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THIRTEENTH PARLIAMENT – FIFTH SESSION – 2026

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE HARM REDUCTION BILL, 2025 (NATIONAL ASSEMBLY
BILL NO. 37 OF 2025)



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TABLED BY:	<u>Hon. James Nyikal (Dr.) MP Chair, Health</u>
CLERK-AT-THE-TABLE:	<u>mp do</u>

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CHAIRPERSON'S FOREWORD

This report contains the proceedings of the Departmental Committee on Health on its consideration of the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025), which was published on 1st August 2025. The Bill was read the First Time in the House on Wednesday, 1st October 2025, and thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The Harm Reduction Bill, 2025 seeks to establish a comprehensive legal framework to guide the provision, administration, and coordination of harm reduction services in Kenya. The primary objective of the Bill is to reduce drug-related deaths, overdoses, and the transmission of infectious diseases associated with substance use.

In considering the Bill, the Committee undertook public participation on the Bill in accordance with Article 118(1)(b) of the Constitution and Standing Order 127(3). An advertisement in the print media was made on 9th October 2025 seeking public and stakeholder views on the Bill. The Committee received submissions from various stakeholders including; government agencies, professional bodies, civil society organisations and community-based groups. These submissions enriched the Committee's deliberations and highlighted both the opportunities and challenges presented by the Bill.

The Committee observed that while the Bill aims to strengthen harm reduction interventions, many of the proposed services may adequately be handled by NACADA. Additionally, concerns were expressed by the affected communities and stakeholders that the Bill, in its current form, does not adequately address their needs, particularly in relation to inclusivity, human rights protections, and sustainable implementation mechanisms. Accordingly, the Committee recommends that the Bill be withdrawn to allow for further consultations and the development of a more refined legislative framework.

The Committee remains committed to supporting legislative and policy measures that provide an effective approach to addressing substance use in Kenya. The Committee expresses its appreciation to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support provided during its deliberations, as well as to all stakeholders who submitted memoranda on the Bill. The Committee also acknowledges the invaluable contributions of its Members and the Secretariat in the consideration of the Bill.

Pursuant to Standing Order 199(6), the Departmental Committee on Health hereby presents its Report on the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025) and recommends that the Bill be rejected.



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
 - 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

1.5 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 Chepkemoi
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. Hillary Mageka
Media Relations Officer III

CHAPTER TWO

2.0 THE HARM REDUCTION BILL, 2025 (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

6. The Harm Reduction Bill, 2025 (hereinafter referred to as “the Bill”), sponsored by Hon. Esther M. Passaris, MP, was read a First Time and subsequently referred to the Departmental Committee on Health for consideration on Wednesday, 10th October 2025.
7. The Bill seeks to establish a legal and institutional framework for the provision, administration, and coordination of harm reduction services in Kenya, with the aim of reducing drug-related deaths, overdoses, and the transmission of infectious diseases associated with substance use. It further provides for access to essential healthcare services for persons with substance use disorders, including needle and syringe programmes, medically assisted therapy, HIV-related healthcare, counselling, and crisis management support, while safeguarding such persons from discrimination or denial of services.

2.1 OVERVIEW OF THE BILL

8. **Clause 1** provides the short title of the Bill.
9. **Clause 2** provides the interpretation of the terms used within the text of the Bill namely:
 - (a) Cabinet Secretary which means “the Cabinet Secretary for the time being responsible for matters relating to health”;
 - (b) drug which has the meaning assigned under the National Authority for the Campaign Against Alcohol and Drug Abuse Act;
 - (c) harm reduction which means “public health policies, programmes or strategies that reduce negative social or physical consequences of drug use and support the health and well-being of a person with substance use disorder”;
 - (d) harm reduction services means “a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence”
 - (e) health provider has the meaning assigned to it under the Health Act;
 - (f) person with substance use disorder means a person who experiences social, psychological, physical or legal problems as a result of regular excessive consumption or dependence on drugs or other chemical substances; and
 - (g) substance use disorder means a maladaptive pattern of substance use leading to clinically significant impairment or distress.
10. **Clause 3** sets out the objects of the Act which are to:

- (a) ensure provision of the highest attainable standard of healthcare to persons with substance use disorder;
 - (b) provide a legal framework for the provision and access of harm reduction services at public health facilities; and
 - (c) promote research and dissemination of information on the effects of substance use disorder, health risks that may arise therefrom and available treatment options.
11. **Clause 4** sets out the guiding principles that shall guide the implementation of the Act, which include:
- (a) the national values and principles in Article 10 of the Constitution;
 - (b) the objects of devolution in Article 174 of the Constitution;
 - (c) inclusive and equitable provision of harm reduction services;
 - (d) co-ordinated public participation in the formulation, implementation and monitoring of policies, programmes and strategies aimed at ensuring the delivery of effective harm reduction services;
 - (e) transparent and accountable implementation of harm reduction programmes and strategies aimed at ensuring the realisation of the right to health;
 - (f) provision of accessible and timely harm reduction services as well as information on harm reduction services.
12. **Clause 5** sets out the role/obligations of the national government in relation to harm reduction including:
- (a) development of a comprehensive policy and strategy on harm reduction;
 - (b) development of a policy and strategy on delivery of harm reduction services in public hospitals within six (6) months of the Act coming into force;
 - (c) maintenance of a register of persons with substance use disorder;
 - (d) development of standards to be maintained by health facilities providing harm reduction services;
 - (e) provision of resources for the provision of harm reduction services at national referral hospitals; and
 - (f) promotion of research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder.
13. The Cabinet Secretary is required under clause 5(2) to designate a Directorate under the Ministry of Health to co-ordinate the provision of harm reduction services in the country.
14. **Clause 6** sets out the role/obligations of the county governments in relation to harm reduction including:
- (a) implementation of the national policy, strategy and standards on harm reduction services;
 - (b) facilitation of the provision of harm reduction services within the county health facilities;
 - (c) resource mobilization for the delivery of harm reduction services in the respective county;

- (d) allocation of adequate funds and resources for the effective delivery of harm reduction services in the county health facilities;
 - (e) facilitating access to information on harmful health, economic and social consequences of the consumption of drugs and substance use disorders in the respective county;
 - (f) establishment of half-way houses for the care, treatment and rehabilitation of persons with problematic drug and substance use in the respective county;
 - (g) developing and carrying out sensitisation programmes on harm reduction and its effect on the prevention of infectious diseases in the respective county; and
 - (h) providing psychosocial support to persons with problematic drug and substance use, their families, care givers, dependents and the community.
15. The County Executive Member responsible for matters relating to health under clause 6(2) is required to designate a County Committee to co-ordinate the provision of harm reduction services in the respective county.
16. **Clause 7** sets out the obligations that the national government and county governments shall undertake concurrently including to:
- (a) develop community health and social programmes for the care and rehabilitation of persons with substance use disorder;
 - (b) carry out sensitization programmes on the care and rehabilitation of persons with substance use disorder;
 - (c) promote access to information on the care, treatment and rehabilitation of persons with substance use disorder;
 - (d) promote and provide psychosocial support, peer recovery support services, counselling and treatment of persons with substance use disorder, their families, caregivers, dependents and the community in general; and
 - (e) ensure that a person with substance use disorder is meaningfully engaged in planning, delivery, monitoring and evaluation of harm reduction services.
17. **Clause 8** makes provision for establishment of harm reduction facilities by the Cabinet Secretary for health. These facilities shall be adequately provided with trained health providers and the necessary equipment and facilities based on the standards prescribed by the Ministry of Health. The health providers are to be trained on the treatment, after-care, rehabilitation and social reintegration of persons with substance use disorder.
18. **Clause 9** relates to the provision of harm reduction services. A person with substance use disorder shall be entitled to harm reduction services including—
- (a) harm reduction commodity distribution including needle and syringe programme;
 - (b) medically assisted therapy;
 - (c) HIV-related healthcare services;
 - (d) Sexually Transmitted Infections treatment and prevention services;
 - (e) counselling services; and
 - (f) provision of crisis management support.

19. The Clause protects a person with substance use disorder by providing that such a person shall not be:
- (a) denied access to harm reduction services in any public hospital;
 - (b) denied access to treatment by a trained health provider in any public hospital; and
 - (c) victimized, discriminated against or in any way subjected to unfair treatment while seeking harm reduction services.
20. The Clause further sets out requirements that may be used to verify the membership of a person to harm reduction programmes and facilitate provision of harm reduction services which include:
- (a) a clinic card containing the file number indicating the harm reduction programme that the substance use disorder is engaged in;
 - (b) a letter of referral from a licensed health provider; and
 - (c) any other documentation as may be prescribed by policy and regulations.
21. **Clause 10** provides the duties of a healthcare provider which are to:
- (a) grant a person with substance use disorder access to harm reduction services;
 - (b) provide treatment or any information that may enable a person with substance use disorder access the necessary medical attention; and
 - (c) not obstruct the police in the course of their duty.
22. **Clause 11** provides the offences that may be committed by a health provider in relation to the provision of harm reduction services. The offences are: unduly refusing to grant a person access to harm reduction services or unreasonably withholding information or treatment services. These offences shall attract a penalty of either a maximum fine of Kshs. 200,000 or imprisonment not exceeding two (2) years or both the fine and imprisonment.
23. **Clause 12** sets out the general penalty which shall apply where a contravention in relation to the Act or regulations occurs and no specific penalty is provided for such contraventions. This general penalty shall be:
- (a) in the case of a natural person, a fine of not less than Kshs. 1 Million or imprisonment of not less than one (1) year or both the fine and imprisonment; and
 - (b) in the case of a body corporate, a fine of not less than Kshs. 2 million.
24. **Clause 13** makes provision for collaboration between the Ministry of Health and other public institutions concerned with any aspect or function relating to the provision of harm reduction services for persons with substance use disorder. The latter are to cooperate with the Ministry Health and may submit reports and such other information as may be required by the Cabinet Secretary for the effective management of harm reduction services.

25. **Clause 14** gives the Cabinet Secretary for Health, in consultation with the Council of Governors, the power to make Regulations generally for the better carrying into effect of the Act. The Regulations shall make provision for:

- (a) the establishment of harm reduction facilities;
- (b) guidelines on the provision of harm reduction services;
- (c) guidelines to be observed by health facilities when providing harm reduction services; and
- (d) minimum standards relating to the —
 - (i) training of health providers in respect to harm reduction services; and
 - (ii) scope of education and sensitisation interventions to be employed to reduce stigma and enhance the effectiveness of harm reduction services.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

26. Article 118 (1) (b) of the Constitution of Kenya provides as follows—

“Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees.”

27. Standing Order 127(3) provides that—

“The Departmental Committee to which a Bill is committed shall facilitate public participation on the Bill through an appropriate mechanism, including—

- (a) inviting submission of memoranda;*
- (b) holding public hearings;*
- (c) consulting relevant stakeholders in a sector; and*
- (d) consulting experts on technical subjects.*

28. Standing Order 127(3A) further provides that—

“The Departmental Committee shall take into account the views and recommendations of the public under paragraph (3) in its report to the House.”

3.2 PUBLIC PARTICIPATION IN THE CONSIDERATION OF THE BILL

29. Pursuant to Article 118 of the Constitution and Standing Order 127(3), the Committee facilitated public participation in the consideration of the Bill. Through advertisements published in the Daily Nation and The Standard newspapers on 9th October 2025, the Committee invited members of the public to submit memoranda on the Bill.

30. The Committee also sought comments from the Ministry of Health, the National Syndemic Diseases Control Council, the Office of the Attorney General and Department of Justice, and the Kenya Law Reform Commission, through a letter dated 16th October 2025.

31. Subsequently, vide a letter dated 16th October 2025, the Committee formally invited the same institutions to submit written submissions. The Committee held a meeting with the stakeholders to consider their submissions on 18th November 2025.

32. Further, vide a letter dated 11th November 2025, the Committee invited Hon. Esther. M. Passaris M.P to make her submissions on the Bill. The meeting to consider their submissions was held on 18th November 2025. The Hon. Member was accompanied by officers from the National Syndemic Diseases Control Council and Mathari Hospital.

3.3 SUBMISSIONS ON THE BILL

33. The Committee received submissions through oral presentations and written memoranda from the following institutions:
- (i) The Ministry of Health (MOH),
 - (ii) The Office of the Attorney General and Department of Justice (OAG),
 - (iii) The Kenya Law Reform Commission (KLRC),
 - (iv) Hon. Esther. M. Passaris M.P
 - (v) The Pharmaceutical Society of Kenya (PSK) – Nairobi Branch,
 - (vi) Nextgen Lawyers,
 - (vii) The Law Society of Kenya (LSK),
 - (viii) KUZA Trust / Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR),
 - (ix) Women in Response to HIV/AIDS & Drug Addiction (CHRDPR),
 - (x) Wajir County Teaching and Referral Hospital,
 - (xi) The International Institute for Legislative Affairs (IILA),
 - (xii) Community Advocacy Initiative Kenya (CAIK), and
 - (xiii) Harm Reduction Society of Kenya.

3.3.1 CLAUSE-BY-CLAUSE SUBMISSIONS

34. The **Ministry of Health** (MOH) submitted as follows:

- (a) Delete Clause 2.

Justification: The MOH argued that the definitions related to harm reduction are already addressed under section 2 of the Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245 and section 2 of the NACADA Act, Cap. 122. The operational scope of harm reduction is further embedded in NACADA's mandate under section 5 of Cap. 122.

- (b) Delete Clause 3.

Justification: MOH submitted that section 5 of the NACADA Act, Cap. 122 already establishes a national framework for prevention, treatment and rehabilitation of substance use disorders, covering the objectives stated in the clause. Part V of the NACADA Act further provides for rehabilitation for persons with substance use disorder.

- (c) Delete Clause 4.

Justification: MOH argued that section 5 of the NACADA Act, Cap. 122 comprehensively provides for NACADA's mandate including public education on substance abuse, coordination and facilitation of public participation, and coordination of national policies.

(d) Delete Clause 5.

Justification: MOH submitted that section 14 of the Health Act outlines the roles of the Cabinet Secretary for Health sufficiently. The requirement to maintain a register under clause 5(c) conflicts with the Mental Health Act's mandate of confidentiality. The requirement also raises constitutional privacy concerns under Article 31 and the Data Protection Act. Paragraph (d) on development of standards for facilities is potentially redundant given that the Mental Health Act empowers the Board of Mental Health to establish and enforce standards for mental health facilities and KMPDC has set regulations governing treatment and rehabilitation of such disorders.

(e) Delete Clause 6.

Justification: MOH submitted that section 20 of the Health Act comprehensively outlines the roles of county governments in realising the highest attainable standard of health for all persons, including individuals with substance use disorders, and assigns county governments the role of implementing national health policies and standards.

(f) Delete Clause 7.

Justification: MOH submitted that section 5 of the NACADA Act, Cap. 122 already recognises NACADA's mandate to provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons with substance use disorders. Part V of the NACADA Act further adequately provides for rehabilitation.

(g) Delete Clause 8.

Justification: MOH submitted that section 5(e) of the NACADA Act already recognises NACADA's mandate to provide and facilitate the development and operation of rehabilitation facilities. Part V of the NACADA Act adequately provides a framework for rehabilitation for persons with substance use disorder, including recognising the CS's mandate to establish rehabilitation centres.

(h) Delete Clause 9.

Justification: MOH submitted that section 5(e) of the NACADA Act already recognises NACADA's mandate regarding rehabilitation facilities and standards, and Part V of the NACADA Act adequately provides for the rehabilitation framework.

(i) Delete Clause 10.

Justification: MOH submitted that section 24 of the NACADA Act already provides that obstructing or hindering an authorised officer in the

execution of their duties relating to the control of substance abuse constitutes an offence.

(j) Delete Clause 11.

Justification: MOH submitted that section 25 of the NACADA Act already categorises offences committed in relation to the implementation of the institutional framework for the control of substance abuse as cognizable offences and prescribes the relevant penalties.

(k) Delete Clause 12.

Justification: MOH submitted that section 25 of the NACADA Act already categorises and prescribes penalties for relevant offences.

(l) Delete Clause 13.

Justification: MOH submitted that section 5(g) of the NACADA Act provides for NACADA's mandate to coordinate and facilitate the formulation and implementation of national policies, laws and plans of action on control of substance abuse.

(m) Delete Clause 14.

Justification: MOH submitted that section 29 of the NACADA Act recognises the mandate of the CS National Security to make regulations in relation to implementing the institutional framework for the control of substance abuse. Section 89 of the Narcotic Drugs and Psychotropic Substances (Control) Act further provides for the power of the CS Interior to make regulations.

Committee Resolution: The Committee adopted all the submissions by the Ministry of Health. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

35. The **Office of the Attorney General and Department of Justice** (OAG) submitted as follows:

(a) Amend the title of the Bill.

Justification: The OAG noted that the title is too broad and does not speak to the Bill's content or purpose, and recommended that it be amended to bring out a clearer correlation with the content and purpose of the Bill.

Committee Resolution: The Committee noted the submissions. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (b) Amend Clause 2 to provide a comprehensive procedure for assessment by a healthcare professional.

Justification: The Bill defines "person with substance use disorder" and "substance use disorder" but does not provide for a procedure for assessment and diagnosis of persons with substance use disorder. It is not clear how they are identified and categorised as such. OAG recommended inclusion of a comprehensive assessment procedure to help healthcare providers determine treatment options and do the necessary follow-ups.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (c) Amend clause 3 to provide specific objectives as the objectives provided are too general and do not speak to what the Bill seeks to provide.

Justification: The Bill seeks to provide access to harm reduction services in order to reduce the harm associated with drug use and recommended that the objectives be refined to reflect this specific purpose.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (d) Amend Clause 5 on the Functions of the Cabinet Secretary to specified procedure for identifying and collecting the data of persons with substance use disorder.

Justification: The Bill makes provision for maintaining a register indicating the number of persons with substance use disorder but there is no specified procedure for identifying and collecting the data of persons with substance use disorder. OAG recommended that a clear procedure for identification and data collection be included to enable healthcare professionals to track patient information and monitor progress.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use

disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (e) Amend Clause 6 on functions of County Executive Committee Members to define the composition of the county committee which is not specified in clause 6(2).

Justification: The committee membership be defined to ensure uniformity in all counties.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (f) Amend Clause 9 to define the needle and syringe programme and state its purpose in clause 9(1).

Justification: To provide a system for distribution and ensuring proper disposal of used needles and syringes to prevent injuries and environmental contamination. The Bill should provide for safe and confidential registration procedures of members to a harm reduction programme in clause 9(3).

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

36. The **Kenya Law Reform Commission (KLRC)** submitted as follows:

- (a) Amend Clause 2 to define "harm-reduction facility" to mean a health or community-based establishment, whether fixed or mobile, designated to provide harm-reduction services.

Justification: The Bill lacks a definition for "harm-reduction facility" yet the term is central to implementation and has been used uniquely in the substantive provisions. Defining it provides legislative clarity and allows regulation under the Health Act and Public Health Act. Insert a definition for "Halfway house" as a transitional rehabilitation and support centre for persons recovering from substance-use disorders prior to full reintegration

into the community. KLRC submitted that this will provide legal certainty and allow regulation under the Health Act and Public Health Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (b) Amend Clause 5 to extend the period required to develop the harm reduction policy and strategy.

Justification: The requirement to develop a policy and strategy "within six months" in clause 5(b) is unrealistic given the rigours of policy formulation.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (c) Amend clause 5(c), by deleting the responsibility on vest data-collection and maintenance functions placed on county governments and retain the Cabinet Secretary's policy, coordination and standard-setting role.

Justification: In line with the Fourth Schedule, Part 2(2) of the Constitution assigning health-service delivery to counties.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (d) Amend Clause 6 by inserting the words "in each county" after "The County Executive Committee Member responsible for matters relating to health shall..."

Justification: To make the obligation county-specific and enhance precision in drafting.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between

the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (e) Delete Clause 8(1) and recast it under the functions of county governments (Clause 6), to provide that each county government shall establish and operate harm-reduction facilities in accordance with national standards developed by the Cabinet Secretary responsible for health.

Justification: Health service provision and facility establishment are constitutionally devolved to county governments under Articles 6(2) and 186(1) of the Constitution. Vesting this function in the Cabinet Secretary would be ultra vires.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (f) Redraft Clause 8(1) in active form by deleting the words "shall cause to be developed" and substituting with "shall develop."

Justification: Active voice assigns clear responsibility, avoids bureaucratic ambiguity and enhances administrative accountability.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (g) Redraft clause 9(1) in active form to provide that "Every person with a substance-use disorder is entitled to access harm-reduction services provided by an accredited facility or programme."

Justification: Passive drafting weakens enforceability of the entitlement to services and does not mention where the obligation lies. Rights-based active drafting enhances enforceability and accountability.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (h) Replace "Council of County Governors" with "county governments" in clause 14(1).

Justification: The Council is a coordinating body, not a constitutional consultee. The proposed amendment ensures consultation with the actual implementing entities in accordance with Article 189 and the Intergovernmental Relations Act, 2012.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (i) Insert a clause with consequential amendments to the NACADA Act (to integrate harm-reduction policy into national drug-control strategy) and to the HIV and AIDS Prevention and Control Act (to embed harm-reduction measures in HIV-prevention programmes).

Justification: The Bill does not address coordination with existing laws. The proposed amendment prevents statutory conflict and ensures a coherent legislative framework.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

37. The Hon. Esther M. Passaris, MP accompanied by officers from Mathari Hospital and the National Syndemic Diseases Control Council, submitted that in order to align the relevant provisions of the proposed Bill with the Constitution and to ensure statutory harmony with other existing laws, the National Assembly shall consider the following Committee Stage amendments prior to the passage of the Bill—

- (a) Clause 2 of the Bill be amended by inserting the following new definition in its proper alphabetical order—

“halfway house” means a home that temporarily accommodates individuals recovering from negative social or physical consequences of drug use and substance abuse, with the aim of supporting their transition to healthy and independent living;

(b) Clause 5 of the Bill be amended by—

- (i) deleting the marginal note and substituting therefor the following new marginal note—

“Role of the Cabinet Secretary”

- (ii) deleting the phrase “within six months of this Act coming into force” appearing in paragraph 5(1)(b); and

- (iii) deleting paragraph 5(1)(f) and substituting therefor the following new paragraph—

“(f) promote, in collaboration with other agencies, research, data collection, analysis, sharing and dissemination of information on the welfare of persons with problematic drug and substance use;”

(c) Clause 6 of the Bill be amended by deleting the marginal note and substituting therefor the following new marginal note—

“Role of the County Executive Committee Member”.

(d) Clause 7 be amended by—

- (i) renumbering the existing provision as subsection (1); and
- (ii) inserting the following new subclause immediately after subclause (1)—

“(2) The collaboration referred to in subsection (1), shall be effected through the county governor.”

(e) Clause 9 of the Bill be amended in subclause (3) by inserting the following new paragraph immediately after paragraph (a)—

(aa) data of clients;

(f) Clause 14 of the Bill be amended by deleting sub clause (3).

(g) The Bill be amended by inserting the following new clause immediately after Clause 14—

Consequential amendments.

15. The laws listed in the Schedule are amended in the manner specified in that Schedule.

SCHEDULE

(Sec. 15)

Written Law	Provision	Amendment
Medical Practitioners and Dentists (Mental Health Treatment and Rehabilitation Institutions) Rules, Legal Notice No. 173 of 2022.	Rule 2	Delete the word drug and substitute therefor the following new definition— “drug” has the meaning assigned to it under National Authority for the Campaign Against Alcohol and Drug Abuse Act;
	Rule 2	Delete the definition of the words “harm reduction services” and substitute therefore the following new definition— “harm reduction” means public health policies, programmes or strategies that reduce negative social or physical consequences of drug use and support the health and well-being of a person with problematic drug and substance use;
Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245.	Section 53- Establishment of a Rehabilitation Fund.	Insert the following new subsection immediately after subsection (5)— (6) For purposes of this section, “Cabinet Secretary” means the “Cabinet Secretary” responsible for finance.

Committee Resolution: The Committee noted the submissions by Hon. Esther Passaris. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

38. The **Pharmaceutical Society of Kenya (PSK)** – Nairobi Branch submitted as follows:

(h) Amend Clause 2 by insert new definitions for "health facility" and "patient"

Justification: to align with the Health Act, Cap. 241.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (i) Amend Clause 3 by inserting a new clause 3A establishing digital registration systems, integrated to the Comprehensive Integrated Health **Justification:** Information System established under the Digital Health Act, to track registration of persons under this Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (j) Amend Clause 5 by Substituting the term "public hospitals" with "health facilities" in clause 5(b), insert a new clause 5(d) to establish digital reporting systems, integrated to the Comprehensive Integrated Health **Justification:** Information System established under the Digital Health Act, to track the events of substance abuse and care and insert a new sub-clause providing that the provisions of this Act shall be subject to further control of the Strategic Goods Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (k) Insert a new clause 9(g) on provision of crisis management support to include assessment and registration of patients under this Act who are moderately and severely dependent on other people for their daily living under the Persons Living with Disabilities Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (l) Amend Consequential Amendments on the Health Act to insert all harm reduction facilities as proposed in this Act and classify them as centres of excellence, and amend section 2 of the Health Act by substituting a new comprehensive definition of "healthcare services."

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (m) Amend section 35 of the Persons Living with Disability Act, 2025 on registration of persons living with disability by inserting a subsection to include patients listed under the Harm Reduction Bill.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (n) Amend the Penal Code to provide that any person listed and under the care of a healthcare provider or health facility shall not be guilty of offences related to substances.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (o) Amend the Facilities Improvement Financing Act, 2023 in section 7 by inserting a new subsection proposing that finances are used to facilitate primary health care and preventive services at the community level, to include uses of funds to facilitate establishment of units to manage provisions of this Bill.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between

the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

39. **Nextgen Lawyers** submitted as follows:

- (a) Amend the definition of "Harm Reduction Services" to adopt a broader, evidence-based, public-health and social interventions approach.

Justification: argued that the current definition is narrow and limited to institutional and mental health contexts, and recommended alignment with WHO, UNODC and UNAIDS definitions.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (b) Insert new definitions for "authorised harm-reduction programme" and "peer-led service provider."

Justification: The Bill does not provide for existing community-based and peer-led harm reduction service delivery. Excluding these programmes risks marginalising proven, cost-effective services that reach vulnerable communities in counties including Nairobi, Mombasa, Kiambu and Kisumu.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (c) Amend clause 3 to add provisions on: protection from criminal liability for persons engaging in authorised harm-reduction services; gender-responsive and youth-inclusive harm reduction interventions; linkages to social reintegration initiatives including housing, education and employment; and recognition of community-led and peer-led organisations.

Justification: The current objects primarily limit the Bill to "prevention and treatment of substance use disorders," ignoring broader dimensions of harm reduction which enhance effectiveness of service uptake and delivery.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (d) Amend clause 4 to include: recognition and facilitation of community-based and peer-led harm reduction initiatives as integral to harm reduction delivery; respect for privacy, confidentiality and data protection of service users; and progressive and sustainable domestic financing of harm-reduction programmes.

