup>TH</sup> SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 12, MAIN PARLIAMENT BUILDINGS, ON THURSDAY, 27<sup>TH</sup> FEBRUARY 2025 AT 10:00 AM

**PRESENT**

- |   |                    |
|---|--------------------|
| 1. The Hon. Dr. Pukose Robert, MP                     | - Chairperson      |
| 2. The Hon. Ntwiga Patrick Munene, MP                 | - Vice-Chairperson |
| 3. The Hon. Mathenge Duncan Maina, MP                 | - Member           |
| 4. The Hon. Oron Joshua Odongo, MP                    | - Member           |
| 5. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP | - Member           |
| 6. The Hon. Prof. Jaldesa Guyo Waqo, MP               | - Member           |
| 7. The Hon. Owino Martin Peters, MP                   | - Member           |
| 8. The Hon. Mary Maingi, MP                           | - Member           |
| 9. The Hon. Cynthia Muge, MP                          | - Member           |

**ABSENT WITH APOLOGY**

- |  |          |
|--|----------|
| 1. The Hon. Titus Khamala, MP            | - Member |
| 2. The Hon. Kipngor Reuben Kiborek, MP   | - Member |
| 3. The Hon Wanyonyi Martin Pepela, MP    | - Member |
| 4. The. Hon Dr. Nyikal James Wambura, MP | - Member |
| 5. The Hon. Lenguris Pauline, MP         | - Member |
| 6. The Hon Kibagendi Antoney, MP         | - Member |

**COMMITTEE SECRETARIAT**

- |                         |                        |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale  | - Clerk Assistant I    |
| 2. Mr. Timothy Kimathi  | - Clerk Assistant III  |
| 3. Ms. Gladys Kiprotich | - Clerk Assistant III  |
| 4. Ms. Faith Chepkemoi  | - Legal Counsel II     |
| 5. Mr. Hiram Kimuhu     | - Fiscal Analyst III   |
| 6. Ms. Abigael Muinde   | - Research Officer III |

**AGENDA**

1. Prayers;
2. Adoption of the Agenda;
3. Confirmation of Minutes of the previous meetings;
4. Matters Arising;
5. Consideration and adoption of the 2025 Budget Policy Statement report.
6. Consideration and adoption of the reports on foreign trips undertaken by the Committee in 2024.
7. Any other business and;
8. Adjournment/Date of the Next Meeting.

**MIN. NO. NA/DC-H/2025/81: PRELIMINARIES/INTRODUCTION**

The Chairperson called the meeting to order at ten minutes past ten o'clock, followed by the Prayer and self-introductions.

**MIN. NO. NA/DC-H/2025/82: ADOPTION OF AGENDA**

The agenda of the meeting was adopted having been proposed by Hon. Dr. Pukose Robert, MP and seconded by Hon. Oron Joshua Odongo, MP.

**MIN. NO. NA/DC-H/2025/83: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS**

1. **Confirmation of Minutes of the 9<sup>th</sup> sitting held on 19<sup>th</sup> February 2025.**  
Minutes of the 9<sup>th</sup> Sitting held on 21<sup>st</sup> February 2025 were adopted as a true reflection of the Committee deliberations having been proposed by Hon. Prof. Jaldesa Guyo Waqo, MP and seconded Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP.
2. **Confirmation of Minutes of the 10<sup>th</sup> sitting held on 19<sup>th</sup> February 2025.**  
Minutes of the 7<sup>th</sup> Sitting held on 21<sup>st</sup> February 2025 were adopted as a true reflection of the Committee deliberations having been proposed by Hon. Ntwiga Patrick Munene, MP and seconded by Hon. Oron Joshua Odongo, MP.
3. **Confirmation of Minutes of the 11<sup>th</sup> sitting held on 20<sup>th</sup> February 2025.**  
Minutes of the 8<sup>th</sup> Sitting held on 25<sup>th</sup> February 2025 were adopted as a true reflection of the Committee deliberations having been proposed by Hon. Oron Joshua Odongo, MP and Hon. Prof. Jaldesa Guyo Waqo, MP.

**MIN. NO. NA/DC-H/2025/84: MATTERS ARISING**

There were no matters arising.

**MIN. NO. NA/DC-H/2025/85: CONSIDERATION AND ADOPTION OF THE 2025 BUDGET POLICY STATEMENT REPORT.**

After lengthy consideration of the report on the 2025 Budget Policy Statement, the Committee made the following observations and recommendations and adopted the report as the true reflection of the committee deliberation after it was proposed by Hon. Duncan Maina Mathenge and seconded by Hon. Ntwiga Patrick Munene, MP.