Justification: Current principles fail to anchor harm reduction within a public-health, rights-based and inter-sectoral framework.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (e) Amend clause 5 comprehensively to include consultation with county governments and relevant stakeholders; establishment of a National Multi-sectoral Harm Reduction Coordination Committee comprising representatives from relevant ministries, county governments, NACADA, the National Police Service, civil society organisations and peer-led networks; progressive domestic financing; gender-responsive and youth-inclusive strategies; recognition and support for community-based and peer-led initiatives; promotion of ethical research; and enforcement guidelines preventing law enforcement interference with authorised harm reduction services.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (f) Amend section 5(c) to establish anonymised, national aggregate data collected.

Justification: compliance with the Data Protection Act, 2019, with personal data collected only with informed consent.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (g) Amend clause 8 to designate harm reduction facilities as protected spaces for law enforcement purposes, prohibiting arrest, search or detention of persons on the premises by reason of their participation in a harm reduction programme without a warrant.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (h) Insert a provision requiring the Cabinet Secretary to accredit community-based and peer-led organisations to deliver harm-reduction interventions in accordance with prescribed standards.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (i) Amend clause 9(1) to comprehensively list harm reduction services including, but not limited to: harm reduction commodity distribution including needle and syringe programme; medication-assisted therapy; HIV-related healthcare services; sexually transmitted infections treatment and prevention; overdose management, prevention and response services and training; TB and hepatitis testing, treatment and prevention; psychosocial support services; sexual and reproductive health services; outreach services; provision of crisis management support; and linkage to any other necessary service.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (j) Amend clause 10(c) to require healthcare providers to ensure that personal data of persons engaging with harm-reduction services is handled in compliance with the Data Protection Act, with no disclosure without informed written consent unless authorised by a court order, and data shared for public-health monitoring to be in anonymised form.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (k) Amend clause 11 to provide that a person who unreasonably denies or restricts access to harm-reduction services shall be subject to disciplinary or administrative sanctions .

Justification: Align with the Health Act, 2017, relevant professional codes, public service regulations and other applicable law – rather than criminal sanctions.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (l) Delete clause 13 and replace with a provision that a person who contravenes any provision of this Act for which no specific penalty is provided shall be subject to administrative and/or regulatory sanctions as prescribed under the Health Act, 2017 or other relevant professional codes or laws, including if the contravention involves wilful obstruction or corruption.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (m) Amend clause 14 to require public consultation within sixty days before regulations are gazetted.

Justification: To ensure transparency, accountability and public participation under Articles 10 and 118 of the Constitution.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (n) Insert a new part IIIA on Legal Protections and Non-Interference .

Justification: To create statutory protections for service users and providers participating in authorised harm-reduction programmes, prohibiting arrest, prosecution or harassment for possession, use or presence at a recognised harm-reduction site; and mandate coordination with the Ministry of Interior to ensure policing aligns with health priorities.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (o) Insert a new part IIIB – Gender, Youth and Vulnerable Groups:

Justification: To require gender-responsive and youth-inclusive harm-reduction programmes; provide for services tailored for women, adolescents, and persons with disabilities; and mandate collection of sex- and age-disaggregated anonymised data.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (p) Insert a new part IIIC – Community-Led and Peer-Based Service Delivery:

Justification: To recognise and accredit community-based and peer-led harm reduction initiatives; allow the Cabinet Secretary to designate

community actors as implementing partners; and provide for minimum standards, funding access and capacity building.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (q) Insert a new part IIIE – Multi-Sectoral Coordination Mechanism:
Justification: To establish a National Harm Reduction Coordination Committee (NHRCC) comprising representatives from health, NACADA, Interior, Labour, Social Protection, Youth, Civil Society, and County Governments, with a mandate to harmonise policy, budgets and reporting.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (r) Insert a new part IIIF – Financing and Sustainability:
Justification: To require annual budgetary allocation to harm reduction in both national and county health budgets; provide for a Harm Reduction Fund to pool government and partner resources; and set progressive domestic funding targets.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

- (s) Insert a new part IIIG – Social and Structural Interventions:
Justification: To mandate linkages between harm reduction and social protection, housing, employment and education programmes; and provide referral pathways for reintegration and recovery.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

3.3.2 GENERAL COMMENTS ON THE BILL BY STAKEHOLDERS

40. The Ministry of Health (MOH) submitted that the Bill substantially duplicates and in parts conflicts with the existing statutory and institutional framework governing prevention, treatment, rehabilitation, policy coordination, and enforcement in relation to alcohol and drug abuse. The Ministry recommended that the Bill be shelved to allow for adequate and structured consultations with the Ministry of Health and the Ministry of Interior and National Administration, together with NACADA and the Council of Governors. The Ministry noted that core definitions, national mandates, and coordination functions are already anchored in the NACADA Act, Cap. 122, the Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245, and the Health Act, 2017.
41. The Ministry further noted that the Kenya Mental Health Act 2023 includes provisions for the treatment of persons with substance use disorders. The Ministry stood ready to appear before the Committee and to participate in a time-bound technical process to map gaps, align roles, and, where necessary, draft narrowly tailored instruments consistent with the existing Acts.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

42. The Community Advocacy Initiative Kenya (CAIK) commended Parliament for recognising the importance of a health-based approach to drug use. CAIK identified three key gaps in the Bill:
 - (a) lack of recognition of community-led and peer-based initiatives – many services including outreach, commodity distribution, overdose response and referrals are already run by civil society and peer-led groups, particularly in Nairobi, Mombasa, Kiambu and Kisumu counties;
 - (b) limited attention to gender and intersectionality, noting that the Bill does not adequately address the specific needs of women and young people who use drugs; and
 - (c) lack of clear coordination and financing mechanisms. CAIK recommended inclusion of recognition for community-led and peer-based harm reduction initiatives, institutionalisation of community representation in governance and oversight structures, mainstreaming of gender and youth considerations, provision for sustainable financing mechanisms, and ensuring alignment with global best practices.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

43. The Office of the Attorney General (OAG) recommended incorporation of harm reduction services into the NACADA policy framework, with services implemented as a programme by NACADA. The OAG submitted that the harm reduction services proposed in the Bill relate to the functions of NACADA as provided in section 5 of the NACADA Act, and it is not necessary to create a new institution to implement these services. The NACADA Policy, 2025 outlines policy interventions and action plans to combat alcohol and drug abuse, including promoting provision of and access to quality and affordable treatment, rehabilitation and aftercare services.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

44. Wajir County Teaching & Referral Hospital appreciated the Government's initiative to provide a legal framework for harm reduction services and commended the emphasis on treating persons with substance use disorder as patients rather than criminals.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

45. Nextgen Lawyers submitted that the Bill is a transformative step toward aligning Kenya's drug control framework with constitutional guarantees and international public health standards. They noted that Kenya has introduced needle and syringe programmes and opioid-substitution therapy, but coverage remains low with approximately 189 sterile needles per person per year (below the UN target of 200) and OST reaching just 13% of those in need (HRI, 2024). These programmes remain largely donor-funded and lack statutory protection. Nextgen Lawyers recommended strengthening the Bill to provide legal protection, continuity of services, data protection, gender and youth equity, recognition of community-led service delivery, social and structural interventions, and sustained domestic financing.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health,

NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

46. The Law Society of Kenya (LSK) supported the policy shift that the Bill seeks to advance but noted significant gaps and ambiguities that could lead to unintended consequences if enacted without substantial redrafting and broader stakeholder consultation. Specifically, LSK noted that:
- (a) the Bill lacks sufficiently precise definitions for technical terms such as "harm reduction services," "harm reduction facility," "medically assisted therapy" and "halfway house";
 - (b) provisions for a national register and broad data-collection powers raise serious privacy, dignity and child-protection concerns;
 - (c) the Bill does not sufficiently protect authorised service users and providers from criminal liability and routine law-enforcement interference;
 - (d) the Bill favours clinic-based services and does not give enough recognition to community-led and peer-led harm reduction programmes;
 - (e) the Bill lacks provisions on domestic financing mechanisms; and
 - (f) roles and responsibilities between national and county governments require clearer articulation. LSK also recommended insertion of new parts on a National Harm Reduction Coordination Committee, a Harm Reduction Fund, statutory recognition and accreditation of community/peer-led providers, mandatory gender-responsive and youth-inclusive measures, anti-stigma protections, and referral pathways to social protection, housing and employment programmes.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

47. The Harm Reduction Society of Kenya, appreciated the intentions expressed in the Bill and was pleased that the mover acknowledged the need for inclusion of harm reduction in Kenya's legislative frameworks. The Society noted the absence of provisions on a number of aspects including: resource mobilisation and funding; integration of harm reduction services into mental health services; youth-focused approaches; omission of key harm reduction services such as supervised consumption services, drop-in centres, housing-first policy, tobacco harm reduction, pharmacy access and referrals; and the need to create linkages with existing legislations for regulated substances. However, the Society supported the Bill on the basis of its user-focused approach, recognition of research and evidence-based interventions, recognition of harm reduction as a range of intentional and pragmatic practices, collaborative approach with government agencies, inclusive and equitable approach as envisaged in the Constitution, well-coordinated

public participation, the right to health imposing four essential standards on healthcare services, and recognition of monitoring and evaluation as key components.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

48. KUZA Trust submitted that they supported the intent and direction of the Bill and recognised it as a progressive step toward health, rights and social justice. They recommended that Parliament strengthen the Bill to embed a rights-based framework, enhance community participation and representation in governance, prohibit criminalisation and coercion, guarantee equitable and voluntary access to services, and establish a sustainable domestic financing framework.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

49. The Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR), urged the Committee and the National Assembly to:
- (a) recommend withdrawal of the Bill to allow for comprehensive redrafting;
 - (b) convene inclusive consultations with communities and experts;
 - (c) develop a law that reflects global best practice, Kenyan realities and constitutional obligations; and
 - (d) ensure that harm reduction is legislated in a manner that protects persons who use drugs.
50. CHRDPR submitted that in its current form the Bill contains significant legal, structural and human rights gaps that cannot be corrected through routine clause-by-clause amendments at the Committee stage. CHRDPR identified the following structural deficiencies: the Bill misdefines harm reduction and reduces it to facility-based treatment; excludes essential peer-led, community and outreach components; fails to anchor internationally endorsed principles; provides no financing framework making the Bill unimplementable; excludes community-led and peer-led programmes that currently deliver majority of harm reduction services; introduces new criminalisation targeting health workers and peer providers; provides no legal protection for users or providers; introduces a mandatory register without legal basis; fails to properly assign county roles; and fails to address gender, youth or intersectional needs. CHRDPR proposed a structured redrafting process with creation of a National

Multi-Stakeholder Taskforce and a 90–120 day redrafting timeline for a Harm Reduction Bill.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

51. The Women in Response to HIV/AIDS & Drug Addiction submitted that the Bill fails to address the gaps in delivery of harm reduction services. If passed, the Bill may not protect against violation of human rights and stigma and discrimination against persons with substance use disorder. They recommended that the Health Committee ensure the Bill adopts an evidence-based, public health-centred and human rights-compliant approach to harm reduction.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

52. The Kenya Law Reform Commission (KLRC), supported the policy direction of the Bill, noting that its objectives align with global trends in public health policy that recognise substance use as a medical and social condition rather than a criminal one. The KLRC noted that according to NACADA, approximately 26,000 people inject drugs in Kenya, with an estimated HIV prevalence of 18 per cent in that group. Evidence from comparable jurisdictions such as Portugal, which adopted a harm-reduction model in 2001, shows significant reductions in new HIV infections and overdose deaths. KLRC also noted that several provisions use passive constructions and recommended redrafting in active form to assign clear responsibility, avoid bureaucratic ambiguity and enhance administrative accountability. KLRC further recommended insertion of a clause with consequential amendments to the NACADA Act (to integrate harm-reduction policy into national drug-control strategy) and to the HIV and AIDS Prevention and Control Act (to embed harm-reduction measures in HIV-prevention programmes).

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATIONS

53. The Committee made the following observations in relation to the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025):
- (a) The Harm Reduction Bill seeks to provide a framework for the delivery of harm reduction services within public health facilities in order to minimize drug-related deaths, drug overdose and infectious disease transmission. This is to be done through the provision of harm reduction services including access to healthcare, social services, treatment and management persons with substance use disorder.
 - (b) The Office of the Attorney General and Department of Justice and the Ministry of Health submitted that harm reduction services may be implemented as a programme by National Authority for Campaign Against Alcohol and Drug Abuse (NACADA) and hence there was no need to establish a new institution. Harm reduction services may also be incorporated in the NACADA policy.
 - (c) The community of persons with substance use disorders submitted that the Bill does not adequately and holistically address their concerns. The over ten (10) civil society groups of community of persons with substance use disorders recommended that the Bill should be withdrawn to allow for further inclusive and meaningful consultations between the persons with substance use disorders, NACADA and the Ministry of Health.
 - (d) The Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245 makes provision for a comprehensive framework for care, treatment and rehabilitation for persons with substance use disorders.
 - (e) NACADA also has an existing framework to deal with the control of alcohol and drug abuse pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122, in particular the mandate to formulate policies, develop strategies and standards and to operate rehabilitation services. NACADA may therefore make provision for harm reduction services.
 - (f) To further enhance the existing framework, the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122 and the Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245 may be amended to address any shortcomings in the provision of rehabilitation services in the country including the development and financing of programmes to prevent the youth from engaging in drug abuse.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATION

Upon considering the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025) and submissions from stakeholders, the Committee recommends that the **House rejects the Bill in its entirety.**

CHAPTER SIX

6.0 SCHEDULE OF AMENDMENTS

In light of the Committee recommendation that in Chapter five, the Committee proposes the following amendments:

CLAUSE 1

THAT, Clause 1 of the Bill be deleted.

CLAUSE 2

THAT, Clause 2 of the Bill be deleted.

CLAUSE 3

THAT, Clause 3 of the Bill be deleted.

CLAUSE 4

THAT, Clause 4 of the Bill be deleted.

CLAUSE 5

THAT, Clause 5 of the Bill be deleted.

CLAUSE 6

THAT, Clause 6 of the Bill be deleted.

CLAUSE 7

THAT, Clause 7 of the Bill be deleted.

CLAUSE 8

THAT, Clause 8 of the Bill be deleted.

CLAUSE 9

THAT, Clause 9 of the Bill be deleted.

CLAUSE 10

THAT, Clause 10 of the Bill be deleted.

CLAUSE 11

THAT, Clause 11 of the Bill be deleted.

CLAUSE 12

THAT, Clause 12 of the Bill be deleted.

CLAUSE 13

THAT, Clause 13 of the Bill be deleted.

CLAUSE 14

THAT, Clause 14 of the Bill be deleted.

Justification: The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, the Office of the Attorney General and Department of Justice, NACADA and the persons with substance use disorders.

SIGNED.......... DATE 7/4/2026.....

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

REPORT ADOPTION SCHEDULE



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FIFTH SESSION (2026)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON... THE HARM REDUCTION BILL, 2025 (...
NATIONAL ASSEMBLY Bill No. 37 OF 2025)

We, the undersigned Members of the Departmental Committee on Health do hereby append our signatures to adopt this Report Date: 31/3/2025

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	

MINUTES OF COMMITTEE SITTINGS



MINUTES OF THE 21ST SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 23, 5TH FLOOR, BUNGE TOWER ON TUESDAY, 31ST MARCH 2026, AT 11.00 AM

PRESENT

- | | |
|---|--------------|
| 1. The Hon. Dr. Nyikal James Wambura, CBS, MP | -Chairperson |
| 2. The Hon. Dr. Pukose Robert, CBS, MP | -Member |
| 3. The Hon. Prof. Jaldesa Guyo Waqo, MP | -Member |
| 4. The Hon. Oron Joshua Odongo, MP | -Member |
| 5. The Hon. Mary Maingi, MP | -Member |
| 6. The Hon. Cynthia Muge, MP | -Member |
| 7. The Hon. Kibagendi Antony, MP | -Member |
| 8. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP | -Member |
| 9. The Hon. Owino Martin Peters, MP | -Member |

ABSENT WITH APOLOGY

- | | |
|--|-------------------|
| 1. The Hon. Ntwiga Patrick Munene, MP | -Vice Chairperson |
| 2. The Hon. Wanyonyi Martin Pepela, MP | -Member |
| 3. The Hon. Kipngor Reuben Kiborek, MP | -Member |
| 4. The Hon. Lenguris Pauline, MP | -Member |
| 5. The Hon. Ntwiga Patrick Munene, MP | -Vice Chairperson |
| 6. The Hon. Mathenge Duncan Maina, MP | -Member |
| 7. The Hon. Titus Khamala, MP | -Member |

COMMITTEE SECRETARIAT

- | | |
|--------------------------------|----------------------------|
| 1. Mr. Adan Gindicha
II-HOD | -Principal Clerk Assistant |
| 2. Ms. Gladys Kiprotich | -Clerk Assistant III |
| 3. Ms. Mercylyn Kerubo | -Audio Officer |
| 4. Mr. Eric Lungai | -Hansard Officer |
| 5. Mr. Daniel Psirmoi | -Media Relations Officer |
| 6. Ms. Maryan Gabow
Officer | -Public Communication |
| 7. Ms. Belac Otieno | -intern |

IN AGENDA

1. Prayers
2. Preliminaries
3. Adoption of the Agenda
4. Confirmation of previous minutes
5. Matters Arising

6. Briefing on the following:
 - i. Briefing and adoption of the Committee's Schedule of activities for April 2026.
 - ii. Public Petition No. 001 of 2026 Regarding Management of Haemophilia and Other Bleeding Disorders Among Patients and Children in the Country.
 - iii. Public Petition Regarding Comprehensive National Measures to Address the Escalating Cancer Burden in Kenya.
 - iv. Memorandum from the Kenya Union of Clinical Officers regarding the transition and unpaid salaries of employees under the Global Fund TB Programme.
7. Adoption of the Report on the Harm Reduction Bill (National Assembly Bill No. 37 Of 2025) Sponsored by Hon.Esther Passaris, Mp and Report on Public Petition No. 021 Of 2025 Regarding Access to Healthcare By Cancer Patients in the Country
8. Pending Business (enclosed)
9. Any Other Business; and
10. Adjournment.

MIN. NO. NA/DC-H/2026/101: PRELIMINARIES/INTRODUCTION

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

MIN. NO. NA/DC-H/2026/102: ADOPTION OF AGENDA

The agenda of the meeting was adopted, having been proposed by the Hon. Mary Maingi, MP, and seconded by the Hon. Dr. Pukose Robert, CBS, MP.

MIN. NO. NA/DC-H/2026/103: BRIEFING AND ADOPTION OF THE COMMITTEE'S SCHEDULE OF ACTIVITIES FOR APRIL 2026, PUBLIC PETITION NO. 001 OF 2026 REGARDING MANAGEMENT OF HAEMOPHILIA AND OTHER BLEEDING DISORDERS AMONG PATIENTS AND CHILDREN IN THE COUNTRY, PUBLIC PETITION REGARDING COMPREHENSIVE NATIONAL MEASURES TO ADDRESS THE ESCALATING CANCER BURDEN IN KENYA AND MEMORANDUM FROM THE KENYA UNION OF CLINICAL OFFICERS REGARDING THE TRANSITION AND UNPAID SALARIES OF EMPLOYEES UNDER THE GLOBAL FUND TB PROGRAMME.

A. Briefing and adoption of the Committee's Schedule of activities for April 2026.

The Committee considered the proposed Schedule of Activities for the fourth Quarter (April) of the Financial Year 2025/2026. The Chairperson informed Members that the Schedule had been prepared to guide the Committee's engagements in the execution of its mandate pursuant to Standing Order 216(5)(b) of the National Assembly. The Committee Clerk subsequently took Members through the proposed Schedule of Activities.

The committee therefore adopted the Schedule of Activities for the fourth Quarter (April) of FY 2025/2026 as follows;

DRAFT SCHEDULE OF ACTIVITIES FOR FOURTH QUARTER 2025/2026

FINANCIAL YEAR (UP TO 30TH APRIL 2026)

<u>Date</u>	<u>Activity</u>	<u>Venue</u>
Tuesday, 31st March 2026 10.00am	Meeting to be briefed on the following: i. Adoption of Committee Schedule of activities for April, 2026 ii. Public Petition No. 001 of 2026 Regarding Management of Haemophilia and Other Bleeding Disorders Among Patients and Children in the Country. iii. Public Petition Regarding Comprehensive National Measures to Address the Escalating Cancer Burden in Kenya. iv. Memorandum from the Kenya Union of Clinical Officers regarding the transition and unpaid salaries of employees under the Global Fund TB Programme.	Committee Room 23,5 th Floor, Bunge Tower
Thursday 2 nd April, 2026 10.00 am	Meeting with the Kenya Union of Clinical Officers on the Memorandum regarding the transition and unpaid salaries of employees under the Global Fund TB Programme.	Committee Room 23,5 th Floor, Bunge Tower

Tuesday 7 th April, 2026 10:00 am	Meeting to adopt the report on the Quality Healthcare and Patient Safety Bill (National Assembly Bill No. 41 of 2025)	Bunge Towers
Thursday 9 th April, 2026 7.00 am 11:00 am	<ul style="list-style-type: none"> Follow-up breakfast meeting with the Kenya Private Sector Alliance (KEPSA) to align on key partnership priorities for the first half of the year and to discuss strategies for strengthening public-private collaboration in the health sector. Meeting with the Kenya Renal Association regarding the inquiry into the alleged malpractice and Ethical breaches of kidney transplant Services Meeting to consider and adopt the report on the Inquiry into the alleged malpractice and Ethical Breaches of Kidney Transplant Services at Mediheal Group of Hospitals 	<p>Serena Hotel, Nairobi</p> <p>Bunge Towers</p> <p>Bunge Towers</p>
Tuesday 14 th April, 2026 10:00 am	Meeting with the Digital Health Authority to deliberate on aspects of the implementation of the Social Health Authority in respect of its mandate	Bunge Towers
Thursday 16 th April, 2026 10:00 am	Meeting with the Cabinet Secretary, Ministry of Health, to deliberate on the US funding agreement and Kenya-US Health data sharing framework and the status of the transition from	Bunge Towers

	the Managed Equipment Services (MES) Project to the National Equipment Service Programme (NESP) Project implementation.	
Tuesday 21st April, 2026 10:00 am	<ul style="list-style-type: none"> i. Meeting with Haemophilia Association of Kenya (Petitioners) regarding the petition on the management of haemophilia and other bleeding disorders among patients and children in the country ii. Meeting with Mr. Kipruto Patrick, the Petitioner regarding the Petition on measures to address escalating cancer burden in Kenya iii. Meeting with the State Department of Medical Services regarding the petitions above 	Bunge Towers
Thursday 23rd April, 2026 10:00 am	Meeting with the Tobacco Control Board to be apprised of the operations of the Tobacco Control Fund	Bunge Towers
Friday 24 th and Saturday 25 th April	Proposed Retreat to meet with the PS State Department for Public Health and Professional Standards regarding the following programme/project <ul style="list-style-type: none"> i. National Malaria Programme ii. Building Resilient and Responsive Health Systems Project 	To be communicated

Tuesday 28th April, 2026 10:00 am	Meeting with Kenyatta National Hospital (KNH) regarding the Status of the Kenyatta National Hospital Oxygen Processing Plant	Bunge Towers
Thursday, 30th April, 2026 10:00 am	Consideration and adoption of the Report of the Site Visit to Kenyatta National Hospital (KNH)	Bunge Towers
LONG RECESS. SCHEDULE FOR PROCESSING OF 2026/2027 ESTIMATES TO BE SHARED		

NB: Kindly note that the schedule of activities may be amended as necessary where urgent business with timelines is committed to the Committee.

Following deliberations, the Committee resolved as follows:

- 1) The Committee amended its schedule of activities and resolved that on 14th April 2026, it will meet with Digital Health Authority to deliberate on aspects of the implementation of the Social Health Authority in respect of its mandate instead of holding the session to be briefed by Legal Counsel on the pre-publication scrutiny of the proposed Family Reproductive Health Care Bill, 2025, sponsored by Hon. Millie Odhiambo, MP. The briefing will instead be considered in May.
- 2) The researcher was tasked with analyzing the Kenya-US Health Data Sharing Agreement, comparing it with similar arrangements in other countries, reviewing relevant Kenyan laws, and assessing whether the agreement is beneficial to the country.
- 3) Regarding the meeting with the Tobacco Control Board to be apprised of the operations of the Tobacco Control Fund, the Committee tasked the Legal Counsel to develop draft proposed amendments to the Tobacco Control Act, particularly addressing the composition of the Board and identifying the weaknesses in the Act.

B. Public Petition No. 001 of 2026 Regarding Management of Haemophilia and Other Bleeding Disorders among Patients and Children in the Country.

The Committee was briefed on a petition presented by the Hemophilia Association of Kenya. The petition highlights the significant and growing burden of hemophilia in Kenya, a life-threatening bleeding disorder affecting approximately one in every 10,000 individuals. It is estimated that around 4,500 Kenyans are living with the condition, a large proportion of whom are children. However, only 1,265 patients, representing approximately 23 per cent of the estimated total, have been formally identified, indicating a critical gap in diagnosis and registration.

The Committee was further informed that treatment coverage remains severely inadequate. Current donation programmes supply only 30 per cent of the required clotting factor levels, leaving a deficit of 70 per cent. This situation is expected to

deteriorate further, as the donation programme is projected to end within two years, presenting an imminent public health crisis.

The petitioner raised four core concerns: the life-threatening nature of the condition, which results in frequent bleeding episodes, disabling joint disease, chronic pain, and reduced life expectancy; the high cost and complexity of treatment, which places considerable physical, financial, and psychological strain on patients and their families; significant data gaps arising from fragmented information systems, particularly affecting children; and inadequate infrastructure, including a limited number of operational haemophilia treatment centres and persistent shortages of clotting factor concentrates.

In light of the foregoing, the petitioner made the following prayers:

1. That clotting factor concentrates be formally recognised as essential medicines for both adult and paediatric haemophilia treatment, to ensure their consistent and sustainable availability.
2. That the Government strengthen infrastructure and capacity by establishing additional haemophilia treatment centres, enhancing diagnostic capacity, improving healthcare worker training, including specialised paediatric care, reviewing medical curricula to incorporate bleeding disorder management, and increasing funding for public awareness and early childhood screening.
3. That haemophilia be formally recognised as a disabling condition to enable registration with the National Council for Persons with Disabilities (NCPWD), and that haemophilia treatment be included under the Social Health Insurance Fund (SHIF).
4. That the Committee considers any other measures it deems appropriate to address the plight of persons living with haemophilia in Kenya.

C. Public Petition Regarding Comprehensive National Measures to Address the Escalating Cancer Burden in Kenya.

The Committee received a briefing on a public petition presented to the National Assembly of Kenya by Kipruto Patrick, a citizen and cancer advocate based in Nairobi. The petition was brought pursuant to Article 119 of the Constitution of Kenya, 2010, and the Petitions to Parliament (Procedure) Act, 2012, in the petitioner's individual capacity as a Kenyan citizen.