The following observations and recommendations were made;

## COMMITTEE OBSERVATIONS

The Committee reviewed the Budget Policy Statement 2025 and held consultative meetings with the two State Departments in the Ministry of Health and their SAGAs and thereafter made the following observations:

### General Observations

1. For the 2025/26 financial year, the health sector's proposed total expenditure ceiling is Kshs 204.5 billion. Kshs.171.9 billion and Kshs 31.9 billion have been allocated to the State Department for Medical Services and State Department for Public Health and Professional Standards, respectively.
2. There is underfunding for personal emoluments in SAGAs particularly in referral hospitals and the specialized hospitals planned to be established.
3. The government has made UHC a central pillar of the Bottom-Up Economic Transformation Agenda (BETA) and enacted four key health laws in 2023 to ensure access to comprehensive healthcare. The successful implementation of UHC depends on adequate funding, with key initiatives such as The Primary Healthcare Fund and the Emergency, Chronic, and Critical Illness Fund significantly underfunded.
4. Recent U.S. presidential sanctions have resulted in the withdrawal of key donor funding for healthcare programs in Kenya. This has affected initiatives in areas such as HIV/AIDS, TB, Malaria treatment, maternal and child health, tuberculosis and child vaccine procurement. The reduction in donor support may force the government to reallocate domestic resources, potentially straining other health sector priorities.

### Specific Observations

#### (a) State Department for Medical Services

1. The Ministry aims to increase health commodity availability from 64% to 75% in 2025, with a long-term goal of 100% by 2027. Achieving this requires a robust supply chain, investment in local pharmaceutical manufacturing, and reforms at the Kenya Medical Supplies Authority (KEMSA). However, disruptions caused by donor funding withdrawals may impact essential supplies, including child vaccines, Tuberculosis diagnosis and treatment, HIV/AIDS medication, and Malaria treatments.
2. There is inadequate budgetary allocation for the health sector to support implementation of health programmes in view of the reduced donor funding. GAVI will end its support to Kenya by 2028/2029. The government therefore ought to increase exchequer funding on vaccine and immunization programmes, human vaccine production and human health research through the Kenya BioVax Institute and the Kenya Medical Research Institute (KEMRI) respectively.
3. The Kenya BioVax is setting up a fill and finish human vaccine production facility with a capability to produce up to 6 million doses of vaccines per month and 72 million doses per annum. The project contract sum is Kshs 470.6 million and at the end of quarter 1 of financial year 2024/25, Kshs 179 million has been certified for payment.
4. The Wellcome Trust has been supporting research and development at KEMRI. The funded research activities at KEMRI are designed by research partners. Notably, 800 workers have been employed by Wellcome Trust. The

Committee notes that the contract has ended, and this will render the employees jobless.

5. **Kenya Institute of Primate Research (KIPRE) and Kenya Medical Research Institute (KEMRI)** have entered into an MOU to undertake clinical trials and snake anti-venom manufacturing. The commercialization of the products will generate revenue.
6. Although training is a function of the national government, the Ministry and the county governments are yet to come up with a funding framework for the training of registrars working in the Level 6 referral hospitals.
7. **The counties are paying KEMSA pending bills from the County Revenue Fund.** Payment of KEMSA pending bills from Facilities Improvement Fund (FIF) and would ensure that KEMSA pending bills are paid promptly.
8. **The Oxygen plant at Kenyatta National Hospital has not been handed over to KNH.** The Project Implementation Team (PIT) is currently assessing the project. Further, in 2023/24 financial year the project was allocated Kshs 70 million for procurement of generators. However, the generators are expected to be delivered in March 2025. Notably, during this period KNH is purchasing oxygen.
9. **Spinal Injury and Mathari National Teaching and Referral Hospital** has been classified as Semi-Autonomous Agencies under the Ministry of Health. However, the Ministry has failed to fully operationalize the SAGAs by providing transfers to these referral facilities. These facilities have not been able to procure and recruit new staff.
10. **Mathari National Teaching and Referral Hospital** is unable to claim to SHA for services offered to prisoners. Most of these prison patients don't have unique identifiers i.e. Identity cards required for SHA registrations. The referral hospital ends up with unpaid bills left by discharged prisoners.
11. **The defunct NHIF owes co-insurers KES 8.137 billion for civil servants' Work Injury Benefits Act (WIBA) claims,** along with an additional KES 3.927 billion in accumulated WIBA claims predating April 2021. While Section 26(4) of WIBA mandates insurers to resolve claims within 90 days of their submission, the now-defunct NHIF provided this insurance service before receiving payments from respective government agencies. These outstanding debts are among those that the Social Health Authority (SHA) is seeking to recover.
12. **A major challenge facing the Social Health Authority (SHA) system** has been inadequate communication. Many people remain uninformed about the program's benefits, coverage options, registration process, and how to access healthcare services under the new system, resulting in confusion and difficulty in utilizing healthcare services effectively. Additionally, SHA has struggled with insufficient funding in its administrative and support functions. The Act capped administrative expenditure at 5% of its revenue collection.
13. **The defunct NHIF owes healthcare providers an estimated KES 30.9B.** Additionally, NHIF owes co-insurers KES 8.137B for civil servants' WIBA claims and a further KES 3.927B in accumulated WIBA claims before April 2021. NHIF also has outstanding premium receivables totaling KES 25.5B across various government-funded schemes, including the civil service medical cover, Linda Mama program, and indigent support.

(b) **State Department for Public Health and Professional Standards**

1. Kenya continues to face significant public health challenges, including emerging infectious diseases and persistent threats such as tuberculosis (TB), Malaria, Ebola and Monkey pox, Marburg and Covid-19 among others. While the government has strengthened disease surveillance mechanisms, funding limitations hinder the full

- implementation of monitoring and response programs. The withdrawal of donor support may further strain resources allocated for disease control, laboratory services, and emergency preparedness.
2. To improve service delivery, the government has committed to expanding the health workforce through the Afya Nyumbani program and increasing training capacity at the Kenya Medical Training College (KMTC). Funding constraints have led to over-reliance on internally generated revenues for Personnel emoluments in referral hospitals and other health institutions.
  3. The contract signed by the Ministry of Health for the purchase of kits for Community Health Promoters included the replenishment of consumables for which the Ministry will continue to engage the supplier to meet their contractual obligations.
  4. Most of the regulatory bodies and agencies under the State Department are renting their office spaces. However, NQCL has four acres of land which is sufficient to construct a complex to host the agencies that do not have office space.
  5. Kenya is working towards achieving WHO Maturity Level 3; however, several challenges continue to hinder progress. These include weak regulation of health products and technologies, inadequate control over over-the-counter (OTC) drug sales, and staffing shortages at the Pharmacy and Poisons Board. The Kenya Health Products and Technologies Regulatory Authority Bill, 2022, passed by the National Assembly, and is currently in Senate is a key enabler in attaining this milestone. The Committee, therefore, urges the Senate to expedite its consideration.
  6. There are forty-two (42) professional cadres of health workers in Kenya out of which eight (8) are regulated by eleven (11) professional bodies, thirty-one (31) are totally unregulated which presents a challenge in the management of the health profession in the country.
  7. The declassification of regulatory bodies such as the Kenya Medical Practitioners and Dentists Council (KMPDC), the Clinical Officers Council, and the Nursing Council of Kenya, among others as directed by the Cabinet, poses a significant risk to healthcare service delivery. This directive could undermine quality-of-care surveillance, facility and health professional licensing, and the enforcement of care standards, ultimately compromising the entire healthcare system. For instance, KMPDC may be pushed to increase the licensing fee for a Level 3 facility from the current Ksh 20,000 to Ksh 100,000 to effectively fulfill its mandate. In the long run, this increase will drive up the overall cost of healthcare, making services less accessible and potentially exacerbating the National disease burden.
  8. A total of 29,000 KMTC students require student loans yearly. The Higher Education Loans Board (HELB) does not provide KMTC students with loans despite Kenya Universities and Colleges Central Placement Service (KUCCPS) undertaking placement of KMTC students. There is an increased demand for construction of KMTC colleges in the country (especially at the county level). Notably, the county governments construct KMTC colleges and later approach KMTC management to provide resources for operationalization of the colleges including human resources. This has constrained the KMTC budget. KMTC require Kshs.1 billion to operationalize the 18 newly constructed KMTCs.