The petition draws urgent attention to Kenya's escalating cancer crisis and calls for immediate legislative and policy reforms across prevention, access to treatment, financing, and survivor support on a nationwide scale.

The petition highlights Kenya's escalating cancer crisis, stating that approximately 44,726 new cases and 29,317 deaths occur annually, with 70–80% of diagnoses occurring at late stages. It calls for urgent legislative and policy reforms to address prevention, access to treatment, financing and survivor support nationwide.

Petitioners' prayer

The petitioner requests the National Assembly to take the following legislative and policy actions:

1. Re-Introduction and Expansion of Emergency SHA Cover for Overseas Treatment (Up to KSh 3 Million)
2. Establishment of a Dedicated Food and Drug Administration (FDA) for Oversight of Chemical Substances
3. Monthly Grants for Cancer-Vulnerable Families Nationwide (KSh 10,000–15,000)
4. Enhanced Nationwide Pediatric Cancer Support and Treatment, Including Recovery Centers
5. Targeted Support Initiatives for Men's and Transgender Cancer Care Nationwide
6. Framework for Cancer Treatment Follow-Up After Screening and Diagnosis
7. Channels for Registration, Support, Advocacy, and Reducing Stigmatization
8. Targeted Support Initiatives for Men's and Transgender/gender-diverse Cancer Care Nationwide
9. Support for Cancer Patients with Drugs and Medications
10. Introduction of Cancer Counselling Centers per County
11. Nationwide Cancer Biometrics Tracking System with National Tally
12. Formation of an Independent National Cancer Board
13. Support for Nationwide Cancer Awareness, Communication, and Information Channels
14. Survivors' Reintegration, Employment Protections, Reasonable Accommodations, Reservation Incentives, and Vocational Training

Having been briefed on the petition, the Committee noted the following:

1. The cancer burden in Kenya constitutes a public health emergency requiring immediate multi-sectoral intervention at both national and county levels.
 2. The high proportion of late-stage diagnoses (70–80%) reflects systemic gaps in early detection, screening infrastructure, and health-seeking behaviour that must be urgently addressed.
 3. The Kenya Women Parliamentary Association (KEWOPA) and the departmental Committee on Health should champion and advocate for the nationwide scaling up of cancer screening programmes and Human Papillomavirus (HPV) vaccination, particularly targeting women and girls, as a critical preventive public health measure.
 4. The National Cancer Institute shall coordinate with all relevant institutions, including the Kenya Medical Research Institute (KEMRI) and other stakeholders, to consolidate data and produce a comprehensive National Cancer Status Report. The report shall encompass cancer causation factors, prevention strategies, treatment modalities, ongoing research, and a geographical mapping of specific cancer prevalence across the country, and shall be submitted to the Committee within thirty (30) days from the date of adoption of these minutes.
 5. The Committee resolved to allocate budgetary resources towards cancer research, with a view to strengthening the national evidence base for policy formulation, improving treatment outcomes, and supporting the development of Kenya-specific cancer control interventions.
- D. Memorandum from the Kenya Union of Clinical Officers regarding the transition and unpaid salaries of employees under the Global Fund TB Programme.**

The Committee was briefed on a Memorandum from the Kenya Union of Clinical Officers regarding the transition and unpaid salaries of employees under the Global Fund TB Programme.

The Committee was informed that the Global Fund TB Programme employees constitute a special cadre of workers originally employed under the Global Fund and seconded to the Ministry of Health between 2009 and 2015. They were tasked with implementing tuberculosis (TB) control interventions across Kenya at a time when TB, caused by *Mycobacterium tuberculosis*, was the leading opportunistic infection and cause of death among People Living with HIV (PLHIV).

The Committee was further informed that through their dedication and technical contribution, these employees played a critical role in reducing TB incidence and improving treatment outcomes, achievements that are verifiable through Ministry of Health data.

The Committee was additionally advised that the majority of these employees were engaged prior to the advent of devolution and were therefore never transitioned to the County Governments during the 2013/2014 transition period. Consequently, they have remained employees of the Ministry of Health, continuing to operate under national programmes and supervision.

1. Parliament to convene an urgent multi-agency consultative meeting (MoH, PSC, and Treasury, Council of Governors, and worker representatives) to fast track resolution of this impasse.
2. Immediate payment of all outstanding salaries and statutory benefits covering the 16-month non-payment period (effective 1st July 2024) in compliance with Section 18 of the Employment Act.
3. The Ministry of Health to be directed to absorb all officers under defunct Global Fund project now that County Governments are unwilling, and upon absorption, job-grouping to be commensurate with years of service, qualifications and experience for all affected officers.
4. Any other remedial measures necessary to restore dignity, livelihood, and career continuity for these officers.

Way Forward

The Committee Clerk informed the Committee of the applicable timelines for the consideration of petitions, as provided under the Standing Orders. The Committee has a maximum of ninety (90) days within which to consider a petition and report back to the House and to the petitioner. It was accordingly noted that both petitions ought to be tabled before the House on or before 3rd May 2025.

MIN. NO. NA/DC-H/2026/105: ADOPTION OF THE REPORT ON THE HARM REDUCTION BILL (NATIONAL ASSEMBLY BILL NO. 37 OF 2025) SPONSORED BY HON. ESTHER PASSARIS, MP AND REPORT ON PUBLIC PETITION NO. 021 OF 2025 REGARDING ACCESS TO HEALTHCARE BY CANCER PATIENTS IN THE COUNTRY

1. The Committee adopted the report on the Harm Reduction Bill (National Assembly Bill No. 37 of 2025) Sponsored by Hon. Esther Passaris, MP, having been proposed by Hon. Prof. Jaldesa Guyo Waqo, MP, and seconded by Hon. Mary Maingi, MP.


2. The Committee adopted the report on the Report on Public Petition No. 021 of 2025 Regarding Access to Healthcare by Cancer Patients in the Country, having been proposed by Hon. Cynthia Muge, MP, and seconded by the Hon. Mary Maingi, MP

MIN. NO. NA/DC-H/2026/105: ANY OTHER BUSINESS

There was no other business arising

MIN. NO. NA/DC-H/2026/106: ADJOURNMENT

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

Sign.......... Date..... 7/4/2026

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

**COPY OF THE NEWSPAPER
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PARTICIPATION ON THE BILL**



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
 THIRTEENTH PARLIAMENT - FOURTH SESSION (2025)

IN THE MATTER OF ARTICLES 118(1)(b), 230(2)(b)(ii) AND 250(2)
 OF THE CONSTITUTION

AND

IN THE MATTER OF THE PUBLIC APPOINTMENTS (PARLIAMENTARY
 APPROVAL) ACT, CAP. 7F

AND

IN THE MATTER OF THE SALARIES AND REMUNERATION COMMISSION ACT,
 CAP. 412D

AND

IN THE MATTER OF APPROVAL BY THE NATIONAL ASSEMBLY OF A PERSON
 NOMINATED FOR APPOINTMENT AS A MEMBER OF THE SALARIES AND
 REMUNERATION COMMISSION

**NOTIFICATION OF APPROVAL HEARING AND INVITATION
 TO SUBMIT MEMORANDA**

WHEREAS, in accordance with provisions of Articles 230(2) and 250(2) of the Constitution and section 7(10) of the Salaries and Remuneration Commission, Cap. 412D, His Excellency the President is empowered to nominate and, with the approval of the National Assembly, appoint a Member of the Salaries and Remuneration Commission (SRC). In exercise of the said powers, His Excellency the President has nominated **Eng. Michael Thoyah Kingi** for appointment as a Member of the SRC, to represent the Public Service Commission;

AND WHEREAS, following receipt of the nomination from H.E. the President, the Hon. Speaker of the National Assembly vide a Communication made on **Tuesday, 7th October, 2025** conveyed the Message to the National Assembly and referred the name and *curriculum vitae* of the nominee to the **Departmental Committee on Labour** for consideration and reporting to the House;

IT IS NOTIFIED to the general public that pursuant to **Article 118(1)(b) of the Constitution and section 6(4) of the Public Appointments (Parliamentary Approval) Act, Cap. 7F**, the Departmental Committee shall conduct the Approval Hearing (Vetting) of the nominee on **Tuesday, 21st October, 2025** in the **Mini-Chamber, 1st Floor, County Hall, Parliament Buildings at 11:00 am**;

AND WHEREAS, section 6(9) of the Public Appointments (Parliamentary Approval) Act, Cap. 7F provides that **"any person may prior to the approval hearing and by written statement on oath, provide the Clerk with evidence contesting the suitability of a candidate to hold the office to which the candidate has been nominated"**;

IN COMPLIANCE with Article 118(1)(b) of the Constitution and section 6(9) of the Public Appointments (Parliamentary Approval) Act, Cap. 7F, the Clerk of the National Assembly hereby invites members of the public to submit any representations they may have, by way of **written statements on oath (affidavits) with supporting evidence contesting the suitability of the candidate** for appointment to the aforementioned office.

The memoranda may be forwarded to the **Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi**; hand-delivered to the **Office of the Clerk, Main Parliament Buildings, Nairobi**; or emailed to cna@parliament.go.ke to be received on or before **Thursday, 16th October, 2025 by 5.00 p.m.**

IT IS FURTHER NOTIFIED THAT the nominee is required to:

- (1) Appear for the approval hearings with his original identity card, academic and professional certificates and other relevant testimonials; and
- (2) Obtain letters/certificates of compliance from the following institutions:
 - (a) The Ethics and Anti-Corruption Commission;
 - (b) The Kenya Revenue Authority;
 - (c) The Higher Education Loans Board;
 - (d) The Directorate of Criminal Investigations;
 - (e) The Office of the Registrar of Political Parties;
 - (f) The Commission for University Education;
 - (g) A Credit Reference Bureau.

S. NJOROGE, CBS
 CLERK OF THE NATIONAL ASSEMBLY

Thursday, 9th October, 2025

For the Welfare of Society and the Just Government of the People



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
 THIRTEENTH PARLIAMENT - FOURTH SESSION (2025)

IN THE MATTER OF ARTICLE 118(1) (b) OF THE CONSTITUTION
 AND

IN THE MATTER OF CONSIDERATION BY THE NATIONAL ASSEMBLY OF—

- (1) THE MICRO AND SMALL ENTERPRISES (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL No. 25 OF 2025);
- (2) THE NATIONAL ADDRESSING BILL (NATIONAL ASSEMBLY BILL No. 31 OF 2025); AND
- (3) THE HARM REDUCTION BILL (NATIONAL ASSEMBLY BILL No. 37 OF 2025)

INVITATION TO SUBMIT MEMORANDA

WHEREAS, Article 118(1) (b) of the Constitution requires Parliament to facilitate public participation and involvement in the legislative and other business of Parliament and its Committees and Standing Order 127(3) of the National Assembly Standing Orders requires House Committees considering Bills to facilitate public participation;

AND WHEREAS the **Micro and Small Enterprises (Amendment) Bill (National Assembly Bill No. 25 of 2025)**; the **National Addressing Bill (National Assembly Bill No. 31 of 2025)**; and the **Harm Reduction Bill (National Assembly Bill No. 37 of 2025)** were read a First Time on 1st October, 2025 and referred to the relevant Departmental Committees for consideration and reporting back to the House;

IT IS NOTIFIED that—

- (1) **The Micro and Small Enterprise (Amendment) Bill (National Assembly Bill No. 25 of 2025)** is sponsored by **Hon. John Gitonga Mukunji, MP**. The Bill seeks to amend the Micro and Small Enterprises Act, Cap. 499C to require the Micro and Small Enterprises Authority to promote the marketing, development, and branding of products and services by the micro and small enterprises to enhance their consumption in the local market. The Bill also seeks to ensure collaboration with other agencies to promote the marketing and branding value addition of local enterprise products and services.
- (2) **The National Addressing Bill (National Assembly Bill No. 31 of 2025)** is sponsored by **Hon. John Machua Waitaha, MP** which seeks to—
 - (a) Provide for the development, regulation and use of the National Addressing System by giving effect to paragraphs 18 (1) and 21 of Part 1 and paragraphs 8 (b) and (c) of Part 2 of the Fourth Schedule to the Constitution of Kenya;
 - (b) Establish the National Addressing Council and the County Addressing Committees whose functions include creating and managing the Addressing System for the naming, numbering and allocation of addresses to streets and properties at the national and county level; and
 - (c) Facilitate seamless identification and location of places which will subsequently improve the country's economy in terms of trade and revenue generation through e-commerce and enhanced tax collection.
- (3) **The Harm Reduction Bill (National Assembly Bill No. 37 of 2025)** is sponsored by **Hon. Esther Muthoni Passaris, MP**. The Bill seeks to provide a framework for the delivery of harm reduction services within public health facilities in order to minimize drug-related deaths, drug overdose and transmission of infectious diseases through provision of harm reduction services including access to healthcare, social services, treatment and management of persons with substance-use disorders.

NOW THEREFORE, in compliance with Article 118(1) (b) of the Constitution and National Assembly Standing Order 127(3), the Clerk of the National Assembly invites the public and stakeholders to submit memoranda on the Bills to the respective Departmental Committees listed below—

S/No	BILL	DEPARTMENTAL COMMITTEE
1.	The Micro and Small Enterprises (Amendment) Bill (National Assembly Bill No. 25 of 2025)	Trade, Industry and Co-operatives
2.	The National Addressing Bill (National Assembly Bill No. 31 of 2025)	Communication, Information and Innovation
3.	The Harm Reduction Bill (National Assembly Bill No. 37 of 2025)	Health

Copies of the Bills are available at the National Assembly Table Office, Main Parliament Building, and on www.parliament.go.ke/the-national-assembly/house-business/bills.

The memoranda may be forwarded to the **Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi**; hand-delivered to the **Office of the Clerk, Main Parliament Building, Nairobi**; or emailed to cna@parliament.go.ke to be received on or before **Thursday, 23rd October, 2025 at 5.00 p.m.**

S. NJOROGE, CBS
 CLERK OF THE NATIONAL ASSEMBLY
 9th October, 2025

For the Welfare of Society and the Just Government of the People

**LETTER INVITING STAKEHOLDERS TO
SUBMIT VIEWS ON THE BILL**



**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/2025/93

16th October, 2025

Hon. Aden Barre Duale, EGH
Cabinet Secretary
Ministry of Health
Afya House
NAIROBI

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

Hon. Shadrack J. Mose,
Solicitor General of the Republic of Kenya
Sheria House, Harambee Avenue
P.O. Box 40112- 00100,
NAIROBI

Mr. Peter Musyimi, HSC
Ag. Chief Executive Officer/ Commission Secretary
Kenya Law Reform Commission (K.L.R.C)
Reinsurance Plaza, 3rd Floor
Taifa road
P.O BOX 34999-00100.
NAIROBI

Mr. Douglas O. Bosire
Ag. Chief Executive Officer
National Syndemic Diseases Control Council (NSDCC),
Maktaba Kuu Building, 2nd Floor,
Ngong Road, Upper hill
P.O. Box 61307 – 00200
NAIROBI

Dear **D. Oluoga**

RE: CONSIDERATION OF THE HARM REDUCTION BILL (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

The Departmental Committee on Health is established pursuant to Standing Order 216 and is mandated *inter alia* 'to study and review all legislation referred to it'.

Pursuant to the cited mandate, the Committee is currently considering the Harm Reduction Bill (National Assembly Bill No. 37 of 2025), sponsored by Hon. Esther Muthoni Passaris, MP. The Bill seeks to provide a framework for the delivery of harm reduction services within public health facilities in order to minimize drug-related deaths, drug overdose, and infectious disease transmission through the provision of harm reduction services, including access to healthcare, social services, treatment and management of persons with substance use disorder.

Copies of the Bill are available at the **National Assembly Table Office, Main Parliament Buildings** and on www.parliament.go.ke/the-national-assembly/house-business/bills.

In compliance with Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee is required to facilitate public participation in the consideration of the Bill.

Accordingly, the Committee hereby requests you to submit your views and comments on the Bill by **29th October 2025**. 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 Officer for this meeting is Mr. Hassan A. Arale, Committee Clerk, who may be contacted on **Tel No. 0721480578** or email: ddc@parliament.go.ke

Yours



JEREMIAH W. NDOMBI, MBS
For: CLERK OF THE NATIONAL ASSEMBLY

Copy to:

Hon. Dorcas A. Oduor, SC, OGW, EBS
Attorney General of the Republic of Kenya
Office of the Attorney General and Department of Justice
Sheria house
Harambee Avenue
NAIROBI

CPA. Dr. Aurelia C. Rono, CBS

Principal Secretary

State Department for Parliamentary Affairs

Railway Building

Haile Selassie Avenue

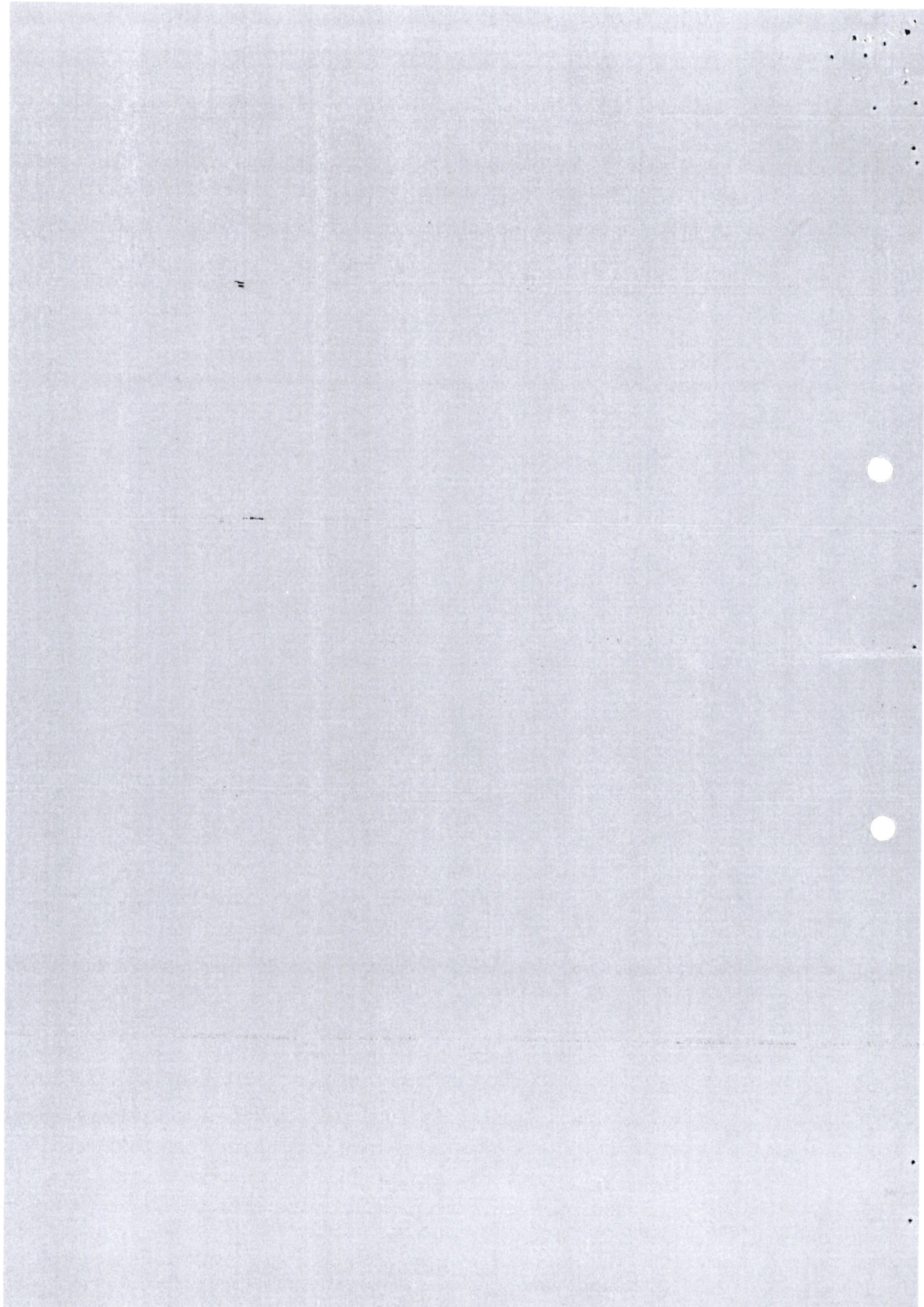
NAIROBI

Hon. Esther Muthoni Passaris, MP.

Nairobi Constituency

Parliament Buildings

NAIROBI



**LETTER INVITING STAKEHOLDERS FOR A
MEETING WITH THE COMMITTEE ON THE
BILL**



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/2025/102

11th November, 2025

Hon. Esther Muthoni Passaris, MP
Nairobi County
Parliament Buildings
NAIROBI

Dear *Mheshimiwa,*

RE: CONSIDERATION OF THE HARM REDUCTION BILL (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

The Departmental Committee on Health is established pursuant to Standing Order 216 and is mandated *inter alia* 'to study and review all legislation referred to it'.

Pursuant to the cited mandate, the Committee is in the process of considering the Harm Reduction Bill (National Assembly Bill No. 37 of 2025), which you have sponsored.

In this regard, the Committee invites you to a meeting to present your views and comments on the Bill. The meeting will be held on **Tuesday, 18th November, 2025, at 10.00 am** at a venue to be communicated.

The Liaison Officer for this meeting is **Mr. Hassan A. Arale**, Committee Clerk, who may be contacted on **Tel No. 0721480578** or email: ddc@parliament.go.ke.

Yours *sincerely,*
[Signature]

SERAH KIOKO, MBS
For: CLERK OF THE NATIONAL ASSEMBLY



**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/2026/15

10th 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

Dr. Mercy Mwangangi

Chief Executive Officer
Social Health Authority
Community Area
NAIROBI

Mr. Anthony Lenaiyara

Ag. Chief Executive Officer
Digital Health Agency
Community Area
NAIROBI

Dr. David G. Kariuki

Chief Executive Officer,
Kenya Medical Practitioners and Dentists Council,
Woodlands Rd, off Lenana Road
P.O. Box 44839-00100
NAIROBI

Dear *D. Mwangi*,

RE: RETREAT WITH THE DEPARTMENTAL COMMITTEE ON HEALTH TO DELIBERATIONS ON THE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE (UHC), TRANSITION TO THE SOCIAL HEALTH AUTHORITY (SHA), AND CONSIDERATION OF PENDING HEALTH BILLS

The Departmental Committee on Health is mandated pursuant to National Assembly Standing Orders 216 part (5) (b) to ***“study the programme and policy objectives of ministries and departments and the effectiveness of the implementation”***.

In line with this mandate, the Committee, during its Sitting held on **Thursday, 12th February 2026**, resolved to hold a retreat with key health sector agencies to deliberate on operational matters concerning the implementation of Universal Health Coverage (UHC) and the transition to the Social Health Authority (SHA). The deliberations will specifically focus on the operations of the Social Health Authority (SHA) and the Digital Health Agency (DHA). **The list of specific issues for deliberations during the meeting is attached.**

Further, the Committee is currently considering the Quality Healthcare and Patient Safety Bill (National Assembly Bill No. 41 of 2025) sponsored by the Leader of the Majority Party and the Harm Reduction Bill (National Assembly Bill No. 37 of 2025) sponsored by Hon. Esther Muthoni Passaris, MP.

Pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3) of the National Assembly, the Committee resolved to invite the Ministry of Health, as a key stakeholder, to submit its views and comments on the said Bills.

Accordingly, the purpose of this letter is to invite the two Principal Secretaries and the Chief Executive Officers of the Social Health Authority, the Digital Health Agency and the Kenya Medical Practitioners and Dentists Council to attend a retreat with the Committee scheduled for **Wednesday, 18th March 2026 and Thursday, 19th March 2026 in Mombasa County** to deliberate on the above matters.

The specific venue will be communicated in due course.

You are requested to bring (15) physical copies of your submissions during the meeting and send electronic copies to the Office of the Clerk of the National Assembly via email address: cna@parliament.go.ke by **Monday, 16th March, 2026**.

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



JEREMIAH NDOMBI, MBS

For: CLERK OF THE NATIONAL ASSEMBLY

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

Dr. Mohammed Abdi
Chairperson
Social Health Authority
SHA Building, Ragati Road
Community Area
NAIROBI

Mr. Silas Simatwo
Chairman, Board of Directors
Digital Health Agency
9th Floor, Social Health Authority (SHA) Building
Community Area
NAIROBI

STAKEHOLDER SUBMISSIONS



MINISTRY OF HEALTH

REPUBLIC OF KENYA

Mr. Githu
pds deal -
Awosika
19/3/26

ODC
8
18/03/26

STATE DEPARTMENT FOR MEDICAL SERVICES
OFFICE OF THE PRINCIPAL SECRETARY

Telephone: Nairobi 254-020-2717077
Fax: 254-2719008
Email: ps.medical@health.go.ke
When replying please quote:

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

REF: MOH/LEGAL/267 Vol. VI (55)

16th March, 2026

Mr. Samuel Njoroge, CBS
Clerk of the National Assembly
Main Parliament Buildings
P.O. Box 41842-00100
NAIROBI

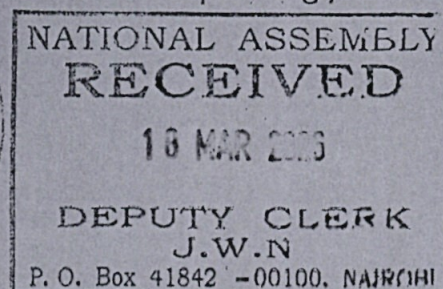
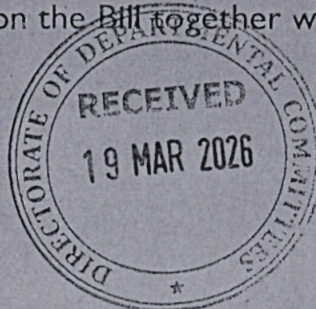
Dear *Sir,*

RE: RETREAT WITH THE NATIONAL ASSEMBLY DEPARTMENTAL COMMITTEE ON HEALTH TO DELIBERATE ON THE IMPLEMENTATIONS OF UNIVERSAL HEALTH COVERAGE (UHC), TRANSITION TO THE SOCIAL HEALTH AUTHORITY (SHA), AND CONSIDERATION OF PENDING HEALTH BILLS

We refer to the above subject matter and your letter **Ref: NA/DDC/DC-H/2026/15** and dated **10th March, 2026**, inviting the Ministry to attend a retreat with the National Assembly Departmental Committee on Health to deliberate on key issues in the health sector, including the Harm Reduction Bill, 2025.

We note that, as indicated in your letter, Committee has requested that the Ministry brings fifteen (15) physical copies of its submissions to the meeting, and further transmits electronic copies of the same to the Office of the Clerk of the National Assembly.