## COMMITTEE RECOMMENDATIONS

### Policy Recommendations

The Committee having reviewed the Budget Policy Statement, 2025 and held consultative meetings with the two State Departments in the Ministry of Health and their respective SAGAs makes the following policy recommendations:

### General Recommendations

1. The Principal Secretary for National Treasury to prioritize increasing budgetary allocations for UHC programs in the financial year 2025/2026. The Cabinet secretary for health should ensure efficient utilization of funds and closely monitor the impact of reduced donor funding on critical healthcare programs.
2. The Cabinet Secretary of Health to engage within the next sixty (60) days with international partners to negotiate alternative funding arrangements. Additionally, the Principal Secretary for National Treasury should prioritize domestic resource mobilization to compensate for donor withdrawals, ensuring that critical health programs remain operational.
3. Within the next sixty (60) days the Cabinet Secretary for health to prepare a Cabinet Memo on the housing of all the Ministry of health SAGAs without permanent offices in one building situated at the parcel of land owned by the NQCL.
4. In the financial year 2025/2026 the Cabinet Secretary for the National Treasury, in light of the reduction in donor support, to allocate funding for the promotion of local research and manufacturing in institutions such as KEMRI, KIPRE and BIOVAX Limited.
5. Within the next sixty (60) days the Cabinet Secretary for health, in consultation with the Cabinet Secretary for correctional services, to develop a legal framework for the handling of convicted offenders who are found to be of unsound mind or to have permanent intellectual disability.

### Specific Recommendations

#### (a) State Department for Medical Services

1. Within the next sixty (60) days The Cabinet Secretary, Ministry of Health to fast-track reforms at KEMSA to enhance efficiency, accountability, and transparency in procurement.
2. Within the next thirty (30) days the Principal Secretary, State Department for Medical Services to submit report on the assessment and evaluation of the Managed Equipment Services (MES) Project and the negotiated Intergovernmental Participatory Agreements (IPAs) with County Governments and the new contracts for the National Equipment Support Programme within thirty (30) days.
3. Within sixty (60) days, the Cabinet Secretary, Ministry of Health to develop a policy framework for the training of Registrars working in National Referral hospitals and their re-integration back to the County Governments.
4. In preparation of the 2025/26 financial year budget, the Principal Secretary National Treasury should create a separate budget line for the Mathari National Teaching and Referral Hospital and Spinal Injury Hospital.
5. In the next thirty (30) days, the Cabinet Secretary, Ministry of Health and National Treasury to table a detailed report on status of all donor-funded programmes and projects under the Health Sector.

6. In the next sixty (60) days the Principal Secretary, National Treasury should facilitate engagements with all MDAs that have outstanding debts under the defunct NHIF to develop a structured debt repayment plan for settling the KES 12.064 billion owed including WIBA, Kenya Police Service and the Civil Servants scheme. Additionally, a comprehensive and transparent audit of outstanding obligations should be conducted to verify the legitimacy of claims and ensure accountability in the repayment process.
7. To enhance public awareness and improve service utilization, the Social Health Authority (SHA) should launch a nationwide communication campaign. This initiative should leverage multiple channels; including digital platforms, print and broadcast media, and community outreach to educate citizens on SHA's benefits, coverage, registration process, and service accessibility. Additionally, the National Treasury, through the Ministry of Health, should allocate funding in the supplementary II financial year 2024/2025, to support SHA in addressing operational needs and resolving initial implementation challenges. This financial support will ensure a smoother transition and effective service delivery in the early stages of its implementation.

**(b) State Department for Public Health and Professional Standards**

1. The National treasury through the Ministry of Health allocates resources to public health laboratories, disease surveillance systems, and emergency response mechanisms. The Cabinet Secretary for health to seek Partnerships with international health organizations to mitigate funding gaps occasioned by USAID withdrawals.
2. Within 60 days, Kenya Medical Training College provide a progress report on operationalization of the eighteen (18) new KMTCs. Further, The Principal Secretary, State Department for Public Health and Professional Standards and the National Treasury to prioritize allocating more funds for the recruitment of staff to operationalize other KMTC facilities ready for operationalization.
3. Within the next sixty (60) days the Cabinet Secretary for Health to develop Regulations on the sale and use of nicotine products under the Tobacco Control Act, Cap. 245A within six (6) months.
4. Within ninety (90) days, The Kenya Medical Practitioners and Dentist Council should inspect and categorize all health facilities in Kenya to ensure quality of care and facilitate effective empanelment of healthcare providers by Social Health Authority.
5. Within sixty days, The Ministry of Health develop amendments to the Universities Act, Cap. 210 to allow regulatory bodies to regulate the training of health workers and inspection of healthcare training in all training institutions.
6. In preparation of 2025/2026 financial year budget estimates, the Principal Secretary for National Treasury to provide enough funding to Kenya Medical Practitioners and Dentist Council and other regulatory bodies. The Cabinet Secretary for health, within one month, to seek legal advice from the Office of the Attorney General and the Department of Justice on the framework for the merging and declassification of the State Corporations as directed by the Cabinet. The regulatory bodies should continue to receive funding from the exchequer awaiting the Attorney general's advisory.
7. To support the achievement of World Health Organization (WHO) Maturity Level three (ML3) in accordance with the Global benchmarking tool (GBT) as a priority, to necessitate the institutionalization of the Kenya Health Products and