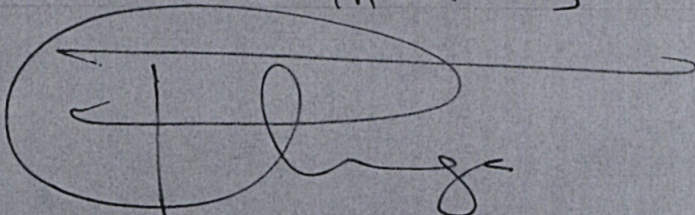
We wish to note that the Ministry has previously presented its submissions on the Bill, executed by the Cabinet Secretary, which set out the Ministry's recommendations on the Bill together with the corresponding justifications.



The purpose of this letter, therefore, is to re-submit the Ministry's submissions on the Harm Reduction Bill, 2025, for your consideration ahead of the meeting.

Yours

Sincerely

A handwritten signature in black ink, appearing to be 'Ouma Oluga', written over a horizontal line. The signature is enclosed in a large, hand-drawn oval.

DR. OUMA OLUGA, OGW
PRINCIPAL SECRETARY

Encl.

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



COMMENTS BY THE MINISTRY OF HEALTH ON THE HARM REDUCTION BILL, 2025

S/No.	Bill	Proposed amendment	Justification
1.	<p>Clause 2.</p> <p>In this Act, unless the context otherwise requires —</p> <p>"Cabinet Secretary" means the Cabinet Secretary for the time being responsible for matters relating to health;</p> <p>"drug" has the meaning assigned to it under the National Authority for the Campaign Against Alcohol and Drug Abuse Act;</p> <p>"harm reduction" means public health policies, programmes or strategies that</p>	Delete	<p>The definitions related to harm reduction are already addressed under Section 2 of the Narcotic Drugs and Psychotropic Substances (Control) Act (Cap. 245) and Section 2 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act (Cap. 122).</p> <p>The operational scope of harm reduction is further embedded in NACADA's mandate under Section 5 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act.</p>

reduce negative social or physical consequences of drug use and support the health and well-being of a person with substance use disorder;

"harm reduction services" means a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence;

"health provider" has the meaning assigned to it under the Health Act;

"person with substance use disorder" means a person who experiences social, psychological, physical or legal problems as a result of regular excessive consumption or dependence on drugs or other chemical substances; and

"substance use disorder" means a maladaptive pattern of substance use

	leading to clinically significant impairment or distress.		
2.	<p>Clause 3.</p> <p>The object of this Act is to —</p> <p>a) ensure provision of the highest attainable standard of healthcare to persons with substance use disorder;</p> <p>b) provide a legal framework for the provision and access of harm reduction services at public health facilities; and</p> <p>c) promote research and dissemination of information on the effects of substance use disorder, health risks that may arise therefrom and available treatment options.</p>	Delete	<p>Section 5 of the the National Authority for the Campaign Against Alcohol and Drug Abuse Act already establishes a national framework for prevention, treatment, and rehabilitation of substance use disorders.</p> <p>Part V of Narcotic Drugs and Psychotropic Substances (Control) Act further provides for rehabilitation for persons with substance use disorder, thus covering the objectives stated in this clause.</p>
3.	<p>Clause 4</p> <p>The implementation of this Act shall be guided by the following principles in addition to the national values and</p>	Delete	<p>Section 5 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act comprehensively</p>

	<p>principles set out under Article 10 of the Constitution and the objects of devolution specified under Article 174 of the Constitution –</p> <p>(a) inclusive and equitable provision of harm reduction services;</p> <p>(b) co-ordinated public participation in the formulation, implementation and monitoring of policies, programmes and strategies aimed at ensuring the delivery of effective harm reduction services;</p> <p>(c) transparent and accountable implementation of harm reduction programmes and strategies aimed at ensuring the realisation of the right to health;</p> <p>(d) provision of accessible and timely harm reduction services;</p>	<p>provides for NACADA's mandate to, among other functions:</p> <p>a) carry out public education on substance abuse directly and in collaboration with other public or private bodies and institutions;</p> <p>b) coordinate and facilitate public participation in the control of substance abuse; and</p> <p>c) coordinate and facilitate, in collaboration with other lead agencies and non-State actors, the formulation of national policies, laws and plans of action on control of substance abuse and facilitate their implementation, enforcement, continuous review, monitoring and evaluation.</p>
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<p>(e) provision of accessible and reliable information on harm reduction services; and</p> <p>(f) monitoring and evaluation of the policies, programmes and strategies established to enable the realisation of the right to the highest attainable standard of health and the suitability of interventions put in place to address any gaps in the delivery of harm reduction services.</p>		
<p>4. Clause 5</p> <p>5. (1) The Cabinet Secretary shall —</p> <p>(a) develop a comprehensive policy and a national strategy on harm reduction to ensure improved general welfare and treatment of persons with substance use disorder;</p> <p>(b) within six months of this Act coming into force, develop a policy and strategy</p>	<p>Delete</p>	<p>Section 15 of the Health Act extensively outlines the roles of the Cabinet Secretary for Health, including the development of health policies, laws, administrative procedures, and programmes — in consultation with County Governments, health sector stakeholders, and the public — for the progressive realization of the highest attainable standard of health for all persons, including those with substance use disorders. Further the Kenya Mental Health Act 2023 includes</p>

	<p>provisions for the treatment of persons with substance use disorders by recognizing them as persons with mental illness eligible for care, treatment, and rehabilitation.</p> <p>The Kenya Mental Health Policy provides the guideline on treatment of substance use disorders. Management of substance use disorders requires a comprehensive approach, harm reduction being one of them and hence should be delivered alongside the other interventions.</p> <p>Paragraph (c) of the Bill require the Cabinet Secretary to maintain a Register with personal data of the patient. This requirement conflicts with the Kenya Mental Health Act, which mandates confidentiality of health information related to mental illness, including substance use disorders, permitting disclosure only under strict conditions. Additionally, it raises constitutional privacy concerns under Article 31 of the Kenyan Constitution and the Data Protection Act</p>
<p>on the delivery of harm reduction services in public hospitals;</p> <p>(c) maintain a register indicating the number of persons with substance use disorder, their ages, their sex, the disorders or diseases diagnosed and the number of deaths of persons with substance use disorder;</p> <p>(d) develop standards to be maintained by health facilities providing harm reduction services;</p> <p>(e) provide the necessary resources for the provision of harm reduction services at national referral hospitals;</p> <p>(f) promote research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder; and</p>	

<p>(g) carry out such other roles necessary for the implementation of the object and purpose of this Act.</p> <p>(2) The Cabinet Secretary shall designate a Directorate under the Ministry of Health to co-ordinate the provision of harm reduction services in the country.</p>		<p>2019, both of which protect personal health information from unauthorized disclosure. Therefore, while the Harm Reduction Bill aims to improve care for individuals with substance use disorders, it must carefully balance this goal with existing legal obligations to protect privacy and confidentiality.</p> <p>Paragraph (d) of the Bill provide that the Cabinet Secretary shall develop Standards to be maintained by health facilities providing harm reduction services: the Mental Health Act 2023 already empowers the Kenya Board of Mental Health to establish and enforce standards for mental health facilities, including those treating substance use disorders, which are recognized as mental health conditions. Additionally, the Kenya Medical Practitioners and Dentists Council (KMPPDC) has set regulations governing the treatment and rehabilitation of such</p>
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			<p>disorders, making separate standards under the Harm Reduction Bill potentially redundant and overlapping</p>
<p>5.</p>	<p>Clause 6</p> <p>6. (1) The County Executive Committee member responsible for matters relating to health shall—</p> <p>(a) implement the national policy, strategy and standards relating to harm reduction services;</p> <p>(b) facilitate the provision of harm reduction services within the county health facilities;</p> <p>(c) mobilise resources necessary for the delivery of harm reduction services in the respective county;</p>	<p>Delete</p>	<p>Section 20 of the Health Act comprehensively outlines the roles of County Governments in realizing the highest attainable standard of health for all persons, including individuals with substance use disorders. It assigns County Governments the responsibility of implementing national health policies and standards set by the National Government, as well as overseeing service delivery — including the maintenance, financing, and further development of devolved health services and institutions.</p>

<p>(d) allocate adequate funds and resources necessary for the effective delivery of harm reduction services in the country health facilities;</p> <p>(e) facilitate access to information on harmful health, economic and social consequences of the consumption of drugs and substance use disorders in the respective country;</p> <p>(f) establish half-way houses for the care, treatment and rehabilitation of persons with substance use disorder in the respective country;</p> <p>(g) develop and carry out sensitisation programmes on harm reduction and its effect on the prevention of infectious diseases in the respective country; and</p> <p>(h) provide psychosocial support to persons with substance use disorder, their</p>		
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	<p>families, care givers, dependents and the community.</p> <p>(2) The County Executive Member responsible for matters relating to health shall designate a County Committee to coordinate the provision of harm reduction services in the respective county.</p>		
<p>6.</p>	<p>Clause 7</p> <p>The national government shall in collaboration with county governments</p> <p>—</p> <p>(a) develop community health and social programmes for the care and rehabilitation of persons with substance use disorder;</p> <p>(b) carry out sensitization programmes on the care and rehabilitation of persons with substance use disorder;</p>	Delete	<p>Section 5 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act already recognizes NACADA's mandate to:</p> <p>a) in collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders;</p> <p>b) coordinate and facilitate, in collaboration with other lead agencies and non-State actors, the formulation of national policies, laws and plans</p>

<p>(c) promote access to information on the care, treatment and rehabilitation of persons with substance use disorder;</p> <p>(d) promote and provide psychosocial support, peer recovery support services, counselling and treatment of persons with substance use disorder, their families, caregivers, dependents and the community in general; and</p> <p>(e) ensure that a person with substance use disorder is meaningfully engaged in planning, delivery, monitoring and evaluation of harm reduction services.</p>		<p>of action on control of substance abuse and facilitate their implementation, enforcement, continuous review, monitoring and evaluation;</p> <p>c) carry out public education on substance abuse directly and in collaboration with other public or private bodies and institutions; and</p> <p>d) coordinate and facilitate public participation in the control of substance abuse.</p> <p>Part V of Narcotic Drugs and Psychotropic Substances (Control) Act, further, adequately provides for the framework for rehabilitation for persons with substance use disorder, including recognizing the Cabinet Secretary's mandate to establish such number of rehabilitation centres as he thinks fit for the care, treatment and rehabilitation of persons addicted to narcotic drugs or psychotropic substances.</p>
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<p>7.</p>	<p>Clause 8</p>	<p>8. (1) The Cabinet Secretary shall cause to be established harm reduction facilities which shall be adequately provided with trained health providers and necessary equipment and facilities, the standard of which shall be defined by the Ministry responsible for matters relating to health.</p> <p>(2) The health providers referred to in this section shall be trained in the treatment, after-care, rehabilitation and social reintegration of persons with substance use disorder.</p>	<p>Delete</p>	<p>Section 5(e) of the National Authority for the Campaign Against Alcohol and Drug Abuse Act succinctly recognizes NACADA's mandate to, in collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders.</p> <p>Part V of Narcotic Drugs and Psychotropic Substances (Control) Act adequately provides the framework for rehabilitation for persons with substance use disorder, including recognizing the Cabinet Secretary's mandate to establish such number of rehabilitation centres as he thinks fit for the care, treatment and rehabilitation of persons addicted to narcotic drugs or psychotropic substances.</p>
<p>8.</p>	<p>Clause 9</p>	<p>Delete</p>	<p>Delete</p>	<p>Section 5(e) of the National Authority for the Campaign Against Alcohol and Drug Abuse Act succinctly recognizes NACADA's mandate to, in</p>

<p>9. (1) A person with substance use disorder shall be entitled to harm reduction services including—</p> <ul style="list-style-type: none"> (a) harm reduction commodity distribution including needle and syringe programme; (b) medically assisted therapy; (c) HIV-related healthcare services; (d) Sexually Transmitted Infections treatment and prevention services; (e) counselling services; and (f) provision of crisis management support. <p>(2) A person with substance use disorder shall not be—</p> <ul style="list-style-type: none"> (a) denied access to harm reduction services in any public hospital; 		<p>collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders.</p> <p>Part V of Narcotic Drugs and Psychotropic Substances (Control) Act, further, adequately provides the framework for rehabilitation for persons with substance use disorder, including recognizing the Cabinet Secretary's mandate to establish such number of rehabilitation centres as he thinks fit for the care, treatment and rehabilitation of persons addicted to narcotic drugs or psychotropic substances.</p>
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(b) denied access to treatment by a trained health provider in any public hospital; and
(c) victimized, discriminated against or in any way subjected to unfair treatment while seeking harm reduction services.

(3) For purposes of this section, the following documentation may be used to verify the membership of a person to harm reduction programmes and facilitate provision of harm reduction services —

(a) a clinic card containing the file number indicating the harm reduction programme that the person with substance use disorder is engaged in;

(b) a letter of referral from a licensed health provider; and

(c) any other documentation as may be prescribed by policy and regulations.

<p>9. Clause 10</p> <p>A healthcare provider shall have the duty to-</p> <p>(a) grant a person with substance use disorder access to harm reduction services;</p> <p>(b) provide treatment or any information that may enable a person with substance use disorder access the necessary medical attention; and</p> <p>(c) not obstruct the police in the course of their duty.</p>	<p>Delete</p>	<p>Section 5(e) of the National Authority for the Campaign Against Alcohol and Drug Abuse Act succinctly recognizes NACADA's mandate to, in collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders.</p> <p>Part V of Narcotic Drugs and Psychotropic Substances (Control) Act, further, adequately provides the framework for rehabilitation for persons with substance use disorder, including recognizing the Cabinet Secretary's mandate to establish such number of rehabilitation centres as he thinks fit for the care, treatment and rehabilitation of persons addicted to narcotic drugs or psychotropic substances.</p> <p>Section 24 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act,</p>
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			<p>further, already provides that obstructing or hindering an authorized officer in the execution of their duties relating to the control of substance abuse constitutes an offence.</p>
<p>10. Clause 11</p> <p>11. (1) A health provider commits an offence if they —</p> <p>(a) unduly refuse to grant a person access to harm reduction services; or</p> <p>(b) unreasonably withhold information or treatment services.</p> <p>(2) A person who commits an offence under this section is liable, upon conviction, to a fine not exceeding two hundred thousand shillings or to imprisonment for a term not exceeding two years or to both.</p>	<p>Delete</p>		<p>Section 25 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act already categorizes any offences committed in relation to the implementation of the institutional framework for the control of substance abuse as cognizable offences and prescribes the relevant penalties.</p>

<p>11. Clause 12</p> <p>A person who contravenes any provision of this Act or of any regulations made under this Act, for which no specific penalty is provided, is liable upon conviction —</p> <p>(a) in the case of a natural person, to a fine of not less than one million shillings or to imprisonment for a term of not less than one-year or to both such fine and imprisonment; and</p> <p>(b) in the case of a body corporate, to a fine of not less than two million shillings.</p>	Delete	<p>Section 25 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act already categorizes any offences committed in relation to the implementation of the institutional framework for the control of substance abuse as cognizable offences and prescribes the relevant penalties.</p>
<p>12. Clause 13</p> <p>The Cabinet Secretary may require a public institution concerned with any aspect or function relating to the provision of harm reduction services for persons with substance use to collaborate</p>	Delete	<p>Section 5(g) of the National Authority for the Campaign Against Alcohol and Drug Abuse Act already provides for NACADA's mandate to coordinate and facilitate, in collaboration with other lead agencies and non-State actors, the formulation of national policies, laws and plans of action on control</p>

	<p>with the Ministry of Health and to submit such reports and information as may be necessary for the effective management of harm reduction services.</p>		<p>of alcohol and drug abuse and facilitate their implementation, enforcement, continuous review, monitoring and evaluation.</p>
<p>13.</p>	<p>Clause 14</p> <p>14.(1) The Cabinet Secretary may, in consultation with the Council of County Governors, make regulations generally for the better carrying into effect of this Act.</p> <p>(2) Without prejudice to the generality of the foregoing, regulations under this section may provide for</p> <p>(a) establishment of harm reduction facilities;</p> <p>(b) guidelines on the provision of harm reduction services;</p>	<p>Delete</p>	<p>Section 29 of the National Authority for the Campaign Against Alcohol and Drug Abuse Act recognizes the mandate of the Cabinet Secretary responsible for matters relating to national security to make Regulations in relation to implementing the institutional framework for the control of substance abuse.</p> <p>Section 84 of the Narcotic Drugs and Psychotropic Substances (Control) Act further provides for the power of the Cabinet Secretary responsible for matters relating to interior to make Regulations with respect to the control of the possession of, and trafficking in, narcotic drugs and psychotropic substances.</p>

<p>(c) guidelines to be observed by health facilities when providing harm reduction services; and</p> <p>(d) minimum standards relating to the —</p> <p>(i) training of health providers in respect to harm reduction services; and</p> <p>(ii) scope of education and sensitisation interventions to be employed to reduce stigma and enhance the effectiveness of harm reduction services.</p> <p>(3) For the purposes of Article 94(6) of the Constitution —</p> <p>(a) the power of the Cabinet Secretary to make regulations shall be limited to bringing into effect the provisions of this Act and the fulfilment of the objectives specified under subsection (1); and</p>		
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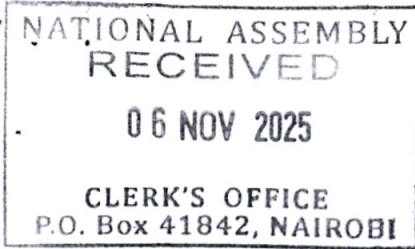
(b) the principles and standards set out under the Statutory Instruments Act and the Interpretation and General Provisions Act in relation to subsidiary legislation shall apply to regulations made under this Act.

Dated the 16th November....., 2025.



HON. ADEN DUALE, EGH

Cabinet Secretary for Health



REPUBLIC OF KENYA

OFFICE OF THE ATTORNEY-GENERAL
&
DEPARTMENT OF JUSTICE



Our Ref: AG/LDD/121/1/19

5th November, 2025

Mr. Samuel Njoroge
The Clerk of the National Assembly
Clerk's Chambers, Parliament Buildings
P. O. Box 41842-00100
NAIROBI

② Hassan Arale
To place before the Dept. Committee on
Health. On 10/11/25

RE: CONSIDERATION OF THE HARM REDUCTION BILL (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

Reference is made to your letter under Ref. No. NA/DDC/DC-H/2025/93 and dated 16th October, 2025, requesting for this Office to submit views and comments on the proposed Harm Reduction Bill, 2025.

Having reviewed the Bill, our views and comments as hereunder:

1. The title of the Bill is too broad and does not speak to the content or purpose of the Bill. We propose that the title be amended to bring out a correlation with the content of the Bill.
2. **Cause 2** provides for the definition of "person with substance use disorder" and "substance use disorder". However, the Bill does not provide for a procedure for assessment and diagnosis of persons with substance use disorder. It is therefore not clear how they are identified and categorized as such. We propose that a comprehensive procedure for assessment by a health care professional be provided in the Bill. This will enable the healthcare providers to determine treatment options available and do the necessary follow-ups.
3. **Clause 3** outlines the objectives of the Act. Upon review of the Bill, we have established that the Bill seeks to provide access to harm reduction services in order to reduce the harm associated with drug use. The objectives stated in clause 3 therefore are too generalized and do not speak to what the Bill seeks to provide.
4. **Clause 5** deals with the roles of the National Government which includes maintaining of a register indicating the number of persons with substance use disorder. There is no specified procedure for identifying and collecting the data of

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persons with substance use disorder. This ought to be provided in the Bill to enable health care professionals to track patient information and monitor progress.

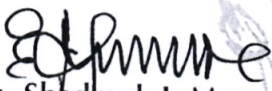
5. **Clause 6(2)** provides that the County Executive Member responsible for health shall designate a county committee. The Bill does not specify the composition of the Committee. We propose that members of the Committee be specified to ensure uniformity in all counties.
6. **Clause 9 (1)** states the harm reduction services that a person with substance use disorder shall be entitled to including needle and syringe programme. However, the Bill does not elaborate on the role of the needle and syringe programme in reducing harm caused by substance abuse. Therefore, there is need to provide for the definition of "needle and syringe programme" and state its purpose. In addition, there is need to provide for a system of distribution and ensuring proper disposal of used needles and syringes to prevent injuries and environmental contamination. Apart from the needle and syringe programme, the other harm reduction services stated in clause 9 are services currently available to all persons at the health facilities across the country.
7. **Clause 9 (3)** provides for documentation to be produced to verify membership of a person to a harm reduction programme. The procedure and criteria of becoming a member of a harm reduction programme has not been provided. The Bill should provide safe and confidential registration procedure of members to a harm reduction programme.
8. We have reviewed the provisions of the National Authority for the Campaign Against Alcohol and Drug Abuse Act (Cap. 122). The Act provides an elaborate framework to deal with the control of alcohol and drug abuse. It establishes the National Authority for the Campaign Against Alcohol and Drug Abuse (Authority) which is the institution mandated to spearhead the fight against substance abuse. Section 5 of the Act provides for the functions of the Authority, including:
 - (a) to provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders; and
 - (b) to coordinate and facilitate, in collaboration with other lead agencies and non-State actors, the formulation of national policies, laws and plans of action on control of alcohol and drug abuse and facilitate their implementation, enforcement, continuous review, monitoring and evaluation.
9. Pursuant to section 5 of the Act, the Authority in the performance of its functions, may formulate policies, develop strategies and standards, operate rehabilitation services etc. We note that the proposed Bill defines "harm reduction" to mean public health policies, programmes or strategies that reduce negative social or physical consequences of drug use and support the health and well-being of a person with substance use disorder; and "harm reduction services" to mean a set of practical strategies that reduce negative consequences of drug use,

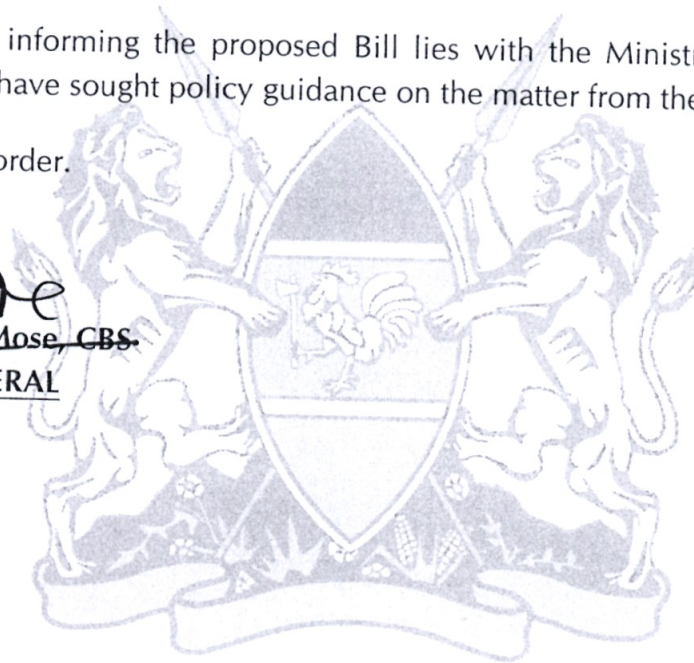
incorporating a spectrum of strategies from safer use to managed use to abstinence.

10. In our considered opinion, the harm reduction services proposed in the Bill relates to the functions of the Authority as provided in the Act. Further, the National Authority for the Campaign Against Alcohol and Drug Abuse Policy, 2025 outlines policy interventions and action plans to combat alcohol and drug abuse. One of the policy interventions provided in the Policy is to promote provision of and access to quality and affordable treatment, rehabilitation, and aftercare services for persons with substance use disorders. Therefore, the proposed harm reduction services is within the mandate of the Authority and it is not necessary to create a new institution to implement the same. In view of this, we recommend incorporation of harm reduction services in the National Authority for the Campaign Against Alcohol and Drug Abuse Policy and may be implemented as a programme by the Authority.

11. The policy informing the proposed Bill lies with the Ministry of Health. In this regard, we have sought policy guidance on the matter from the Ministry.

We trust this is in order.


Hon. Shadrack J. Mose, CBS
SOLICITOR- GENERAL



KENYA LAW REFORM COMMISSION



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When replying please quote

Ref. No. KLRC/8/64 VOL.V/(46)
and Date



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7th November, 2025

(1) DDC
Please deal
10/11/25

The Clerk,
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P. O. Box 41842-00100,
NAIROBI

*(2) Adan Gindicha, HOD
Hassan Arale*

*Pls bring to the attention of the
Dept. Committee on Health.*

DM 11/11/25

(Attn: Mr. Jeremiah Ndombi, MBS)

RE: CONSIDERATION OF THE HARM REDUCTION BILL (NATIONAL ASSEMBLY
BILL NO. 37 OF 2025)

Please refer to the above subject and your Letter Ref: NA/DDC/DC-H//2025/93 dated 16th October, 2025.

Enclosed herewith, please find the Commission's Comments on the Harm reduction Bill, 2025 further action.

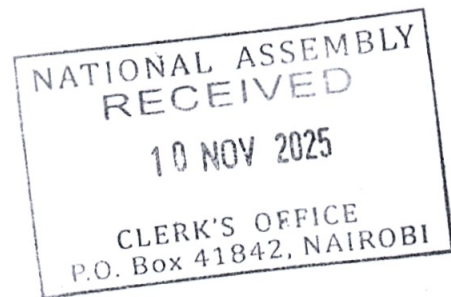
We thank you for your cooperation and support.

P.
Peter Musyimi, HSC
Ag. SECRETARY/ CEO

Encl.

Copy to:

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KLRC SUBMISSION OF COMMENTS ON
THE HARM REDUCTION BILL, 2025 BY HON. ESTHER M. PASSARIS

A. Introduction

The Harm Reduction Bill, 2025 seeks to provide a legislative framework for the provision and coordination of harm-reduction services for persons with substance-use disorders. It represents a decisive shift from punitive enforcement to a health-centred and rights-based approach, consistent with Article 43(1)(a) of the Constitution on the right to the highest attainable standard of health.

The Bill's objectives align with global trends in public health policy that recognise substance use as a medical and social condition rather than a criminal one. According to NACADA, approximately 26,000 people inject drugs in Kenya, with an estimated HIV prevalence of 18 percent in that group. Evidence from comparable jurisdictions such as Portugal, which adopted a harm-reduction model in 2001, shows reductions of over 50 percent in new HIV infections and 80 percent in overdose deaths.

The Kenya Law Reform Commission therefore supports the policy direction of the Bill. However, several provisions require refinement and the detailed clause-by-clause analysis and recommendations below are intended to strengthen the Bill's clarity, constitutional alignment and practical implementability.

B. Clause-by-Clause Analysis and Recommendations

Clause	Issue / Observation	Proposed Amendment	Rationale / Justification
2 – Interpretation	The Bill lacks a definition for “harm-reduction facility,” yet the term is central to implementation and has been used uniquely in the substantive provisions.	Insert: <i>“Harm-reduction facility” means a health or community-based establishment, whether fixed or mobile, designated to provide harm-reduction services.</i> ”	Provides legislative clarity.
5(1)(b)	The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation.	The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation.	The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation. The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation.
5(1)(c)	The Cabinet Secretary is assigned an implementation role (maintaining registers) instead of a policy role. The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation.	Vest data-collection and maintenance functions in county governments, retaining the Cabinet Secretary’s policy, coordination and standard-setting role. The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation.	Aligns with the Fourth Schedule, Part 2(2) of the Constitution assigning health-service delivery to counties; ensures devolution coherence. The requirement to develop a policy and strategy “within six months” is unrealistic given the rigours of policy formulation.
6(1)	The clause could be clearer on county	Insert words “in each county” after	Makes the obligation county-

	jurisdiction through refined drafting.	“The County Executive Committee Member responsible for matters relating to health shall...”	specific and enhances drafting precision.
6(1)(f)	“Halfway houses” are mentioned but undefined.	Insert the following definition under clause 2: <i>“Halfway house” means a transitional rehabilitation and support centre for persons recovering from substance-use disorders prior to full reintegration into the community.</i> ”	Provides legal certainty and allows regulation under the <i>Health Act</i> and <i>Public Health Act</i> .
8(1)	The clause assigns to the Cabinet Secretary the function of establishing harm-reduction facilities. However, the establishment and management of health facilities constitute county health functions under Part 2 of the Fourth Schedule to the Constitution. The Cabinet Secretary cannot compel their creation, as the underlying function is not vested in the national government.	Delete Clause 8(1) and recast it under the functions of county governments (Clause 6), to read in substance— <i>“Each county government shall establish and operate harm-reduction facilities in accordance with national standards developed by the Cabinet Secretary responsible for health.”</i>	Health service provision and facility establishment are constitutionally devolved to county governments. Vesting this function in the Cabinet Secretary would be ultra vires and inconsistent with Articles 6(2) and 186(1) of the Constitution. The Cabinet Secretary’s role should remain limited to national policy, standard-setting, and coordination under Clause 5.
9(1)	Passive drafting weakens enforceability of	Redraft actively: <i>“Every person with a substance-use</i>	Rights-based active drafting enhances enforceability and

	the entitlement to services. It does not mention where the obligation lies.	<i>disorder is entitled to access harm-reduction services provided by an accredited facility or programme.</i>	accountability.
11(1)–(2)	Criminalizing health providers for administrative lapses is unnecessary and counter-productive.	Delete Clause 11 in its entirety.	Professional conduct is regulated under existing statutes (Health Act, Medical Practitioners and Dentists Council Act, Nursing Council Act). Criminalisation may discourage service delivery.
14(1)	Consultation limited to the “Council of County Governors.” The Council is a coordinating body, not a constitutional consultee.	Replace “ <i>Council of County Governors</i> ” with “ <i>county governments.</i> ”	Ensures consultation with the actual implementing entities in accordance with Article 189 and the <i>Intergovernmental Relations Act, 2012</i> .
New Clause – Consequential Amendments	The Bill does not address coordination with existing laws.	Insert a clause with consequential amendments to—• the <i>NACADA Act</i> (to integrate harm-reduction policy into national drug-control strategy); and• the <i>HIV and AIDS Prevention and Control Act</i> (to embed harm-reduction measures in HIV-prevention programmes).	Prevents statutory conflict and ensures a coherent legislative framework.
Clauses 8(1), 9(1)	Several provisions use passive constructions (“shall cause to be	Redraft in active form, e.g.—• Clause 8(1): “ <i>The Cabinet Secretary</i>	Active voice assigns clear responsibility, avoids bureaucratic ambiguity, and

	established”, “shall be entitled to be provided with”).	<i>shall develop...</i> ” (delete “shall cause to be developed”); • Clause 9(1): “ <i>Every person with a substance-use disorder is entitled to access...</i> ”	enhances administrative accountability.
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C. Conclusion

The Commission remains available to provide further drafting or technical support to the National Assembly during consideration of the Bill.



① DDC
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25/11/25

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(3) Mr. Arale

please
deal

8
26/11/25

(2) Adan Gindicha, HOD

To place before the Dept.
Committee on Health for
deliberation.

DM
26/11/25

MEMORANDUM
TO

THE CLERK OF THE NATIONAL ASSEMBLY
ON

THE HARM REDUCTION BILL, 2025

NOVEMBER, 2025

Faith Odhiambo, President Law Society of Kenya

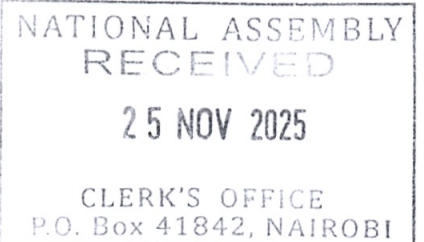
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1. Introduction

The Law Society of Kenya is a professional statutory body established under the Law Society of Kenya Act, No. 21 of 2014 with a mandatory membership of all Advocates in Kenya.

The organs of the Society are the General Membership, the Council, the Branches and the Secretariat. The Council is the governing body of the Law Society of Kenya. It comprises a President, a Vice- President and eleven other members, all of whom must be members of the Law Society of Kenya.

Currently, the Council is comprised of The President, The Vice-president and 11 Council members namely:

- **President**, Faith Mony Odhiambo
- **Vice President**, Mwaura Kabata
- **General Membership Representatives**, Tom K'opere, Teresia Wavinya, Hosea Manwa
- **Nairobi Representatives**, Gloria Kimani, Irene Otto, Stephen Mbugua
- **Up-country Representatives**, Vincent Githaiga, Lindah Kiome, Hezekiah Aseso, Zulfa Roble
- **Coast Representative**, Elizabeth Wanjeri
- **Secretary/CEO**, Florence W. Muturi

Under **Section 4(a)** of the LSK Act, one of the Society's statutory objectives is *to assist the Government and the courts in all matters affecting legislation and the administration and practice of law in Kenya.*

The Society recognises the Bill's important objective: to reframe responses to substance use from punitive models toward public-health and rights-based approaches. However, the Bill in its present form raises a number of constitutional, legal, policy and operational concerns which, unless addressed, risk undermining its public-health intent and constitutional compliance. The Society therefore submits the comments and recommendations below for consideration by the Committee.

2. General Comment

1. The Law Society of Kenya supports the policy shift that the Bill seeks to advance. However, we note, that the Bill in its current form contains significant gaps and ambiguities that could lead to unintended consequences if enacted without substantial redrafting and broader stakeholder consultation.
2. The Bill lacks sufficiently precise definitions for technical terms (e.g., “harm reduction services”, “harm reduction facility”, “medically assisted therapy”, “halfway house”). Clear definitions are essential to avoid restrictive and inconsistent implementation.
3. Provisions for a national register and broad data-collection powers raise serious privacy, dignity and child-protection concerns and must be brought explicitly into conformity with the Data Protection Act, 2019 and applicable health data standards.
4. The Bill does not sufficiently protect authorized service users and providers from criminal liability and routine law-enforcement interference. This undermines service uptake and violates constitutional rights to health, dignity and non-discrimination.
5. The Bill favors clinic-based services and does not give enough recognition to community-led and peer-led harm reduction programmes, which play a key for outreach and continuity of care.
6. The Bill lacks provisions on domestic financing mechanisms for harm reduction, creating a risk that programmes will remain dependent on donor funding. This reliance on external donors is unsustainable and should be addressed to ensure long-term viability
7. Roles and responsibilities between national and county governments, the Cabinet Secretary and the Council of Governors require clearer articulation to avoid duplication and ensure effective service delivery under Article 189.

No.	Provision (Clause)	Issue	Proposed Amendment / Text	Justification
1	Clause 2 (Interpretation)	Key technical terms undefined or narrowly defined.	<p>Insert comprehensive definitions the following terms in Bold:</p> <p>“Harm reduction services” “a progressive set of evidence-based public-health, social and legal interventions aimed at minimising adverse health, social and legal consequences of drug use, which may include but are not limited to NSP, OST, naloxone distribution, overdose response, psychosocial support, outreach, and linkage to social services.”</p> <p>Harm reduction facility Define the specific principle of harm reduction such as Needle and Syringe Program (NSP), Opioid Substitution Therapy (OST), Drop-in Center, Overdose Prevention Site. A non-judgmental, person-centred health and social service site that provides practical, evidence-based tools and resources to people who use drugs to reduce the immediate health risks associated with their substance use, without requiring abstinence as a condition for receiving services.</p> <p>Halfway house To ensure the persons with substance use disorder do not fall back into drug use after being exposed to</p>	Legal certainty; prevents narrow interpretation by enforcement agencies or courts; aligns Kenyan law with international standards.

			<p>therapies such as OST, it is important to establish transitional set ups where they can be housed without accessing the substances.</p> <p>A transitional residential facility that provides a safe, structured, and substance-free environment for individuals who are moving from inpatient rehabilitation towards full independence in society.</p> <p>Medically assisted therapy The use of pharmacological treatments such as Opioid Use Disorder and Alcohol use Disorder, in combination with counselling and behavioural therapies to provide a whole patient approach to the treatment of persons with substance use disorders.</p>	
2	<p>Clause 5(1)(a) The Cabinet Secretary shall –</p> <p>a) Develop a comprehensive policy and a national strategy on harm reduction to ensure improved general welfare and treatment of persons with substance use disorder;”</p> <p>....</p>	<p>No explicit requirement for stakeholder consultation in policy/strategy development. In keeping with the need for the public’s participation at every stage of making laws and policies, and in acknowledgment of specific expertise in matters of substance use disorders that resides outside of the Ministry of Health, it would be more helpful to expressly include the requirement for consultation in Clause 5(1).</p>	<p>Amend: “The Cabinet Secretary shall, in consultation with stakeholders (including county governments, civil society, and peer networks), develop a comprehensive national harm reduction policy and strategy.”</p>	<p>Ensures participatory policy-making and legitimacy; draws on technical expertise beyond Ministry of Health)</p>

3	<p>Clause 5(1)(c) (Register) c) maintain a register indicating the number of persons with substance use disorder, their ages, their sex, the disorders or diseases diagnosed and the number of deaths of persons with substance use disorder;</p>	<p>What privacy and data protections are afforded to the persons on this central register that is ostensibly to be kept by the Cabinet Secretary for Health? How is their data to be protected, bearing in mind that some of these persons listed may be <u>minors</u>?</p> <p>No reference has been made to data protection and a stringent penalty for any breach of the provisions of the Data Protection Act with regard to the persons on this list.</p>	<p>Amend to require only aggregated, anonymised national data for planning. If individual-level records are collected, they must be lawful, minimal, stored securely, collected with informed consent and handled in strict conformity with the Data Protection Act, 2019; offences for unlawful disclosure.</p>	<p>Protects privacy, dignity and encourages service uptake; compliance with DPA 2019 and constitutional privacy rights (Art. 31).</p>
	<p>Clause 5(1)(f): f) promote research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder; and ...</p>	<p>No reference has been made to data protection and a stringent penalty for any breach of the provisions of the Data Protection Act with regard</p>	<p>Clause 5(1)(f) should be amended to read as follows: f) promote research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder. Such research, data collection, analysis, sharing and dissemination of information must adhere to the provisions of the Data Protection Act; and...</p>	<p>Protects privacy, dignity and encourages service uptake; compliance with DPA 2019 and constitutional privacy rights (Art. 31).</p>
4	<p>Clause 6 (County roles)</p>	<p>Clause 6(1) does not impose any obligation on County Governments to maintain registers or records of persons with substance use disorders within their</p>	<p>Clause 6(1), which outlines the functions of County Governments, should be amended to include at least two provisions that mirror Clauses 5(1)(c) and 5(1)(f) in relation to county-level responsibilities.</p>	<p>These additions would ensure coherence between national and county roles, enhance national data completeness in a manner consistent with the principles of cooperation and mutual relations under</p>

		<p>jurisdictions, nor does it require counties to undertake research or data collection. This is in contrast to Clauses 5(1)(c) and 5(1)(f), which expressly assign these responsibilities to the national government.</p> <p>This omission creates a substantive gap. It would be impractical—if not impossible—for the Ministry of Health to establish or maintain the envisaged “Master Register” under Clause 5(1)(c) without corresponding data being generated and maintained at the county level.</p> <p>Accordingly, Clause 6(1) as presently drafted lacks at least two essential provisions that mirror Clause 5(1)(c) and Clause 5(1)(f), adapted to the county context.</p>	<p>First, a new paragraph should be inserted to reflect the data management obligations imposed on the national government under Clause 5(1)(c). It could be framed as follows:</p> <p>“(c) maintain a register, in conformity with the Data Protection Act, at each healthcare facility designated to provide harm reduction services, indicating the number of persons with substance use disorder, their ages, sex, diagnosed disorders or diseases, and the number of deaths of persons with substance use disorder.”</p> <p>In addition, a further clause should require the County Executive Committee Member responsible for health to submit monthly returns to the Cabinet Secretary for Health based on the registers maintained at designated facilities. Clause 13 of the Bill is insufficiently specific on this point and should therefore be reinforced through an explicit reporting obligation under Clause 6(1).</p> <p>Second, because persons with substance use disorders seek services at county health facilities—not only at national referral hospitals—Clause 6(1) should also include a provision mirroring Clause 5(1)(f). A suitable formulation could be:</p>	<p>Article 189 of the Constitution, strengthen the data framework contemplated under the Bill, and support the effective implementation of harm reduction services across all levels of the health system.</p>
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			“(d) in consultation with the Cabinet Secretary for Health, promote research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder, ensuring that all such activities adhere to the provisions of the Data Protection Act.”	
5	<p>Clause 8(1):</p> <p>“The Cabinet Secretary shall cause to be established harm reduction facilities which shall be adequately provided with trained health providers and necessary treatment and facilities, the standard of which shall be defined by the Ministry responsible for matters relating to health”.</p>	<p>A critical question arises as to whether the proposed harm reduction facilities are intended to operate as standalone institutions or to be integrated within existing health facilities.</p> <p>If these facilities are separate from mainstream county or national health facilities, several concerns emerge:</p> <p>Risk of stigma and unintended disclosure of private health information:</p> <p>Standalone harm reduction facilities may inadvertently expose individuals seeking services. Anyone seen entering or exiting such a facility could easily be identified as a person with a substance use disorder or as someone associated with such a person thereby increasing the risk of stigma and</p>	<p>Require harm reduction services to be provided within existing health facilities (or through accredited community partners co-located with health services) with clear accreditation standards; gazette designated facilities.</p>	<p>Reduces stigma, ensures emergency care and confidentiality.</p>

		<p>breaches of confidentiality.</p> <p>Increased risk of inadequate response to adverse health outcomes:</p> <p>Persons with substance use disorders face elevated risks of medical emergencies, including overdoses or exposure to contaminated or toxic substances. In such instances, timely access to comprehensive emergency medical care is critical. These services are most effectively delivered within established health facilities equipped to manage acute medical crises. Locating harm reduction services outside existing health facilities could therefore compromise the quality and immediacy of emergency care available to affected individuals.</p>		
6	Clause 9(2) Harm Reduction Services:	<p>Clause 9(2) as currently drafted is problematic. Its wording appears to suggest that a person seeking harm reduction services from a private healthcare facility may be denied such services, which could</p>	<p>If the intention of the Bill is not to give the impression that harm reduction services at private can be denied, or that any public hospital will have the capability to provide harm reduction services, additional provisions are necessary here – Perhaps:</p>	<p>These additions would reinforce the Bill's commitment to accessibility and quality of care, while providing necessary clarity for both public and private sector providers.</p>

		<p>undermine access to essential health interventions and contradict the Bill's stated objectives.</p> <p>In addition, the provision raises uncertainty regarding the scope of designation of public health facilities. It is unclear whether all public health facilities will be designated and sufficiently equipped to provide harm reduction services, or whether only select facilities will be authorised to do so. Without clarity on this point, there is a risk of inconsistent service availability across counties, unequal access, and potential strain on the limited number of facilities that may ultimately be designated.</p>	<p>i) Guaranteeing persons with substance use disorders of the availability of adequate and treatment at all public health facilities; and</p> <p>ii) Assuring the persons in charge of private health facilities that they can claim their expenses arising from the provision of such treatment from an adequately-resourced fund overseen by the national government.</p>	
7	<p>Clause 10(c) "A healthcare provider shall have the duty to –</p> <p>c) not obstruct the police in the course of their duty.</p>	<p>Clause may compel disclosure or permit police access; undermines confidentiality and trust.</p>	<p>Delete Clause 10(c) and insert: "Law enforcement shall not enter, search or arrest persons at designated harm reduction service sites except on lawful cause supported by warrant. The Cabinet Secretary shall issue guidelines to prevent arbitrary interference."</p>	<p>Protects client confidentiality and service uptake; consistent with public-health objectives.</p>
8	<p>Clause 11–12 (Offences / Penalties)</p>	<p>Over-broad residual criminalisation and vagueness in offences.</p>	<p>Replace blanket criminal penalties with administrative/regulatory sanctions for service delivery breaches; reserve criminal sanctions only for wilful, fraudulent, or violent</p>	<p>Avoids creating a deterrent effect on service provision and ensures that enforcement measures remain consistent with the harm-reduction ethos.</p>

			conduct that endangers life. Ensure offences satisfy criminal law certainty and proportionality (Art.50).	
9	Clause 14 on Regulation-making	Delegated Legislation, to include mandatory consultations with county governments before making regulations	Before making regulations under this Act, the Cabinet Secretary shall consult with the Council of County Governors.	To ensure local needs and context are adequately considered in policy making
10	New Provisions	Financing, multisectoral coordination, community accreditation, gender/youth safeguards	Insert new Parts: (a) National Harm Reduction Coordination Committee (NHRCC) with multisectoral membership; (b) Harm Reduction Fund with progressive domestic financing targets for national and county budgets; (c) statutory recognition & accreditation of community/peer-led providers; (d) mandatory gender-responsive and youth-inclusive measures and anti-stigma protections; (e) referral pathways to social protection, housing and employment programmes.	Ensures sustainability, coordination, inclusivity and whole-of-society approach; anchors obligations to Article 43 (health), 27 (equality) and 189 (devolution).

We recommend that our proposals be considered prior to the Bill's enactment.

Yours **faithfully**,



Faith Odhiambo
President, Law Society of Kenya



① DOC
27/10/25
② Hassan Asub
Beel
27/10/25

MEMORANDUM ON THE HARM REDUCTION BILL, 2025 (National Assembly Bill No. 37 of 2025)

Community Advocacy Initiative Kenya (CAIK)

P.O. Box [Nairobi, Kenya]

Email: caik0973@gmail.com | Tel: +254 716 753 519

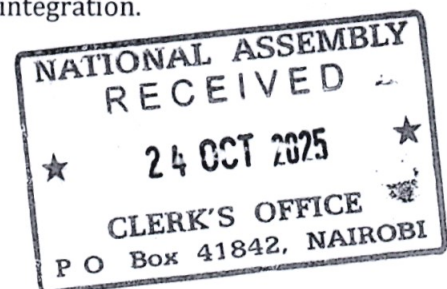
1. Introduction of the Organization

Community Advocacy Initiative Kenya (CAIK) is a community-based organization founded and led by people with lived and living experience of drug use. CAIK advocates for the rights, health, and dignity of people who use drugs—particularly women and also young people—through harm reduction, legal empowerment, and community-led advocacy. The organization works closely with national networks such as the Kenya Network of People who Use Drugs (KeNPUD) and collaborates with county governments, civil society, and public health actors to strengthen inclusive, rights-based responses to drug use.

2. Context and Rationale

People who use drugs in Kenya face multiple vulnerabilities, including stigma, criminalisation, violence, poor access to healthcare, and social exclusion. For women who use drugs, these challenges are compounded by gender-based violence, sexual exploitation, and barriers to reproductive health services.

Harm reduction services such as needle and syringe programmes, opioid substitution therapy (OST), overdose prevention, HIV and hepatitis testing, and psychosocial support are essential to protecting health and human rights. These services have been recognised globally as cost-effective, evidence-based, and lifesaving interventions that prevent infections, reduce overdose deaths, and promote social reintegration.



The Harm Reduction Bill, 2025 represents a milestone opportunity to institutionalise harm reduction in Kenya's legal framework. CAIK commends Parliament for recognising the importance of a health-based approach to drug use.

3. Identified Gaps in the Bill

a) Lack of recognition for community-led and peer-based initiatives

The Bill does not currently recognise or provide a framework for community-led and peer-based harm reduction initiatives, which are the backbone of Kenya's harm reduction response. Civil society and community organisations—many run by people with lived experience—are responsible for:

- Street-level outreach, education, and sensitisation;
- Distribution of harm reduction commodities (needles, syringes, and naloxone);
- Overdose response and referral; and
- Linkages to treatment and social support services.

Excluding these programmes from the Bill risks marginalising proven, cost-effective service models that are already operating successfully in counties such as Nairobi, Mombasa, Kiambu, Kisumu, and others. These community-led programmes align with WHO and UNODC guidance, which emphasise the principle of “nothing about us without us”—ensuring people who use drugs are directly involved in service design and delivery.

b) Limited attention to gender and intersectionality

The Bill does not adequately address the unique needs of women and young people who use drugs, who often face compounded stigma and violence. Gender-responsive harm reduction must be mainstreamed in all implementation levels.

c) Absence of clear coordination and financing mechanisms

The Bill does not specify how national and county governments will coordinate harm reduction services or allocate sustainable funding. Without clarity on implementation, the policy may remain aspirational.

4. Recommendations for Amendment

CAIK proposes the following recommendations to strengthen the Bill:

1. Include recognition of community-led and peer-based harm reduction initiatives as part of the national response framework.
2. Institutionalise community representation—particularly of people who use drugs—within the governance and oversight structures proposed in the Bill.
3. Mainstream gender and youth considerations by ensuring access to women-friendly

harm reduction centres, child protection linkages, and reproductive health services.

4. Provide for sustained financing mechanisms, including through county health budgets and partnerships with civil society.

5. Ensure alignment with global best practices as outlined by WHO, UNAIDS, and UNODC, including overdose prevention, decriminalisation of possession for personal use, and access to evidence-based treatment.

5. Conclusion

The Harm Reduction Bill, 2025 is a transformative step toward a public health and human rights-based approach to drug policy in Kenya. However, to ensure its success, it must be inclusive, participatory, and responsive to the realities of the people it seeks to serve. CAIK urges Parliament to adopt the above recommendations and ensure that the voices of communities most affected are meaningfully included in policy formulation, implementation, and monitoring.

Submitted by:

Susan Wambui

Co-founder & Women's Representative

Community Advocacy Initiative Kenya (CAIK)

Email: susanwambui411@gmail.com | Tel: +254 716 753 519

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The second part of the document provides a detailed explanation of the accounting cycle. It describes the ten steps involved in the process, from identifying the accounting entity to preparing financial statements. The text also discusses the importance of debits and credits in accounting and how they are used to record transactions. It includes examples of journal entries and T-accounts to illustrate the concepts.



Hanan Arak Seal

22/10/25

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TO:
THE CLERK OF THE NATIONAL ASSEMBLY
P.O. BOX 41842-00100
NAIROBI

Dear sir,

SUBJECT: SUBMISSION OF EXPERT MEMORANDUM ON THE HARM REDUCTION BILL, 2025

On behalf of Wajir County Teaching & Referral Hospital, we submit our professional memorandum on the proposed Harm Reduction Bill, 2025. Compiled by our MHPSS team with input from hospital staff across relevant departments, the memorandum:

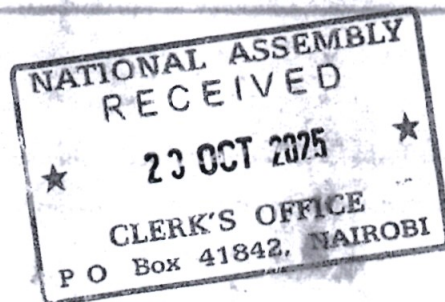
- Highlights critical observations on the Bill's scope, implementation, and alignment with existing systems.
- Identifies gaps that could impact service delivery, workforce capacity, and patient outcomes.
- Provides practical recommendations to strengthen the Bill's effectiveness while safeguarding both health workers and the communities we serve.

This submission reflects expert, frontline insight intended to support evidence-informed decision-making.

We welcome further engagement if required.

Yours sincerely,

Dr. Dahir I. Somow
Chief Executive Officer
Wajir County Teaching & Referral Hospital



TO:
THE CLERK OF THE NATIONAL ASSEMBLY
P.O. BOX 41842-00100, NAIROBI

**SUBJECT: OBSERVATIONS AND RECOMMENDATIONS ON THE HARM
REDUCTION BILL, 2025**

Dear Mr. Samwel Njoroge,

The Wajir County Teaching & Referral Hospital, through its MHPSS team and incorporating input from other health workers, has reviewed the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025). We appreciate the Government of Kenya's initiative to provide a legal framework for harm reduction services and commend the emphasis on treating persons with substance use disorder as patients rather than criminals.

In our review, we have identified several gaps and areas requiring clarification. For each, we provide recommended actions to enhance implementation and sustainability:

1. Committee Structures (Clauses 5–6):

Gap: The composition, roles, and decision-making authority of the national and county committees are not clearly defined.

Recommendation: Specify membership criteria, roles, and reporting lines to ensure effective governance and accountability.

2. Addiction Professionals (Clauses 2, 7):

Gap: No clear definition or recognition of qualified Addiction Professionals.

Recommendation: Define minimum qualifications, registration requirements, and scope of practice.

3. Service Delivery (Clauses 8–9):

Gap: While services such as needle/syringe programs, medically assisted therapy, HIV/STI services, psychosocial support, and crisis management are mentioned, there is limited guidance on staffing, facility requirements, and service standards.

Recommendation: Provide minimum staffing ratios, facility requirements, and operational standards for all services.

4. Funding and Costing (Clauses 10–11):

Gap: Funding sources, cost-sharing mechanisms, and sustainability plans are unclear.

Recommendation: Include a detailed financing plan and accountability framework for service delivery.

5. Monitoring, Data, and Reporting (Clauses 12–13):

Gap: Data collection methods, reporting obligations, and ethical safeguards are not specified.

Recommendation: Establish clear monitoring indicators, reporting formats, and data protection measures.

6. Integration with County Systems (Clauses 3–4):

Gap: The Bill does not outline how harm reduction services will link with existing mental health and county health structures.

Recommendation: Provide mechanisms for integration with county mental health programs and referral pathways.

7. Penalties (Clause 11–12):

Gap: Penalties for service providers may be disproportionate relative to current capacity constraints.

Recommendation: Consider phased implementation or capacity-building provisions before strict penalties are enforced.

8. Community and Cultural Engagement (Clauses 2, 14):

Gap: Limited guidance on involving people with lived experience or considering community and cultural factors.

Recommendation: Include strategies for community participation, protection of service users, and culturally sensitive interventions.

We hope these observations and recommendations will assist Parliament in refining the Bill to ensure it is practical, contextually relevant, and implementable in Kenya's current health system.