Technologies Regulatory Authority( KHPT), the Principal Secretary, State Department for Public Health and Professional Standards, in collaboration with the Principal Secretary, National Treasury, should ensure the allocation of adequate funds to the Pharmacy and Poisons Board (PPB) for the absorption of contractual employees who were engaged by the world bank should be given priority to be absorbed on a permanent and pensionable terms in the supplementary II financial year 2024/2025.

#### Financial Recommendations

The Committee having considered the 2025 Budget Policy Statement expenditure ceilings for the two State Departments in the Ministry of Health, recommends the following additional financial request.

#### Additional Funding Requests

That, the Committee is aware of the constrained resource basket in the 2025 Budget Policy Statement. However, critical areas within the health sector have serious financial gaps. The Committee recommends that the Budget and Appropriations Committee consider allocating more resources to the Health Sector to accommodate the following areas which are unfunded or underfunded.

#### State Department for Medical Services Additional Funding Requests

Table 12: Additional funding requests for the State Department for Medical Services (in Kshs)

Programme	Unfunded	Rec	Dev
0410000 Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	Procurement of Family Planning & Reproductive Health Commodities		14.1 billion
0412000 General Administration	Operations and maintenance	500 million	
0412000 General Administration	Funds for public awareness and communication on SHA benefits and other services	200 million	
Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	National Cancer Institute-Funds for cancer research. The Institute has been using foreign generated data for cancer research. These Funds will enable the Institute to fund local research.		300 million
0402000 National Referral & Specialized Services	Funds for procurement of blood transfusion essential commodities e.g. blood bags		3.4 billion
0410000 Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	Procurement of strategic commodities (HIV, Vaccines and family planning)		5 billion
0402000 National Referral & Specialized Services	Funds to relocate Spinal Injury Hospital to Ngong which will promote medical tourism in the country. This is the only		500 million

Programme	Unfunded	Rec	Dev
	specialized spine injuries facility and therefore more space for expansion is needed.		
0402000 National Referral & Specialized Services	Funds to procure an additional Linear accelerator and Simulator for Kenyatta National Hospital. The referral hospital has only one linear accelerator and therefore cannot offer timely services to all cancer patients at KNH.		450 million
0402000 National Referral & Specialized Services	Kenyatta National Hospital -Personnel Emoluments shortfall	2.5 billion	
0402000 National Referral & Specialized Services	Mwai Kibaki Teaching & Referral Hospital-operations and maintenance shortfall	500 million	
0410000 Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	National Aids Control Council-operations and maintenance shortfall	500 million	
0402000 National Referral & Specialized Services	Construction and equipping of children hospital at Kenyatta University Teaching, Referral and Research Hospital which is currently stalled		500 million
0402000 National Referral & Specialized Services	Kenyatta University Teaching, Referral and Research Hospital-operations and maintenance shortfall	1.8 billion	
0402000 National Referral & Specialized Services	Moi Teaching and Referral Hospital-Personnel Emoluments shortfall	1.2 billion	
0402000 National Referral & Specialized Services	Training of Registrars in National Referral Hospitals. The Registrars work in Referral hospitals which is a national government function.		720 million
0402000 National Referral & Specialized Services	Kenya Medical Supplies Authority for Personnel Emoluments shortfall	900 million	

Source: MoH

State Department for Public Health and Professional Standards Additional Funding Requests

Table 13: State Department for Public Health and Professional Standards (in Kshs)

Programme	Unfunded	Rec	Dev
0408000 Health Policy, Standards and Regulations	Kenya Health Professions Oversight Authority (KHPOA) (Operations and maintenance costs and refurbishments of rented offices)	100 million	
0407000 Health resources development and Innovation	Kenya Human Resource Advisory Council- (Operations and maintenance	500 million	