Prepared by:

Ali Hussein

Team Lead: MHPSS - Wajir

Signature

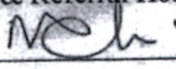


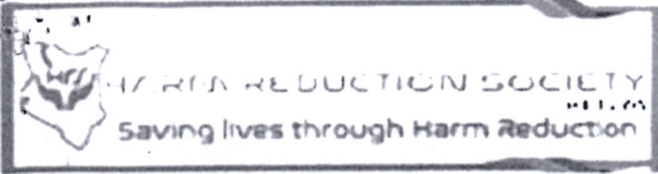
Countersigned by:

Dr. Dahir I. Somow

Wajir County Teaching & Referral Hospital

Signature and Stamp





22nd October 2025

The Clerk of the National Assembly
P.O Box 41842-00100
Nairobi



Handwritten: Hassan Adale
Signature: [Signature]
Date: 27/10/25

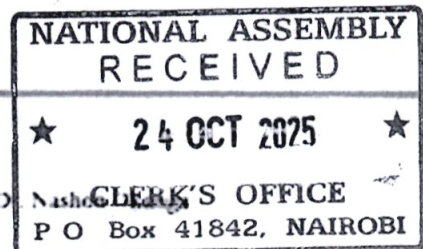
Honourable Clerk of the National Assembly,

RE:MEMORANDUM ON THE HARM REDUCTION BILL (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

Thank you for the opportunity to present our memorandum on the Harm Reduction Bill (National Assembly Bill No.37 of 2025).

Harm Reduction Society is a legally registered organization under the Societies Act Cap 108. Our mission is dedicated to advancing harm reduction interventions within Kenyan communities. Our expertise lies in addressing the adverse impacts associated with Alcohol, Tobacco, Cannabis, and Pesticides. At Harm Reduction Society, we envision a Kenya where no one suffers from the harmful effects of Alcohol, Tobacco, Cannabis, and Pesticides. We are committed to providing access to a decent standard of living, along with opportunities and choices essential for a long, healthy, and creative life. Our unwavering goal is to foster a world where dignity and respect are extended to all.

Harm Reduction Society Kenya comprises a team of harm reduction experts with a wide range of specialized knowledge, including Clinical expertise, Psychiatry, Public health, Health Economics, and Law. With this comprehensive expertise, we deliver effective solutions to the challenges of harm reduction. Our vision is a Country where no one lives afflicted by the harmful effects of Alcohol, Tobacco, Cannabis and Pesticides and where all have access to a decent standard of living and the opportunities and choices essential to a long, healthy and creative life; a world where everyone is treated with dignity and respect. Our mission is to create a healthier society and combat the harmful consequences of substance use.



WHAT IS HARM REDUCTION?

Harm reduction, or harm minimization, refers to a range of intentional, pragmatic practices and public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors or actions. It is about meeting people where they are and reducing the risks associated with harmful behaviors, without necessarily requiring abstinence.

OUR OBJECTIVES

1. **Community Building:** Provide a platform for harm reduction practitioners, community workers, organizations, researchers, and policymakers to connect and collaborate.
2. **Awareness Creation:** Create awareness among all sectors of society, including the general public, about harm reduction practices.
3. **Evidence-Based Research:** Engage in and support research on harm reduction approaches in health, information technology, and agriculture.
4. **Capacity Building and Networking:** Promote capacity building, a networking, and evidence sharing among harm reduction practitioners, researchers, policymakers, and organizations.
5. **Affiliations and Networking:** Affiliate and network with local and international organizations sharing similar objectives and purposes.
6. **Education and Outreach:** Educate the society on harm reduction practices through community outreach, peer engagement, grassroots initiatives, and training for professionals, including healthcare workers.
7. **Strategy Promotion:** Promote and disseminate harm reduction strategies, policies, programs, and practices to reduce adverse effects in areas like substance abuse, IT misuse, and harmful agricultural inputs.
8. **Policy Engagement:** Contribute to policy development and engagement through impact studies, modeling, and evidence-based research.
9. **Innovative Approaches:** Develop innovative harm reduction practices and bridge gaps in access to harm reduction services.
10. **Lifesaving Interventions:** Advocate for access to lifesaving harm reduction interventions in health, IT, and agriculture.
11. **Social-Cultural Practices:** Promote harm reduction through cultural practices, awareness creation, value clarification, motivational interviewing, and stigma eradication.

OUR SUPPORT FOR THE BILL

In principle, we appreciate the intentions expressed in the Bill. In particular, we are pleased that the Mover of the Bill has acknowledged the need for inclusion of harm reduction in our legislative frameworks as country. This is an aspect that has been missing, with a lot of laws focusing on enforcement and control, from a punitive rather than a corrective/rehabilitative approach.

In view of the above, we support the Bill on the basis of the following:

1. User-focused approach that prioritizes people's needs to create intuitive and impactful solutions.
2. The recognition of research and evidence based interventions as best practices.
3. The recognition of harm minimization/reduction as a range of intentional, pragmatic practices and public health policies designed to lessen the negative social and/or physical consequences associated with substance use disorders.
4. A Collaborative approach with the various government agencies geared towards harm reduction.
5. Inclusive and equitable approach in the provision of harm reduction services as envisaged in the Kenyan Constitution.
6. Well-coordinated and comprehensive public participation, and transparency in the implementation of harm reduction services/programs.
7. The right to health, imposing the four essential standards on healthcare services: availability, Accessibility, Acceptability and Quality for harm reduction services.
8. The recognition of monitoring and evaluation as key components for implementation and improvement.
9. Standardization of harm reduction services amongst providers based on current best practices.

OUR CONCERNS

Notwithstanding the foregoing, we note the absence/omission of a number of aspects that we highlight below:

1. The Bill as currently drafted does not provide enough clarity on resource mobilization and funding of harm reduction services envisioned, an aspect that would materially impact their feasibility and sustainability.
2. There is a clear absence of provisions in the Bill that would ensure/facilitate integration of harm reduction services into already established mental health services.
3. Youth focused approaches to harm reduction services are missing in the Bill.
4. Omission of key harm reduction services such as supervised consumption services, drop-in centres, housing-first policy, tobacco harm reduction, pharmacy access and referrals and linkages.
5. The Bill also needs to consider the inclusion of provisions that create a linkage with already existing legislations for regulated substances (such as alcohol and tobacco) as well as unregulated substances such as khat, cannabis etc. This will go a long way in ensuring comprehensive and effective mechanisms for the strengthening, implementation and enforcement of these legislations.
6. The Bill needs to consider explicit recognition of alcohol and pesticides as harm causing chemicals and measures thereof to minimise harm.

In view of the above concerns and while we support the very progressive intention of the Bill, we hereby request for an opportunity to discuss the above concerns and offer further input/alternative considerations. We are reachable through the undersigned and our above-provided addresses.

Yours faithfully,

For: **Harm Reduction Society of Kenya**

DR. MICHAEL KARIUKI

SECRETARY GENERAL

22/10/25.



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23/10/25
② Hassan Arade
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23/10/25

MEMORANDUM ON THE HARM REDUCTION BILL 2025

**PRESENTED TO
THE NATIONAL ASSEMBLY**

**SUBMITTED TO
CLERK OF THE NATIONAL ASSEMBLY AND CLERK OF THE SENATE PO BOX 41842-
00100, NAIROBI**

**IN THE MATTER OF CONSIDERATION BY THE DEPARTMENTAL COMMITTEE ON
HEALTH: THE HARM REDUCTION BILL, 2025**

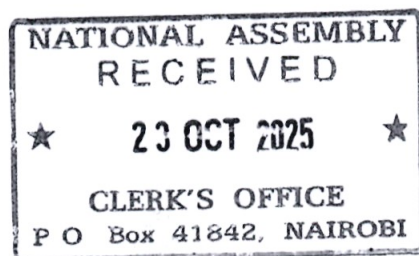
23 OCTOBER 2025

SUBMITTED BY:

International Institute for Legislative Affairs
Suite B108, Block B
Kindaruma Home Apartments
Kindaruma Road, Kilimani, Nairobi
PO. Box 1542 - 00200 Nairobi
Website: www.ilakenya.org
Email: info@ilakenya.org



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1. Introduction

This memorandum presents an appraisal of the *Harm Reduction Bill, 2025* (the “Bill”) and highlights provisions or the absence thereof that render it untenable within Kenya’s existing public health, legal, and ethical framework.

2. The Issue

While the Bill seeks to establish a legislative framework for the delivery of harm reduction services, it faces a critical challenge in its inclusion of *tobacco* and *nicotine* within the broader definition of “drug.” This approach conflicts with the current legal and policy landscape under the *National Authority for the Campaign Against Alcohol and Drug Abuse Act* (“NACADA Act”).

The NACADA Act defines a drug as:

“...any substance capable of altering the mind, body, behaviour or character of any individual and includes alcoholic drinks, lawful drugs, or narcotic drugs and psychotropic substances.”

By incorporating tobacco and nicotine within this expansive definition, the Bill risks regulatory overlap and confusion, undermining the coherence of Kenya’s established tobacco control framework.

3. Justification

Kenya already maintains a comprehensive regulatory regime for tobacco control under the *Tobacco Control Act, CAP 245A*. This law provides detailed mechanisms for the regulation, sale, advertising, and use of tobacco and related products. The introduction of the Bill, without express exclusion of tobacco and nicotine, creates unnecessary duplication and potential conflict with this existing framework.

Further, Clause 9(1)(a) of the Bill authorises “harm reduction commodity distribution” without drawing a distinction between medical paraphernalia for evidence-based health interventions and consumer products such as nicotine pouches or vaping devices. This conflation effectively opens the door for the marketing and distribution of addictive consumer goods under the guise of public health initiatives.

Moreover, the Bill’s expansive interpretation of “harm reduction commodities” appears to align more closely with commercial interests than with genuine medical interventions. Empirical research published in *The Lancet Public Health* (2022) and *WHO Tobacco Control* reports affirm that nicotine pouches and vaping products are far from harmless substitutes. These products often contain high concentrations of nicotine and other chemicals that perpetuate dependency and, in some cases, expose users to greater toxic risk than conventional cigarettes.

The assumption that substituting one harmful substance with another facilitates cessation lacks scientific credibility. On the contrary, evidence demonstrates that such substitution entrenches

addiction and reinforces relapse cycles. As such, the Bill's scientific rationale is not only flawed but also ethically questionable in its potential to promote continued addiction under a public health pretext.

4. Recommendation

To safeguard the integrity of Kenya's public health policy and prevent regulatory overlap, it is recommended that the Bill expressly **exempts tobacco, tobacco products, nicotine products, and harmful constituents** as defined under the *Tobacco Control Act, CAP 245A*. This clarification will preserve the coherence of Kenya's legislative architecture, uphold public health priorities, and ensure that harm reduction measures remain anchored in sound science and ethical responsibility.

CELINE AWUOR
CHIEF EXECUTIVE OFFICER
ILA



(Signed)

23/10/2025

(Date)

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MEMORANDUM OF OBJECTS AND REASONS FOR HARM REDUCTION BILL, 2025

PRESENTED TO
THE NATIONAL ASSEMBLY

Mr. Arale
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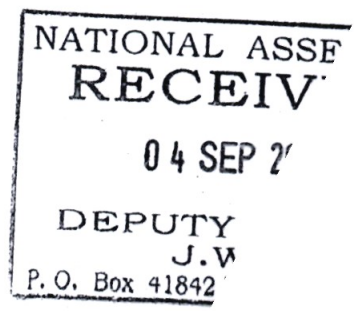
SUBMITTED TO
CLERK OF THE NATIONAL ASSEMBLY
PO BOX 41842-00100, NAIROBI

IN THE MATTER OF CONSIDERATION OF THE HARM REDUCTION BILL, 2025

From 1 to 5

09th SEPTEMBER 2025

SUBMITTED BY:
DR. JAMES WATHIGO
MPSK, MBA
CHAIRMAN
PHARMACEUTICAL SOCIETY OF KENYA
NAIROBI BRANCH
+254 721 290 135



MBLY
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CLERK
-00100, NAIROBI

NO	CLAUSE	PROPOSAL	JUSTIFICATION
Clause 2	Clause 2 Interpretation	Insert Interpretation of Health Facility as defined in CAP 241 "health facility" has the meaning assigned to it under the Health Act.	
Clause 2	Clause 2 Interpretation	Insert Interpretation of Health Patient as defined in CAP 241	
Clause 3A	Clause 3	Insert a new clause after 3A establishing digital registration systems, integrated to the Comprehensive Integrated Health Information System established under the Digital Health Act, to track registration of persons under this act.	
Clause 5 B	Clause 5B suggests that the cabinet secretary, within 6 months of this act coming into force, develop a policy and strategy on the delivery of harm reduction services in public hospitals.	Substitute public hospitals with health facilities as defined in CAP 241	

Clause 5	Clause 5 suggests the functions of the National Government and the county Government.	Insert a new clause after Clause 5 c that suggests that the cabinet secretary shall maintain a register indicating the number of persons with substance use disorder, their ages, their sex, the disorder or disease diagnosed and the number of deaths of persons with substance use disorder. Immediately add Clause 5D; establish digital reporting systems, integrated to the Comprehensive Integrated Health Information System established under the Digital Health Act, to track the events of substance abuse and care.	
Clause 5		Insert of a New subsection immediately after Clause 5D. The provision of this act shall be subject to further control of the Strategic Goods Act.	The Clause qualifies in the interpretation of the act; clause 2; National control goods means strategic goods, and technology, tangible or intangible, that are placed under unilateral controls for reasons of national security, foreign policy, anti-terrorism, crime control or public health and safety.
Clause 9	Clause 9 suggests Services to be offered under Harm reduction	Insert Clause 9 G after Clause 9 (f) provision of crisis management support to include assessment and registration of patients under this act who are moderately and severely dependent on other people for their daily living under Persons Living with disabilities	Clause 35 of Persons living with Disability Act 08 2025 suggest that persons depend on other people for their daily living disabilities as established under that act.

Consequential Amendments to other Acts

NO	CLAUSE	PROPOSAL	JUSTIFICATION
CAP 241 Health Act & Clause 94 Subsection 2 (q)	Amendment of section 2 of the Cap. 241 B deleting the definition of the term "healthcare services" and substituting therefor the following new definition	Insert all harm reduction facilities as proposed in this act and classify them as centres of excellence.	This gets harm reduction facilities the right designation as centres of excellence with the right human resource planning, equipment planning.

	<p>“healthcare services” means the prevention, promotion, education, medical diagnosis, management or alleviation of Disease, illness, injury, and other physical and mental impairments in individuals, delivered by healthcare professionals through the health care system's routine health services, including mortuaries, funeral homes and parlours, home care centres or its emergency medical care services; and 94.</p> <p>(1) The Cabinet Secretary may, in consultation with the Board, make Regulations for the better carrying into effect of the provisions of this Act.</p> <p>(2) Without prejudice to the generality of subsection (1), the Cabinet Secretary shall make Regulations for (q) categories of health facilities</p>		
Persons Living with Disability Act Number 8 2025	Clause 35: Suggest registration of persons living with disability	Insert a subsection under Clause 35 to include patients listed under the Harm Reduction Bill or act to be registered under the Persons living with disability act number 8, 2025	Clause 35 of the Persons living with Disability Act 08 2025 suggest that persons depend on other people in their daily living disabilities as established under that act.
Act 63 Penal Code		Any person listed and under the care of a Healthcare provider shall not be guilty of offences related to substance.	
Act 63 Penal Code		Any person listed and under the care of a Health facility shall not be guilty of offences related to substances.	

<p>THE FACILITIES IMPROVEMENT FINANCING ACT NO. 14 OF 2023</p>	<p>Clause 7 Proposes Uses of the finances retained by public health facilities</p>	<p>I propose a new insertion of Subsection 7 (g) after Subsection (f), proposing that finances are used to facilitate primary health care and preventive services at the community level, to include uses of funds to facilitate establishments of units to manage provisions of this bill.</p>	
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② Hassan Arabi
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27/10/25



MEMORANDUM TO PARLIAMENT ON THE NATIONAL HARM REDUCTION BILL, 2025

Submitted by:
Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR)
Date: 23 October 2025

1. Introduction

The Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR) is a national platform bringing together civil society organizations, advocates, and community representatives committed to advancing evidence-based, rights-respecting drug policies in Kenya. The Caucus has worked collaboratively to promote reforms in drug policy, including contributing to the 2022 amendments to the Narcotic Drugs and Psychotropic Substances (Control) Act that decriminalized harm reduction services and reduced penalties for possession of cannabis for personal use.

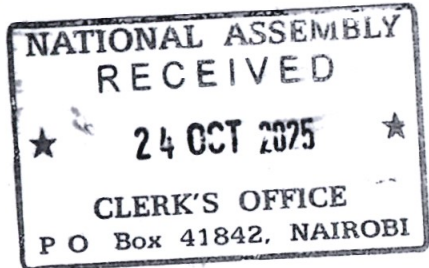
CHRDPR welcomes the introduction of the **National Harm Reduction Bill, 2025**, as a significant step toward codifying harm reduction principles into law. The Bill presents an opportunity to advance Kenya's commitments under the Constitution, international human rights law, and public health standards. However, we note the need to strengthen several provisions to ensure that the law fully embodies a **rights-based approach**, promotes **community participation**, and avoids perpetuating **punitive or coercive practices** that undermine public health outcomes.

2. Background and Context

Kenya continues to face a growing public health and human rights challenge linked to drug use, including high rates of HIV and hepatitis C among people who inject drugs, rising overdose deaths, and persistent stigma and discrimination. Harm reduction interventions—such as needle and syringe programs, opioid substitution therapy (OST), overdose prevention, and psychosocial support—are internationally recognized as essential, evidence-based, and cost-effective components of comprehensive health care.

The Constitution of Kenya, 2010, provides a robust legal foundation for a rights-based approach to drug policy:

- **Article 43** guarantees every person the right to the highest attainable standard of health.
- **Article 28** guarantees the right to dignity.



- **Article 27** provides for equality and non-discrimination.
- **Article 118** requires public participation in the legislative process.

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Kenya has also ratified international instruments that reinforce these principles, including the **International Covenant on Economic, Social and Cultural Rights (ICESCR)** and the **African Charter on Human and Peoples' Rights**, both of which affirm the right to health and prohibit cruel, inhuman or degrading treatment.

3. Overall Position of the Caucus

CHRDPR **supports** the intent of the National Harm Reduction Bill and recognizes it as a progressive effort to integrate public health and human rights approaches into drug policy.

However, the Caucus recommends **amendments and clarifications** to ensure that the Bill:

1. Embeds a **rights-based framework** for implementation.
2. Strengthens **community participation** in governance, oversight, and accountability.
3. Avoids **criminalization, coercion, or compulsory treatment**.
4. Guarantees **non-discrimination and equitable access** to harm reduction services.
5. Ensures **sustainability and coordination** within existing health and social systems.

4. Clause-by-Clause Analysis and Recommendations

4.1. Clause on Definitions

Issue:

The Bill should provide clear and inclusive definitions of “harm reduction,” “drug use,” “drug dependence,” and “persons who use drugs” to avoid stigmatizing or punitive interpretations.

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Recommendation:

Include WHO-aligned definitions, emphasizing that harm reduction refers to “*policies, programs, and practices aimed at minimizing the adverse health, social, and legal impacts associated with drug use without necessarily requiring abstinence.*”

4.2. Clause on Objectives of the Bill

Issue:

The objectives focus primarily on public health but insufficiently address human rights, community participation, and non-discrimination.\

Recommendation:

Add explicit objectives to:

- Promote a rights-based, evidence-informed, and gender-sensitive approach to drug policy.
- Uphold the dignity and autonomy of persons who use drugs.
- Ensure meaningful participation of affected communities in design, implementation, and evaluation.

4.3. Clause on Establishment of a Harm Reduction Authority

Issue:

The Bill proposes a centralized authority without adequate community representation or independent oversight mechanisms.

Recommendation:

- Mandate inclusion of **community representatives of persons who use drugs**, civil society, and human rights institutions on the Authority’s governing board.
- Provide for **transparency, accountability, and periodic public reporting**.
- Align the Authority’s mandate with the **Ministry of Health** and the **National AIDS Control Council** to avoid duplication.

4.4. Clause on Access to Services

Issue:

The Bill should explicitly guarantee access to harm reduction services as part of the right to health, without discrimination or coercion.

Recommendation:

- Insert a provision guaranteeing *voluntary* access to services, free from criminalization or mandatory treatment.
- Prohibit denial of services based on drug use, HIV status, gender, or socio-economic status.
- Include a **non-discrimination clause** referencing Article 27 of the Constitution.

4.5. Clause on Compulsory Treatment or Detention

Issue:

Some provisions suggest the possibility of compulsory treatment or isolation, which would violate Articles 29 (freedom and security of the person) and 51 (rights of persons in detention).

Recommendation:

- Delete any language implying involuntary treatment or detention.
- Emphasize *supported, voluntary care* consistent with WHO guidance on human rights and drug dependence treatment.
- Require judicial oversight for any exceptional restrictions on liberty.

4.6. Clause on Funding and Sustainability

Issue:

The Bill does not specify how harm reduction programs will be sustainably funded.

Recommendation:

- Establish a **Harm Reduction Fund** drawing from the national health budget, county allocations, and donor contributions.
- Require the Authority to publish annual financial and programmatic reports.

4.7. Clause on Accountability and Complaints Mechanism

Issue:

The Bill lacks provisions for patient complaints, redress, and independent monitoring.

Recommendation:

- Establish an **independent grievance mechanism** for individuals whose rights are violated in the provision of harm reduction services.
- Integrate **community-led monitoring** into national evaluation frameworks.

5. Broader Policy and Legal Alignment

The Bill should explicitly reference and harmonize with existing legal frameworks, including:

- **The Health Act, 2017** (for rights-based healthcare delivery).
- **The Data Protection Act, 2019** (for patient confidentiality).
- **The HIV and AIDS Prevention and Control Act, 2006** (for stigma reduction and confidentiality).
- **The Mental Health Act, 2022** (for voluntary and rights-based treatment).
- **The Narcotic Drugs and Psychotropic Substances (Control) Act (Amendment), 2022.**

6. Summary of Key Recommendations

Thematic Area	Issue Identified	Proposed Amendment
Definitions	Ambiguous and stigmatizing terminology	Adopt WHO-aligned, non-judgmental definitions
Objectives	Narrow public health focus	Add human rights, community participation, and non-discrimination
Governance	Excludes community representation	Include community and CSO representation
Access to Services	Risk of coercion or denial	Guarantee voluntary, equitable access
Compulsory Treatment	Violates liberty and dignity	Remove compulsory provisions; ensure judicial oversight
Funding	No sustainability framework	Create a Harm Reduction Fund
Accountability	Lack of redress mechanisms	Establish patient grievance and community monitoring systems

7. Conclusion

The **National Harm Reduction Bill, 2025** has the potential to transform Kenya's drug policy from a punitive to a health- and rights-based framework. However, to achieve this vision, the law must explicitly uphold constitutional and international human rights standards, ensure participation of persons who use drugs in all decision-making processes, and guarantee access to quality, voluntary, and non-discriminatory services.

CHRDPR urges Parliament to:

1. Subject the Bill to broad-based public participation, especially with affected communities.
2. Incorporate the above recommendations to strengthen the rights-based approach.
3. Align the Bill with Kenya's constitutional obligations under Articles 27, 28, and 43, and Kenya's international human rights commitments.

8. Contact Information

Submitted by:

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CURRENT SECTION	COMMENTS	PROPOSED AMENDMENT	JUSTIFICATION
<p>Section 2 – Definition Section</p> <p>Access to Justice means</p> <p>Overdose means</p> <p>Adherence centre/hallway house means</p> <p>Community means</p> <p>Community led program means</p> <p>Harm Reduction Services means</p>	<ul style="list-style-type: none"> - Within the definition of Harm Reduction Services, change this so that it is in line with the definition of Harm Reduction Services provided for in Legal Notice No 173 and also make the definition a bit more Robust. - Within the definition section, include a definition for the term 'Mental Health'. 	<ul style="list-style-type: none"> - "Mental Health "means state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community; - - "Treatment" means the provision of one or more structured interventions designed to manage health and other negative effects of drug use and to improve or maximize personal or social functioning; - b) the process that begins when a person with substance use disorder comes into contact with a health or any other community service provider including counselling and drug testing and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached - "Harm reduction service user "shall be interpreted to make reference to any person, who upon assessment, is found to be in need of harm reduction services. - "Treatment Outreach" shall be interpreted to make reference to steps taken by the harm reduction service providers to provide harm reduction services to the harm reduction service users, outside their facilities, including rallies, call centers and community outreach programs; 	<ul style="list-style-type: none"> - There is need for consistency on the definition of harm reduction services through all legislative provisions so as to avoid any form of contradiction; - It is important to include a definition for mental health due to the correlation between drug use

<p>Aftercare means</p> <p>Support Group means</p>	<ul style="list-style-type: none"> - Within the definition section, include a definition for the term "Treatment" - There are several technical terms used throughout the document that need to be clearly defined within Section 2 including infectious diseases, treatment outreach, rehabilitation outreach, psychosocial support, appointing 	<ul style="list-style-type: none"> - "Rehabilitation outreach" shall be interpreted to make reference to a treatment designed to facilitate the process of recovery from the effects of substance use disorders; - "Psychosocial Support" shall be interpreted to make reference to the actions taken to address both the psychological and social needs of the harm reduction service users, as well as their families and communities; - Peer Educator – An individual who is part of the community of people who use drugs and is trained to educate others within that community about harm reduction practices, - Outreach Worker – An individual trained to provide education, support and access to harm reduction supplies and services, - Community Paralegal – An individual from the community of people who use drugs with specialised training to provide legal support and education to people who use drugs. - Community – Refers to groups of individuals who share common experiences, challenges, or identities related to drug use and harm reduction. This includes persons who use or have used drugs, peer-led networks and organizations advocating for their health, rights, and well-being. These communities play a central role in shaping harm reduction policies, delivering peer-based interventions, and ensuring that laws and programs are responsive to their lived realities and needs. 	<p>and mental health.</p> <p>-</p>
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	<p>authority, director.</p> <ul style="list-style-type: none"> - There is need to include a definition of harm reduction services, over and above the definition of harm reduction to unpack the package of services that must be provided at facilities. - Health Provider – Add definition of Peer Educator, Outreach Worker, Community Paralegal 	<ul style="list-style-type: none"> - Access to justice- Means the ability of persons to seek and obtain a remedy through formal or informal institutions of justice, and in conformity with human rights and fundamental freedoms - Overdose – Means when the body is overwhelmed with a toxic or excessive amount of a substance or combination of substances. - Adherence Centre/Halfway house- means community-based residences that support people in recovery from substance use disorder, mental health issues and incarceration. - Aftercare means services that help recovering drug dependent persons to adapt to everyday community life, after completing earlier phases of treatment and/or rehabilitation. - Community-led program means programs led by groups of individuals who share common experiences, challenges, or identities related to drug use and harm reduction. This includes peer-led networks and organizations advocating for the health, rights, and well-being of people who use drugs. - Support groups means people who are going through or have gone through similar drug dependence or use, or substance use disorder, and who provide help to each other. 	
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Section 3 Object and Purpose of the Act	<ul style="list-style-type: none"> - There is need for this section to speak about research on harm reduction and also fostering collaboration between govt and communities. Add (d) to include fostering collaboration with NGOs, community, and government. 	D) fostering collaborations with non-governmental organisations, community of persons with substance use disorder, and government.	The objects need to be targeted and specific to harm reduction for persons with substance use disorder.
Part 2 – Obligations of the National and County Government	<ul style="list-style-type: none"> - Amend Section 5 (c) by adding the word “Confidential”, delete the phrase ‘with substance use disorder’ and replace 	<ul style="list-style-type: none"> - maintain a confidential register indicating the number of persons receiving harm reduction services, their ages, their sex, the disorders or diseases diagnosed and the number of drug related deaths of persons with substance use disorder - In collaboration with CSOs and affected Communities develop standards to be maintained by health facilities providing harm reduction services; 	The CEC should not be a member of the Committee as the same would create a conflict of interest;

	<p>with 'and receiving harm reduction services' and finally by adding the phrase "Drug Related deaths instead of simply 'deaths' "</p> <ul style="list-style-type: none">- Amend Section 5 (d) to include the phrase "In Collaboration with CSO and affected Communities "- Section 5 (e) is vague and does not indicate the resources that will be provided for provision of	<ul style="list-style-type: none">- promote and capacity build the people doing research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder; and	
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	<p>harm reduction services. We Recommend that the section be reworked to clearly indicate the resources that will be provided.</p> <ul style="list-style-type: none"> - Section 5 (f) should be amended to include the phrase “and capacity build the people doing” so as to ensure that researchers have capacity and to ensure sustainability. 		
<p>Section 6 – Role of County Governments</p>	<ul style="list-style-type: none"> - Amend Section 6 (g) to include the phrase “In 	<ul style="list-style-type: none"> - In collaboration with community led programs develop and carry out frequent sensitisation programmes on harm reduction and 	

	collaboration with community led programmes”	its effect on the prevention of infectious diseases in the respective county; and	
	- No. 2 Insert the words ‘in collaboration with community led organisations and civil society organisations providing harm reduction services.	- The County Executive member responsible for matters relating to health shall designate a county committee to coordinate the provision of harm reduction services in the respective county in collaboration with community led organisations and civil society organisations providing harm reduction services.	
Section 7 – Collaboration between National and County Governments.	- To ensure that there is public private collaboration in provision of harm reduction services across all arms of	Develop community health and social programmes for the care and rehabilitation of persons with substance use disorder in collaboration with private partners	

	<p>government section 7 (a) should be amended to include the phrase "In collaboration with Private partners".</p> <ul style="list-style-type: none">- Section 7 (b) should be amended to include the phrase "with an aim of reducing Stigma and Discrimination" this is because the biggest challenge to accessing harm reduction services is Stigma and Discrimination	<ul style="list-style-type: none">- Carry out sensitization programmes on the care and rehabilitation of persons with substance use disorder with an aim of reducing stigma and discrimination on- 7(f) carry out social reintegration programs (aftercare)	
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	<ul style="list-style-type: none"> - Include another clause 7 (f) to ensure that one of the roles of National and County governments is to facilitate reintegration and aftercare for persons with substance use disorder . 		
<p>Part III – Provision of Harm Reduction Services (Section 8-9)</p>	<ul style="list-style-type: none"> - There is need to amend section 8(2) to also include community led harm reduction facilities in the training of treatment, aftercare and rehabilitation. The section 	<ul style="list-style-type: none"> - 8(2)The health practitioners referred to in this section and community led harm reduction facilities shall be trained in the treatment, after-care, rehabilitation and social reintegration of persons with substance use disorder. 	

	<p>should be amended to include the phase "Community Led Harm Reduction Facilities"</p>		
Section 9	<p>- Section 9.1</p> <p>With the constant advancements in science, harm reduction technologies may change or evolve, thus the need to include the words 'but not limited to'</p> <p>Section 9c should be amended to read 'HIV, Hepatitis, and</p>	<p>- 9.1) A person with substance use disorder shall be entitled to harm reduction services, including but not limited to: :</p> <ul style="list-style-type: none"> - 9c) HIV, Hepatitis, and TB- related healthcare services - 9e) Psychosocial support services - 9g) Gender-responsive harm reduction services - 9h) Sexual and Reproductive health services 	

	<p>TB related healthcare services.</p> <p>Section 9e should read 'psychosocial support' instead of 'counselling services', as the term psychosocial support encompasses counselling and other types of necessary mental health support</p> <p>Insert a new subsection g to include gender-sensitive harm reduction services. This</p>		
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	<p>is because current services do not sufficiently cater to women with substance use disorder as their needs are nuanced.</p> <p>Insert a new subsection 9h to include sexual and reproductive health services. This is because of the need for family planning, maternal health among other reproductive health services that are necessary</p>		
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	for harm reduction programs to be effective.		
Section 10 (c)	- This provision should be deleted as it is punitive and will discourage people with substance use disorder from seeking treatment	- Delete Section 10 (c)	
Part IV – Miscellaneous Provisions	- Section 12 should be amended to include the phrase “Private Institutions”.	The Cabinet Secretary in charge of health services may require that a public and Private institutions concerned with any aspect of provision of harm reduction services for persons with substance use disorder, or with any matter that relates to any functions provided under harm reduction programmes, shall cooperate with the health ministry and shall, when the ministry so requires, submit such reports and such other information for the effective discharge of the ministry’s functions.	
Part IV Delegated Legislation	- Amend section 14 (1) to include the phrase “civil society organisations and networks of persons	- 14(1) The Cabinet Secretary may, in consultation with the Council of County Governors, civil society organisations and networks of persons with substance use disorder, make regulations prescribing standards and guidelines generally for the better carrying into effect of this Act. - 14(2)(d) (iii) training of the community of persons with substance use disorder in respect to harm reduction services	- This is to ensure that the act embraces the rights-based approach which

	<p>with substance use disorder”</p> <ul style="list-style-type: none"> - Amend Section 14(2) (d) and add another subsection (iii) to include training of the community of persons with substance use disorder. 	-	dictates that there should be meaningful engagement of communities affected in the design and implementation of their programs
Part VI The National Harm Reduction Board	<ul style="list-style-type: none"> - There is need for the Act to establish a board to advise the cabinet secretary of health on issues such as programming , budgetary allocations and general administration. 	<ul style="list-style-type: none"> - (1) There is established a Board to be known as the National Harm Reduction Board. - (2) The Board shall be a body corporate with perpetual succession and a common seal and shall, in its corporate name, be capable of— <ul style="list-style-type: none"> (a) suing and being sued; (b) purchasing or otherwise acquiring, holding, charging and disposing of movable and immovable property; (c) borrowing and lending money; and (d) doing or performing all other things or acts necessary for the proper performance of its functions under this Act which may lawfully be done or performed by a body corporate. 	Instead of giving specific application of the funds, the Act needs to provide for the principles governing the application.

		<ul style="list-style-type: none">- The Board shall—<ul style="list-style-type: none">(a) advise the Cabinet Secretary on—<ul style="list-style-type: none">(i) budgetary allocation for the harm reduction health services; and(ii) effective programmes, methods and interventions in conformity with the requirements of this Act and any regulations;(iii) administration of the Centres and the care, treatment and rehabilitation of persons with substance use disorder.(b) within six months of this Act coming in to force, develop a policy on the delivery of harm reduction health services in public hospitals for the consideration by the Cabinet Secretary;(c) undertake research and innovation in harm reduction;(d) collate, analyse and disseminate information necessary for the effective delivery of harm reduction services.(e) maintain a register indicating the number of persons with substance use disorders, their ages, their sex, the disorders or diseases diagnosed and the number of deaths of persons with substance use disorder;(f) carry out research on substance use disorder;(g) carry out training, sensitization and awareness programmes on the treatment and rehabilitation of persons with substance use disorder and harm reduction interventions;	
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		<ul style="list-style-type: none">(h) promote programmes that support the care givers, families and communities affected by substance use disorder;(i) carry out such other functions as may be assigned to it under this Act, and any other written law. <p>- The Board shall have all the powers necessary for the proper performance of its functions under this Act and in particular, but without prejudice to the generality of the foregoing, the Board shall have power to—</p> <ul style="list-style-type: none">(a) enter into contracts;(b) manage, control and administer the assets of the Board;(c) receive gifts, grants, donations or endowments made to the Board and make disbursement therefrom in accordance with the provisions of this Act;(d) collaborate with such bodies or organizations within or outside Kenya as it may consider desirable or appropriate and in furtherance of the object and purpose for which the Board is established;(e) determine the provisions to be made for capital and recurrent expenditure and for the reserves of the Board;(f) ensure the proper and effective performance of the functions of the Board; and(g) operate a bank account into which all monies received by the Board shall be paid in the first instance and out of which all payments made by the Board shall be made. <p>- The Board shall consist of—</p>	
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		<ul style="list-style-type: none"> (a) a non-Executive Chairperson, who shall have knowledge and experience in harm reduction health services, appointed by the President; (b) the Principal Secretary or a representative nominated by the Principal Secretary in writing; (c) the Principal Secretary responsible for Coordination and National Government Administration or a representative nominated by the Principal Secretary in writing; <p>two persons, of either gender, who shall have knowledge and experience in harm reduction, nominated by organisations representing working on harm reduction or directly supporting the process of countering substance use disorder;</p> <ul style="list-style-type: none"> (d) two persons of either gender, representing persons with substance use disorder, nominated by civil society organizations working on Harm Reduction; (e) two persons of either gender, who shall have knowledge and experience in harm reduction health services, nominated by the council of county governors; (f) chief executive officer appointed in accordance with section 16 who shall be and <i>ex-officio</i> member of the Board. <p>(2) The Cabinet secretary shall appoint the members under subsection (1) by notice in the <i>Gazette</i>.</p>	
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		<p>(3) While appointing the chairperson and members of the Board under this Section, the appointing authority shall ensure regional balance and gender parity.</p> <p>(4) A person shall not be appointed to be a Chairperson of the Board unless—</p> <ul style="list-style-type: none">(a) that person holds at least a degree or its equivalents in any discipline from an institution recognized in Kenya(b) has been competitively recruited by the Public Service Board; and(c) has been approved by the National Assembly. <p>- The persons appointed shall serve for a term of three years renewable for one further term.</p> <p>(2) The persons appointed under section shall be appointed at different times so that their respective expiry of terms of office shall fall at different times but not more than six months shall lapse between one appointment and another.</p> <p>- A person shall cease to be a member of the Board if such person—</p> <ul style="list-style-type: none">(a) is absent from three consecutive meetings of the Board without notifying the chairperson;(b) becomes an officer, agent or member of staff of the Board;(c) resigns in writing, addressed, in the case of the chairperson to the President and in the case of any other member, to the Cabinet Secretary;	
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		<p>(d) is convicted of a criminal offence and sentenced to a term of imprisonment of not less than six months;</p> <p>(e) is found liable for gross misconduct;</p> <p>(f) violates the Constitution or any other law;</p> <p>(g) is declared bankrupt ;</p> <p>(h) is unable to perform the functions of his office by reason of mental or physical infirmity; or</p> <p>(i) dies.</p> <p>- The Board may establish such committees as it may consider necessary for the efficient performance of its functions and the exercise of its powers under this Act.</p> <p>(2) The Board may co-opt to sit in the committees established , such other persons whose knowledge and skills are necessary for the performance of the functions of the Board</p> <p>- The Board may, by resolution, delegate to any committee of the Board or to any member, officer, employee or agent of the Board, the exercise of any of the powers or the performance of any of the functions of the Board under this Act or under any other written law.</p> <p>- The Board shall be paid such remuneration or allowances as the Cabinet Secretary shall, in consultation with the Salaries and Remuneration Commission determine.</p> <p>- The chief executive officer shall be competitively recruited and appointed by the Board on such terms and conditions as the Board shall determine.</p>	
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		<p>(2) The chief executive officer shall be responsible for the day to day management of the affairs of the Board.</p> <p>(3) A person is not qualified for appointment under subsection (1) unless the person—</p> <ul style="list-style-type: none">(a) holds a relevant degree from a university recognized in Kenya;(b) has at least ten years knowledge and experience in a relevant field;(c) has at least five years' experience in a position of management; and(d) meets the requirements of Chapter Six of the Constitution <p>(4) The chief executive officer shall serve for a term of three years and is eligible for appointment for a further term of three years upon satisfactory performance.</p> <p>- The chief executive officer shall cease to hold office if the person—</p> <ul style="list-style-type: none">(a) resigns in writing, addressed to the chairperson of the Board;(b) is convicted of a criminal offence and sentenced to a term of imprisonment of not less than six months;(c) is found liable for gross misconduct or abuse of office in contravention of the Public Officers Ethics Act or any other relevant law;	
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		<p>(d) is declared bankrupt;</p> <p>(e) is unable to perform the functions of his office by reason of mental or physical infirmity; or</p> <p>(f) dies.</p> <ul style="list-style-type: none"> - The Board may employ such officers, agents and staff as are necessary for the proper and efficient discharge of the functions of the Board under this Act and upon such terms and conditions of service as the Board may determine. <p>(2) In employing staff, the Board shall take into account the gender, regional and ethnic diversities of the people of Kenya, youth and persons with disabilities.</p> <ul style="list-style-type: none"> - The affixing of the common seal of the Board shall be authenticated by the signature of the chairperson and the chief executive officer or a person designated by the Board. - All letters and instruments written or made by or on behalf of the Board, other than those required by law to be under seal, and all decisions of the Board, shall be signed under the hand of the chief executive officer or in the absence of the chief executive officer, a person authorized by the Board. - The business and affairs of the Board shall be conducted in accordance with the First Schedule. 	
Part VI – Financial Provisions	The act should be amended to include a whole part on the	<ul style="list-style-type: none"> - The funds and assets of the Board shall consist of— <ul style="list-style-type: none"> a. such monies as may be appropriated by the National Assembly; 	

	<p>financing of the board.</p>	<ul style="list-style-type: none"> b. such other monies received from national government as conditional or non-conditional grants; c. such gifts as may be donated to the Board; and d. monies from any other source granted, donated or lent to the Board. - The funds of the Board may be used to— <ul style="list-style-type: none"> a. facilitate coordination and standardisation of harm reduction services; and b. facilitate the payment of charges and expenses incurred by the Board in the performance of its functions under this Act. e. (1) At least six months before the commencement of each financial year, the Board shall cause to be prepared estimates of the revenue and expenditure of the Board for that year. <ul style="list-style-type: none"> - The annual estimates shall make provision for all estimated expenditure of the Board for the financial year concerned. - The annual estimates shall be approved by the Board before the commencement of the financial year to which they relate and, once approved, the sum provided in the estimates shall be submitted to the Cabinet Secretary for approval. - No expenditure shall be incurred for the purposes of the Board except in accordance with the annual estimates approved under the relevant subsection , or in pursuance of an authorization of the Board given with prior written approval of the Cabinet Secretary. - The Board shall cause to be kept proper books and records of accounts of the income, expenditure and assets of the Board. 	
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		<ul style="list-style-type: none">- Within a period of three months after the end of each financial year, the Board shall submit to the Auditor-General the accounts of the Board together with—<ul style="list-style-type: none">(a) a statement of the income and expenditure of the Board during that year; and(b) a statement of financial position of the Board on the last day of that year.- The accounts of the Board shall be audited and reported upon in accordance with the provisions of the Public Audit Act, 2015.- The Board shall, within a period of three months after the end of each financial year or within such longer period as the Cabinet Secretary may approve, submit to the Cabinet Secretary a report of the operations of the Board during such year, and the annual statement and such other statements of account as the Cabinet Secretary shall require, together with the Auditor-General's report.- The Board shall, if the Cabinet Secretary so requires, publish the report and statements submitted to him under subsection (1) in such manner as the Cabinet Secretary may specify.- The Cabinet Secretary shall submit to Parliament the reports, statements submitted under subsection (1), within a period of fourteen days of the receipt of the reports and statements or, if Parliament is not sitting, within fourteen days of the commencement of its next sitting.- The financial year of the Board shall be the period of twelve months ending on the thirtieth June in each financial year.	
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① DDC
27/10/25

MEMORANDUM OF REASONS & JUSTIFICATION ON THE HARM REDUCTION BILL 2025

② Hassan Asle
Deal
27/10/25

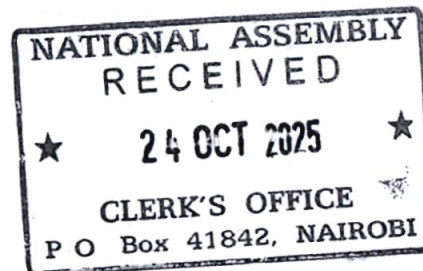
Submitted To: Members of Parliament, Committee on Health

Submitted By: Next Generation Lawyers – Kenya



Introduction

Next Generation Lawyers – Kenya (NEXTGEN Lawyers) is a female-led, non-profit legal and policy organisation committed to advancing rights-based, evidence-driven reforms in health, justice, and social protection. Our focus is on populations disproportionately impacted by discriminatory laws, punitive policies, and criminalisation, including people who use drugs, women, young people, and other marginalised groups.



Over the years, NEXTGEN Lawyers has been at the forefront of harm reduction advocacy in Kenya, partnering with communities, legal practitioners, and policymakers to advance humane, rights-based responses to drug use. Building on this experience, NEXTGEN submits this memorandum to offer legal, policy, and human-rights recommendations that will strengthen the *Harm Reduction Bill, 2025*.

We recognise this Bill as a transformative step toward aligning Kenya's drug control framework with constitutional guarantees and international public health standards. It presents a defining opportunity to shift national drug policy towards a rights-affirming, public health approach, closing long-standing legal and policy gaps that have left harm reduction programmes vulnerable to disruption, underfunding, and criminal interference, and ensuring that evidence-based interventions are sustainably integrated into the national and County health systems.

Problem Context and Urgency

Kenya faces a growing public-health crisis linked to drug use, with evidence of rising prevalence among young people and marginalised communities. According to the latest available national data survey, *NACADA's 2022 National Survey on the Status of Drugs and Substance Use*, 1 in every 6 Kenyans currently uses a psychoactive substance, and about 27,000 people inject drugs, mostly in coastal, Nairobi, and western regions. Among people who inject drugs, HIV prevalence is 11% and Hepatitis C prevalence 20% (*Kenya Harm Reduction Information Note, Harm Reduction International, 2024; NASCOP, 2023*). Nearly 40% have experienced an overdose.

Kenya has introduced needle and syringe programmes and opioid-substitution therapy, but coverage remains low with approximately 189 sterile needles per person per year (below the UN target of 200) and OST reaching just 13% of those in need (*HRI, 2024*). These programmes remain largely donor-funded and lack statutory protection.

The policy environment is fragmented between the Ministry of Health and NACADA, with no comprehensive legal framework to ensure coordination, funding, and accountability. This gap leaves providers exposed to arrest and clients fearful of prosecution, undermining continuity of care and violating their constitutional rights.

Women and young people carry a disproportionate burden as women who use drugs face stigma, gender-based violence, and barriers to treatment, while youth account for a growing share of new HIV infections linked to unsafe injecting (*NASCOP 2023*).

These are preventable harms. A clear statutory framework anchoring harm-reduction services within public-health systems and cushioning them from punitive disruption is essential to safeguard health, dignity, and equality for all Kenyans.

Constitutional and Policy Relevance

The Bill's objective is grounded in Kenya's Constitution, 2010, which guarantees:

- **Article 43(1)(a)** — the right to the highest attainable standard of health, including health-care services;
- **Article 27** — equality and freedom from discrimination;
- **Article 28** — the right to human dignity; and
- **Article 189** — cooperation between national and county governments in service delivery.

The Bill also aligns with Kenya's international and regional obligations under:

- Sustainable Development Goal 3 (Good Health and Well-Being), which commits States to reduce premature mortality from non-communicable diseases and ensure access to treatment for substance use disorders;
- The African Union Plan of Action on Drug Control (2019-2023), which urges Member States to embed harm-reduction measures into national frameworks; and
- The East African Community Health Protocol, which emphasises regional collaboration on communicable-disease prevention among high-risk populations.

Policy Rationale

We urge Parliament to approach this Bill not through a narrow health lens but as a comprehensive legal framework capable of protecting life, safeguarding dignity and enhancing the quality of life for individuals and communities affected by substance use. Harm reduction is about more than preventing disease; it is about helping people live healthier, safer, and more productive lives, free from stigma and unnecessary suffering.

The Bill in its current form presents several key gaps and legal risks that could hinder its effectiveness and, if unaddressed, expose both communities and service providers to harm. This Memorandum does not seek to comment on all provisions of the Bill, but rather focuses on specific areas of legal and policy concern that are most critical to ensuring the Bill's success.

These include:

1. **Legal Protection:** The Bill must explicitly protect both users and service providers from criminal liability when participating in authorised harm reduction programmes. The Bill fails to reconcile its provisions with existing criminal laws on possession and use under the Narcotic Drugs and Psychotropic Substances (Control) Act which may negatively impact access and delivery of harm reduction services.
2. **Continuity of Services:** The Bill should require that harm-reduction programmes operate without unlawful interference from law-enforcement actions or processes and that their implementation is mandatory and encouraged within all approved health facilities and county health plans. The law should include clear statutory provisions to ensure that harm-reduction services are protected, recognised as essential public-health functions, and actively supported.
3. **Data Protection:** The Bill should safeguard confidentiality of all personal data collected under harm-reduction services, consistent with the Data Protection Act, 2019 and health rights standards.
4. **Gender and Youth Equity:** The Bill should mandate gender-responsive and youth-inclusive harm-reduction approaches to mitigate the disproportionate burden on women and young people.
5. **Recognition of community-led service delivery:** The Bill is silent on the critical role of community-based and peer-led harm reduction initiatives that currently provide the bulk of outreach, education, overdose prevention, and linkage to care.
6. **Social and Structural Interventions:** The Bill should expressly mandate the establishment of linkages between harm reduction services and broader social reintegration programmes to support individuals with substance use disorders. This would ensure that recovery extends beyond medical treatment to include access to housing, education, employment, psychosocial support, and community reintegration. To achieve this, the Bill can require multi-sectoral cooperation among the ministries and agencies responsible for health, labour, youth, social protection, and justice, as well as county governments.

7. **Sustained Domestic Financing:** To end dependency on external donors, the Bill should compel a progressive increase in Government of Kenya allocations for harm-reduction within the national and county health budgets.

Conclusion

We submit that the Harm Reduction Bill, 2025 is both timely and necessary. By embedding legal protections, data-privacy standards, gender-sensitive provisions, and sustainable financing obligations, the Bill can permanently secure Kenya’s transition from punitive drug control to a modern, rights-based public-health approach.

A strong harm reduction law can improve the quality of life for individuals, families, and communities by reducing preventable deaths, keeping people in care, promoting social reintegration, and ensuring that no one is left behind because of their health status or circumstances. It connects public health with social justice, safety, and economic well-being goals that speak directly to Kenya’s development agenda and constitutional promise of equality and human dignity.

We therefore urge the National Assembly to adopt and strengthen this Bill as a landmark in Kenya’s public-health and social-justice reform, setting a regional and global example of how sound law can save lives, strengthen communities, and build a fairer, healthier future for all. We further call upon the House to give due consideration to the recommendations outlined in the accompanying clause-by-clause table.