Programme	Unfunded	Rec	Dev
	costs- for effective performance of its mandate)	n	
0407000 Health resources development and Innovation	Research and Development at Kenya Institute of Primate Research.		500 million
0407000 Health resources development and Innovation	Personnel Emoluments shortfalls for Kenya Institute of Primate Research	218 million	
0407000 Health resources development and Innovation	Manufacturing of antivenoms at Kenya Institute of Primate Research. The country spends Kshs 1 billion to import antivenoms from India. The fund will ensure that these products are available locally and surplus commercialized.		500 million
0406000 Preventive and Promotive Health Services	Completion & operationalization of phase 1 for the Central Radioactive Waste Processing Facility (CRWPF) project at Ololua Ngong		300 million
Preventive, Promotive and RMNCAH	Procurement of Anti TB Drugs		500 million
0412000 General Administration	Additional funding to cater for personnel emoluments for UHC staff	4.2 billion	
0408000 Health Policy, Standards and Regulations	Health Records and Information Managers Board operations and maintenance. The funds are required to ensure timely printing of licenses for members. This will also generate A-in-A for the Board.	11 million	
0408000 Health Policy, Standards and Regulations	Equipping of a State-of-the Art Laboratory for National Quality Control Laboratory (NQCL). The additional funding will ensure that NQCL effectively tests Health Products and Technologies (HPTs) on behalf of Pharmacy and Poisons Board.		675 million

Source: MOH

**MIN. NO. NA/DC-H/2025/86: CONSIDERATION AND ADOPTION OF THE REPORTS ON FOREIGN TRIPS UNDERTAKEN BY THE COMMITTEE IN 2024.**

The following foreign reports were adopted;

1. The Committee adopted the report on the 4th Global Association of Clinical Officers and Physician Associates (Gacopa) International Delegates Conference that took place from August 26-29, 2024, at The Tlotlo Hotel and Conference Centre, Botswana having been proposed by Dr. Pukose Robert, EGH, M.P, and seconded Hon. Ntwiga Patrick Munene, M.P

2. The Committee adopted the report on the Visit to Liverpool School of Tropical Medicine Prefeasibility Engagement to Discuss Research and Development of Snakebite Treatments by the Ministry of Health, Departmental Committee on Health, the National Assembly and Kenya Institute Of Primate Research From 13<sup>th</sup> to 15<sup>th</sup> May 2024 having been proposed by Hon. Prof. Jaldesa Guyo Waqo, MP and seconded by Hon. Oron Joshua Odongo, M.P.
3. The Committee adopted the report on the 15<sup>th</sup> Meeting of the Network of African Parliamentary Committees of Health (NEAPACOH) Held On 28<sup>th</sup> to 29<sup>th</sup>, February 2024 in the Kingdom of Lesotho having been proposed by Dr. Pukose Robert, M.P and seconded by Hon. Hon. Ntwiga Patrick Munene, M.P
4. The Committee adopted the report on the Participation in the Africa TB Summit and Health Committee Chairpersons Meeting held from 29<sup>th</sup> to 30<sup>th</sup> October 2024 in Lusaka, Zambia having been proposed by Hon. Sunkuli Julius Lekakeny MP, and seconded by Hon. Prof. Jaldesa Guyo Waqo, MP
5. The Seventy-Seventh World Health Assembly held from 27<sup>th</sup> May 2024 to 1<sup>st</sup> June 2024 having been proposed by Hon. Mathenge Duncan Maina, M.P and seconded by Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P.

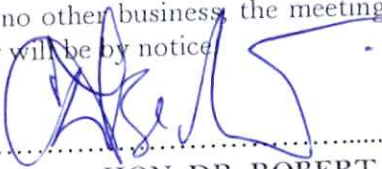
**MIN. NO. NA/DC-H/2025/87: ANY OTHER BUSINESS**

The following issues were raised;

1. The Ministry of Health to submit to the committee in two weeks' time a signed contract for Community Health Promoters and new signed contract for Managed Equipment Services (MES).
2. The Clerk was tasked to write to the Parliamentary Research department to request Parliamentary Researchers to conduct Primary Research on Community Health Promoters impact.

**MIN. NO. NA/DC-H/2025/88: ADJOURNMENT**

There being no other business, the meeting was adjourned at four minutes past noon. The next meeting will be by notice.

SIGN.......... DATE.....4/3/2025.....

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