PROPOSED AMENDMENTS TO THE HARM REDUCTION BILL			
Section (as in Bill)	Analysis of Current Bill	Recommended Amendment	Justification
Section 2 - Interpretation	The proposed definition of Harm Reduction services in the Bill adopts the same definition as Legal Notice 173 definition which is narrow and more constrained. Which is anchored	Amend to read: “Harm reduction services means a comprehensive set of evidence-based, public-health and social interventions aimed at reducing	The definition of harm reduction services should be clear, comprehensive, and unambiguous to ensure legal certainty and effective implementation as Harm reduction is a technical and often misunderstood concept. This approach protects these services from restrictive interpretation by enforcement agencies or courts and aligns Kenya’s law with

	<p>in the institutional and mental-health context rather than the broader public health, community outreach, prevention and rights-based scope promoted in international definitions. If left as is, Some harm-reduction interventions may be excluded or not clearly regulated/recognised under that definition</p>	<p>the adverse health, social, and legal consequences of drug use.”</p>	<p>internationally accepted terminology used by WHO, UNODC, and UNAIDS, which define harm reduction as a broad, evidence-based package of health, social, and legal interventions aimed at minimising the adverse consequences of drug use without requiring abstinence.</p>
<p>Section 2- Interpretation</p>	<p>The current Bill does not provide for already existing community-based and peer-led harm reduction service delivery that is key in ensuring access and uptake of services.</p>	<p>Insert new definitions: <i>“authorised harm-reduction programme means a programme accredited under this Act;”</i> <i>“peer-led service provider means a community-based organisation or network of persons with lived experience of drug use accredited under the Act.”</i></p>	<p>Excluding these programmes from the Bill risks marginalising proven, cost-effective service models that are already operating successfully in counties like Nairobi, Mombasa, Kiambu, Kisumu, and other counties. These community-led programmes are aligned with WHO and UNODC guidance, which emphasise the principle of <i>“nothing about us without us”</i>—ensuring people who use drugs are directly involved in design and delivery.</p>
<p>Section 3 - Object of the Act</p>	<p>The objects of the Act primarily limits the Bill to “prevention and treatment of substance</p>	<p>Amend to add: “(d)ensure the protection of persons engaging in authorised</p>	<p>The proposed amendment significantly strengthens the Bill by broadening its scope beyond medical treatment to encompass the full spectrum of social, legal, and</p>

	<p>use disorders,” ignoring broader dimensions of harm reduction which may directly enhance or limit effectiveness of service uptake and delivery.</p>	<p>harm-reduction services from criminal liability;</p> <p>(e) promote gender-responsive and youth-inclusive harm reduction interventions addressing the specific needs of vulnerable populations including women, adolescents and young people, and persons with disabilities;</p> <p>(f) support linkages between harm-reduction services and broader social reintegration supports (housing, education, employment).</p> <p>(g) recognise and strengthen the role of community-led and peer-led organisations in the delivery of harm reduction services.”</p>	<p>community-based interventions essential for an effective harm reduction framework. Embedding constitutional rights under Articles 19, 27, 28, and 43 ensures that the Act upholds a rights-based framework that protects the dignity, equality, and health of all individuals, including those most marginalised. The amendment guarantees legal protection and continuity of harm reduction services, ensuring that both service users and providers can operate without fear of arrest, harassment, or criminal liability. By aligning the Bill with Kenya’s obligations under the African Union Plan of Action on Drug Control (2019–2023) and Sustainable Development Goal 3 on good health and well-being, this amendment situates harm reduction firmly within Kenya’s constitutional, regional, and global public health commitments.</p>
<p>Section 4 - Guiding Principles</p>	<p>Current principles focus on accessibility, equity, and inclusivity but fails to anchor harm reduction in a clear public-health, rights-based, and inter-sectoral framework.</p>	<p>Amend to include:</p> <p>“(g) recognition and facilitation of community-based and peer-led harm-reduction initiatives as integral to harm reduction delivery;</p>	<p>Ensures alignment with participatory rights under the Constitution embeds community-led services, data protection, and sustainable financing into the principles guiding implementation.</p>

		<p>(h) respect for privacy, confidentiality and data protection of service users;</p> <p>(i) progressive and sustainable domestic financing of harm-reduction programmes.”</p>	
<p>Section 5 - Role of National Government</p>	<p>The clause prescribes functions for the Cabinet Secretary for Health but misses key opportunities to promote multi-sectoral coordination, devolution, sustainable financing, and protection of harm reduction services.</p>	<p>Amend Section 5 to read:</p> <p>“The Cabinet Secretary shall—</p> <p>(a) formulate and implement national harm-reduction policy in consultation with county governments and relevant stakeholders;</p> <p>(b) develop standards to be maintained by health facilities providing harm reduction services;</p> <p>(c) establish and chair a National multi-sectoral Harm Reduction Coordination Committee comprising representatives from relevant ministries, County Governments, the Ministry of Health, NACADA, the</p>	<p>The proposed amendments clarify devolution and multi-sectoral coordination; establishes a formal mechanism for inter-agency cooperation; mandates financing and accountability; ensures gender and youth equity; and protects continuity of services from punitive interference. Anchors harm-reduction within the public-health system rather than a narrow mental-health model.</p>

		<p>National Police Service, civil-society organisations, and peer-led networks for harmonized planning, budgeting and implementation of harm reduction services;</p> <p>(d) ensure progressive domestic financing and budgetary allocation for harm-reduction programmes within national and county budgets;</p> <p>(e) develop and enforce guidelines ensuring non-interference of law-enforcement agencies with authorised harm-reduction services;</p> <p>(f) integrate gender-responsive and youth-inclusive strategies in all harm-reduction policies and programmes; and</p> <p>(g) recognise and support community-based and peer-led harm-reduction initiatives as part of the national</p>	
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		<p>response.</p> <p>(h) promote ethical research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder; and</p> <p>(i) carry out such other roles necessary for the implementation of the object and purpose of this Act.</p>	
<p>Section 5(c) - Register of persons with substance use disorder</p>	<p>A national register containing personal data risks breaching confidentiality, deterring clients, and violating the Data Protection Act.</p>	<p>Amend Section 5 (c) to read:</p> <p>(i) The Cabinet Secretary in consultation with the data commissioner and County Governments shall establish and maintain anonymised, national aggregate data on service uptake and outcomes for purposes of planning and monitoring harm reduction services.</p> <p>The database shall collect aggregated, non-identifiable data in compliance with the Data Protection Act 2019 and relevant</p>	<p>The proposed amendment promotes privacy and trust, and aligns with the Data Protection Act and right to health. It also prevents misuse of data or stigma against service users.</p>

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		<p>public-health standards, and shall not include personal identifiers or medical records that could reveal an individual's identity.</p> <p>(ii) Personal data shall be collected only with informed consent and in accordance with the requirements of the Data Protection Act."</p>	
Section 8 - Establishment of harm reduction facilities	<p>The clause does not explicitly protect service users or peer providers from arrest when accessing or providing services.</p>	<p>Amend to include:</p> <p>(3) A harm-reduction facility shall be designated as a protected health service site for the purposes of law-enforcement interaction. No law-enforcement officer may arrest, search or detain a person on the premises by reason of participation in a recognised harm-reduction programme, without a warrant.</p> <p>(4) The Cabinet Secretary shall accredit community-based and peer-led organisations to deliver harm-reduction interventions in accordance with prescribed</p>	<p>Ensures legal safety for service access and aligns with UNODC/WHO best practice. Legal protection increases service uptake and reduces disease and overdose deaths.</p>

		standards.	
Section 9(1)(a) – Harm reduction Services	Core services not fully listed; omits naloxone and peer-led outreach.	<p>Amend Section 9 (1) to read:</p> <p>(1) A person with substance use disorder shall be entitled to harm reduction services including but not limited to –</p> <p>(a) harm reduction commodity distribution including needle and syringe programme;</p> <p>(b) medically assisted therapy;</p> <p>(c) HIV-related healthcare services;</p> <p>(d) Sexually Transmitted Infections treatment and prevention services;</p> <p>(e) Overdose management, prevention and response services and training;</p> <p>(f) TB and Hepatitis testing, treatment and presentation services;</p> <p>(e) psychosocial support services; and</p> <p>(f) Sexual and reproductive health services;</p> <p>(g) Outreach services</p>	Aligns with WHO/UNAIDS comprehensive harm-reduction package. Ensures essential, evidence-based interventions are recognised in law.

		(f) provision of crisis management support and (g) linkage to any other necessary service.	
Section 10(c) – Duty of providers ‘not to obstruct police’	The section as drafted may compel providers to disclose client information or allow uncontrolled police access.	Amend to read: Section 10(c) “A healthcare provider shall have the duty to ensure that personal data of persons engaging with harm-reduction services is handled in compliance with the Data Protection Act; no disclosure of client information shall occur without informed written consent unless authorised by a court order. Data shared for public-health monitoring shall be in anonymised form.”	Balances enforcement obligations with patient confidentiality; consistent with health-care ethics, legal procedures and the right to privacy.
Section 11 - Offence for unduly refusing access	Criminalising administrative issues discourages providers. Replace criminal sanction with administrative measures under professional and regulatory frameworks.	Amend to Read: “A person who unreasonably denies or restricts access to harm-reduction services shall be subject to disciplinary or administrative sanctions in accordance with the <i>Health Act 2017</i> , relevant	Criminal law should target intentional abuse or corruption, not service-delivery gaps. Existing frameworks including Kenya’s penal code, Health Act 2017, Medical Practitioners and Dentists Act, Public Service Commission Regulations, already handles misconduct through disciplinary or regulatory processes. Criminalizing routine service failures duplicates existing

		<p>professional codes, public-service regulations and any other relevant and applicable law.”</p>	<p>frameworks and over-extends the criminal law. Harm reduction is about replacing punishment with care. Criminalizing administrative failures sends a contradictory message.</p>
<p>Section 12 - General Penalty</p>	<p>This is a residual offence clause meant to cover breaches not expressly criminalised elsewhere. It does not specify what acts or omissions are offences. This vagueness violates the constitutional principle of certainty in criminal law (Article 50(2)(b): the right to be informed of the charge with sufficient detail).</p> <p>It could apply to administrative failures under Section 8–12, making routine mistakes potentially criminal. Such criminalisation conflicts with the spirit of harm reduction, violates proportionality, and duplicates existing legal</p>	<p>Delete Section 13 and replace with:</p> <p>“A person who contravenes any provision of this Act for which no specific penalty is provided shall be subject to administrative and/or regulatory sanctions as prescribed under the <i>Health Act 2017</i> or relevant professional codes or other relevant laws, including if the contravention involves wilful obstruction or corruption.”</p>	<p>Prevents blanket criminalisation of administrative or technical breaches; aligns enforcement with public-health and rights-based approaches. Ensures proportionality and constitutional certainty in offences. Retains room for criminal sanctions only where behaviour is deliberate, fraudulent, or endangers life.</p>

	frameworks. The Health Act 2017, which is Kenya's umbrella framework for regulation, coordination and management of the health sector, already cover what Clause 13 tries to police.		
Clause 14 – Regulation-making powers	Broad powers given to the Cabinet Secretary without timelines or public input risk overreach.	Amend to require: (a) public consultation within 60 days before regulations are gazetted;	Ensures transparency, accountability, and public participation under Articles 10 and 118 of the Constitution. Prevents restrictive regulations.

Proposed Additional Sections

The current structure of the Bill is too narrow and administrative - reflecting a *clinical/mental-health model* rather than a *public-health, rights-based system*. The bill does not encompass the full spectrum of a comprehensive legal framework capable of protecting life, safeguarding dignity and enhancing the quality of life for individuals and communities affected by substance use.

It leaves out entire dimensions that are central to effective harm reduction.

Kenya has a unique opportunity to lead the region in pioneering a humane, evidence-based approach to substance-use policy. While the current Bill marks important progress, its structure remains largely administrative - focused on treatment rather than transformation. To be truly effective, the law must take a public-health and rights-based approach that protects life, upholds dignity, and enhances the quality of life for individuals and communities affected by substance use.

By broadening its scope, Parliament can ensure this Bill becomes not just a management tool, but a groundbreaking framework for harm reduction that prioritizes overall individual and community wellbeing; a model of progressive leadership consistent with Kenya's constitutional values and development goals

New Part / Section Title	Proposed Content Summary	Why It's Needed / What Gap It Fills	Legal & Policy Justification
NEW PART IIIA - Legal Protection and Non-Interference	Create statutory protections for (a) service providers and (b) persons accessing authorised harm-reduction programmes. Prohibit arrest, prosecution, or harassment of any person for possession, use, or presence at a recognised harm-reduction site. Mandate coordination with the Ministry of Interior to ensure policing aligns with health priorities.	Currently no clause safeguards users/providers from criminal interference or conflict with the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994.	Aligns with Article 43 (right to health), Article 28 (dignity), and international standards (WHO/UNODC/UNAIDS 2012 Technical Guide). Prevents disruption of services and protects continuity.
NEW PART IIIB — Gender, Youth and Vulnerable Groups	Require gender-responsive and youth-inclusive harm-reduction programmes. Provide for harm-reduction interventions tailored for women, adolescents, and persons with disabilities. Mandate collection of sex- and age-disaggregated data (aggregated, anonymised).	Current Bill is gender-blind. No recognition that women face gender-based violence, stigma, and lack of family-centred services.	Anchors Article 27 (equality), SDG 5 (gender equality), and SDG 3 (health). Reflects CEDAW General Recommendation 24 on women and health.

<p>NEW PART IIIC - Community-Led and Peer-Based Service Delivery</p>	<p>Recognise and accredit community-based and peer-led harm-reduction initiatives. Allow CS to designate community actors as implementing partners. Provide for minimum standards, funding access, and capacity building.</p>	<p>The Bill only recognises “facilities” ignoring the real backbone of harm reduction (community & peer organisations).</p>	<p>Aligns with WHO, UNAIDS, and Global Fund guidance on community systems strengthening. Promotes sustainability and access.</p>
<p>NEW PART IIIE - Multi-Sectoral Coordination Mechanism</p>	<p>Establish a National Harm Reduction Coordination Committee (NHRCC) including representatives from Health, NACADA, Interior, Labour, Social Protection, Youth, Civil Society, and County Governments. Outline its mandate to harmonise policy, budgets, and reporting.</p>	<p>Clause 5(c) merely says “promote coordination.” This Part would make it real and binding.</p>	<p>Aligns with Article 189 (cooperation between national and county governments) and strengthens accountability.</p>
<p>NEW PART IIIF - Financing and Sustainability</p>	<p>Require annual budgetary allocation to harm reduction in both national and county health budgets. Provide for a Harm Reduction Fund to pool government and partner resources. Set progressive domestic funding targets.</p>	<p>The Bill is silent on financing; current services are donor-dependent.</p>	<p>Anchors Article 43(3) (state obligation to take measures for progressive realisation of health rights) and the <i>Public Finance Management Act 2012</i>.</p>

NEW PART IIIG - Social and Structural Interventions	Mandate linkages between harm reduction and social protection, housing, employment, and education programmes. Provide referral pathways for reintegration and recovery.	Harm reduction is treated as a health service only; ignores social determinants.	Supports SDG 1 (no poverty), SDG 8 (decent work), and Constitution Articles 43 & 56. Promotes "whole-of-society" approach.
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Your Ref: TBA Our Ref: CAUCUS/HRB/2025 Date: 19th November, 2025

Departmental Committee on Health
Through the Clerk of the National Assembly
Parliament Buildings
P.O. Box 41842
NAIROBI

② Adem Gindicha, Hob
For the attention of the
Depr. Committee on Health.
Done
2/11/25

Dear Sir

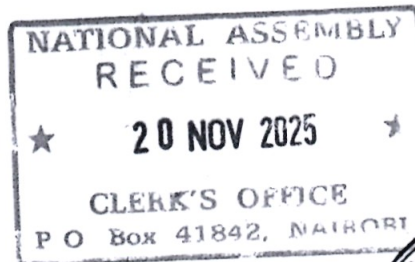
RE: SUBMISSION OF THE CAUCUS POSITION PAPER ON THE NATIONAL HARM REDUCTION BILL, 2025

We write on behalf of the **Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR)** to formally submit our **Position Paper on the National Harm Reduction Bill, 2025**. CHRDPR is a national platform that brings together civil society organisations, harm reduction networks, legal and health professionals, researchers, and human rights advocates committed to evidence-based drug policy reforms in Kenya.

We wish to commend efforts towards spearheading the development of the Harm Reduction Bill, 2025, however the bill in its current form contains **significant legal, structural and human rights gaps**.

Our collective position—based on evidence, consultation with communities, and expert legal and public health analysis—is that **the National Harm Reduction Bill, 2025 should be recalled for comprehensive, inclusive consultations and redrafting**. Our informed position is based on

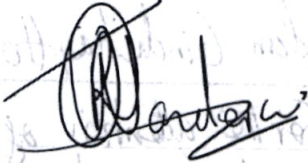
- Constitutional inconsistencies
- Technical unworkability
- Policy incoherence
- Inadequate public participation
- Contradictions with existing laws
- Lack of financing
- Exclusion of key harm reduction actors



We remain available for engagement, technical input, and collaborative work toward a revised Bill that genuinely advances health, dignity, and human rights for all.

Find attached our joint position paper.

Yours sincerely,

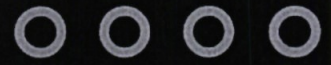


Ted Wandera
Project Coordinator

Encls:

1. Position Paper on the Harm Reduction Bill 2025





JOINT POSITION PAPER

On the Proposal to Withdraw and
Redraft the Harm Reduction Bill, 2025

*Submitted by Civil Society, Harm
Reduction Networks, Legal and Policy
experts, & Community-Led
Organisations in Kenya*



Date: 19th November 2025

1. INTRODUCTION

We, the undersigned harm-reduction, human-rights, public-health, and community organisations in Kenya, welcome Parliament's commitment to addressing the urgent health and social needs of users of harm reduction services. The introduction of the **Harm Reduction Bill, 2025**, marks a significant recognition that Kenya requires a rights-based, evidence-driven, and health-focused response.

However, after extensive review, consultations, and technical analyses, we have reached a unified position:

The Harm Reduction Bill, 2025, should be withdrawn to allow for comprehensive, multi-sectoral consultation and full redrafting.

Our conclusion is based on clear evidence that the current draft contains **fundamental structural, legal, constitutional, and policy flaws** that cannot be corrected through routine clause-by-clause amendments at the committee stage. The Bill, as drafted, risks jeopardizing Kenya's significant HIV, Hepatitis, TB, and public health gains and undermining community trust necessary for the effective delivery of harm reduction in Kenya.

It is our humble opinion that this bill requires the departmental committee on Health within its mandate to conduct a detailed scrutiny and ensure comprehensive policy input, as outlined in the Constitution of Kenya and the National Assembly Standing Orders.

Our informed position is based on:

- ✓ constitutional inconsistencies
- ✓ technical unworkability
- ✓ policy incoherence
- ✓ inadequate public participation
- ✓ contradictions with existing health laws
- ✓ lack of financing
- ✓ exclusion of key implementing actors

This Position Paper sets out:

1. The **problematic gaps and contradictions** in the Bill;
2. Why these are **structural and not fixable** through simple amendments;
3. What a **credible harm-reduction law requires**; and
4. A **joint call to Parliament** to withdraw and facilitate inclusive redrafting.

2. BACKGROUND & RATIONALE

Kenya has one of the most documented harm-reduction needs in Africa:

- 1 in 6 Kenyans currently use drugs (National Survey on the Status of Drugs and Substance use, NACADA, 2022).
- An estimated 27,000 people inject drugs, with HIV prevalence at 11% and Hepatitis C prevalence at 20%. (Kenya Harm Reduction Information Note, HRI, 2025)
- Anecdotal reports from harm reduction and drug rehabilitation facilities have continued to record low utilization rates of the existing support services, pointing to limited data on the actual numbers (NACADA, 2023)
- Young people and women bear a disproportionate burden of stigma, violence, exclusion, and lack of gender-responsive services. (HIV and People Who use Drugs Human Rights Fact Sheet, UNAIDS, 2024)
- Community-based and peer-led networks provide most harm-reduction outreach, overdose response, and psychosocial support long before formal health systems reach people. (National Protocol for treatment of substance use disorders in Kenya, MOH, 2017)
- Service coverage remains extremely low and heavily donor-dependent, with no sustainable domestic-financing framework

A forward-looking Harm Reduction law is urgently needed. However, it must be fit for purpose, grounded in public health and human rights, and aligned with Kenya's Constitutional framework and international commitments (SDG 3, SDG 5, CESC, CEDAW, and the African Charter).

The current Bill does not meet this standard.

3. WHY THE BILL SHOULD BE WITHDRAWN: CORE STRUCTURAL FAILURES

The coalition identifies ten fundamental flaws that cannot be resolved through minor clause amendments.

1. The Bill Does Not Reflect Widely Accepted Definitions or Principles of Harm Reduction

Kenya has decades of practice, global guidance (WHO, UNAIDS, UNODC, EAC Harm Reduction Policy), and local models of harm reduction.

However, the Bill:

- misdefines harm reduction,
- reduces it to facility-based treatment,
- pathologizes drug use by referring to users of harm reduction services as “persons with substance use disorders”, yet only 13% of people who use drugs globally are diagnosed with substance use disorders.
- excludes essential peer-led, community & outreach components,
- fails to anchor internationally endorsed principles (human rights, dignity, public health),
- excludes key elements of WHO, UNAIDS, and UNODC recommended comprehensive package, which are currently implemented by MOH through NASCOP.

Harm reduction is not dependent on diagnosis, pathology, or clinical assessment. It is a voluntary health and social support model focused on reducing risks - not merely treating a disorder. This flaw affects the entire Bill structure and cannot be fixed through small edits.

2. The Bill Fails to Properly Assign County Roles - Yet Health is a Devolved Function

The Bill assigns national-level authority to establish harm reduction facilities, provide trained health providers, equipment and facilities, yet:

- 47 counties run health facilities,
- counties employ healthcare workers,
- county budgets fund health service delivery.

This creates a direct conflict with the devolved health function and risks constitutional inconsistency, and as such cannot operate legally or practically. Failure to address this flaw would trigger Senate involvement or legal challenges under Article 190.

This alone is a strong enough ground for withdrawal.

3. No Financing Framework - Making the Bill Unimplementable

The Bill:

- introduces new services,
- mandates new facilities, and
- creates new administrative structures,
- provides no well-defined domestic financing mechanism.

The claim, in Memorandum of Objects and Reasons, that the enactment of the bill will not occasion additional expenditure of public funds is, in fact, misleading.

This violates:

- Public Finance Management Act requirements (public finance transparency),
- principles of fiscal feasibility in lawmaking,
- Kenya's UHC strategy that requires sustainable financing.

A Bill without financing is a symbolic Bill, not an implementable one.

4. The Bill Excludes Community- and Peer-Led Programmes That Currently Deliver Majority of Harm Reduction

Community networks are the backbone of Kenya's harm-reduction ecosystem, yet the Bill only recognises licensed facilities, excluding:

- Peer outreach
- Community overdose response
- Safe-use education
- Psychosocial support
- Community-led case management
- Human rights protection

No credible harm-reduction law can ignore the communities who deliver most services. This is a technical flaw and makes the law practically ineffective.

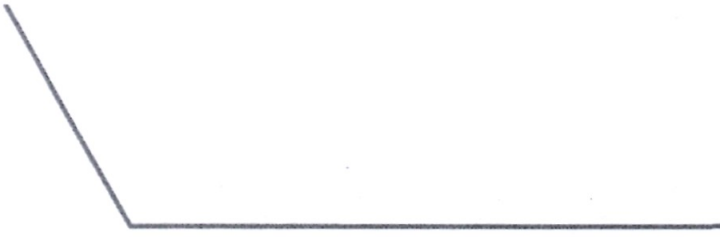
5. The Bill Introduces New Criminalisation — Targeting Health Workers and Peer Providers.

Clauses 11 and 12 introduce new criminal offences for service providers for administrative errors, despite the existence of the Health Act (2017), Penal Code, and Quality Healthcare Bill (2025) mechanisms that already adequately govern misconduct.

This risks:

- discouraging providers from offering services;
- increasing fear among communities; and
- undermining HIV, Hepatitis, TB, and overdose responses.

A widely accepted drafting principle is that Legislation must not mix regulatory and criminal mechanisms where existing law already provides adequate sanctions.



Further, global standards consistently warn against embedding criminal offences into health-service legislation:

6. The Bill Provides No Legal Protection for Users or Providers.

It does not protect:

- users of harm reduction services from arrest;
- service providers from prosecution;
- facilities from harassment; or
- outreach teams from police interference.

Without reconciling with the Narcotic Drugs Act, harm-reduction services remain vulnerable.

This is a structural omission, not a drafting oversight.

7. The Bill Introduces a “Mandatory Register” Without Legal Basis.

Creating a nationwide register of people who use drugs is:

- unconstitutional (privacy, dignity, non-discrimination);
- a violation of data-minimisation principles;
- unsafe for women, youth, and socially excluded populations;
- a deterrent to service access;
- contradicts guidance from WHO, UNODC, and UNAIDS for universal access to HIV prevention treatment, 2012.

Such an approach cannot be ethically or legally salvaged.

8. The Bill Fails to Properly Assign County Roles - Yet Health is a Devolved Function

The Bill conflicts with:

1. *Health Act, 2017*

The Bill introduces new criminal offences and regulatory functions that duplicate — and in some cases contradict — the Health Act's existing systems for professional regulation, service standards, and patient protection.

2. *Data Protection Act, 2019*

The Bill's requirement for a personal register of people using drugs violates the Data Protection Act's principles of data minimisation, purpose limitation, and the prohibition of collecting sensitive health data without clear safeguards.

3. *Public Health Act*

By framing harm reduction only as a treatment service rather than a population-level public-health strategy, the Bill conflicts with the Public Health Act's mandate for community-wide prevention, surveillance, and harm mitigation.

4. *Public Finance Management Act*

The Bill creates new obligations and structures without specifying financing mechanisms, contrary to the PFM Act's requirement that all public programmes include defined sources of funding and budgetary alignment.

5. *Narcotic Drugs and Psychotropic Substances (Control) Act*

The Bill does not reconcile harm-reduction activities with existing criminal provisions on possession and use of narcotic substances, leaving service users and providers vulnerable to arrest under the existing Act.

6. *Draft Quality Healthcare and Patient Safety Bill, 2025*

The Bill creates parallel penalties and oversight systems that duplicate and contradict the Quality Healthcare Bill's proposed framework for managing healthcare errors, patient protection, and facility accountability.

No parliamentary committee can endorse a bill with numerous contradictions that are deep and interconnected.

9. The Bill Fails to Address Gender, Youth, or Intersectional Needs - Core to Harm Reduction

Harm reduction cannot succeed without addressing:

- gender-based violence,
- youth realities,
- stigma,
- mental health,
- poverty & social exclusion.

The Bill's silence contradicts Kenya's commitments under:

- SDG 3 (health) and SDG 5 (gender equality),
- ICESCR,
- CEDAW,
- Maputo Protocol,
- National Gender Policy.

This is a critical policy flaw, not an optional element.

10. The Bill Introduces New Criminalisation — Targeting Health Workers and Peer Providers.

Harm reduction cuts across health, justice, social protection, law enforcement, gender, and community-led interventions.

Yet the Bill was drafted with no comprehensive engagement of:

- frontline service providers
- community-led groups and peer networks
- county governments
- HIV, Hepatitis & TB programmes
- human rights bodies
- gender & youth agencies
- civil society and technical partners

This violates Article 10 (public participation), Article 118, and established legislative practice requiring broad, inclusive, and informed consultation before a major health law is enacted.

4. OUR JOINT POSITION

Based on the above, we, the coalition of civil society and community organisations working on harm reduction and drug policy, state that:

What We Propose Instead: A Structured Redrafting Process

We recommend:

1. ***The creation of a National Multi-Stakeholder Taskforce, co-convened by:***

- Ministry of Health;
- NSDCC;
- NACADA;
- County Governments;
- Community networks;
- Human rights bodies;
- Civil society experts;
- Legal and policy practitioners.

2. ***A 90-120 Day Redrafting Timeline for a Harm Reduction Bill***

- ✓ Public-health, rights-based definition of harm reduction
- ✓ Explicit legal protection for users and service providers
- ✓ Prohibition of police interference in health facilities
- ✓ Recognition and accreditation of community- and peer-led services
- ✓ Gender- and youth-responsive measures
- ✓ Removal of personal registers; anonymised data only
- ✓ A sustainable domestic financing mechanism
- ✓ Alignment with the Constitution and national laws

The Harm Reduction Bill, 2025 cannot be corrected through simple amendments and must therefore be withdrawn and redrafted through an inclusive, multi-sectoral consultative process.

5. JOINT CALL TO PARLIAMENT

We respectfully urge the **Departmental Committee on Health** and the **National Assembly** to:

1. **Recommend the withdrawal of the Bill, 2025** to allow for comprehensive redrafting;
2. **Convene inclusive consultations** with communities and experts;
3. **Develop a law that reflects global best practice**, Kenyan realities, and Constitutional obligations; and
4. Ensure that harm reduction is legislated in a manner that protects, not harms, the people it intends to serve.

CONCLUSION

YES - Kenya urgently needs a harm reduction law.

NO – Not this version

WITHDRAW. RERDAFT. GET IT RIGHT.

Submitted By:



TEENS WATCH



MEMORANDUM TO PARLIAMENT ON THE NATIONAL HARM REDUCTION BILL, 2025

Submitted by: KUZA TRUST

Date: 23 – 10 -2025



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27/10/25
Hassan Jale
Seal
27/10/25

1. Introduction

KUZA TRUST is a community-based organization that promotes and protects health-related human rights for people with intersectional vulnerabilities, particularly those affected by punitive drug laws and policies in Kenya.

We have worked closely with civil society and government stakeholders to promote drug policy reforms, including contributing to the 2022 Amendments to the Narcotic Drugs and Psychotropic Substances (Control) Act, which decriminalized harm reduction services and reduced penalties for possession of cannabis for personal use.

KUZA TRUST welcomes the introduction of the National Harm Reduction Bill, 2025, as a landmark effort to ground harm reduction into law. This Bill presents a historic opportunity to align Kenya's drug policy with the Constitution, international human rights obligations, and public health standards.

However, we note areas where the Bill can be strengthened to ensure it fully embodies a rights-based, community-led, and sustainable approach to harm reduction.

2. Background and Context

Kenya continues to face a growing public health and human rights crisis linked to drug use, including high rates of HIV and Hepatitis C among People Who Inject Drugs (PWID), increasing overdose deaths, and entrenched stigma and discrimination.

Evidence-based harm reduction interventions such as Needle and Syringe Programs (NSPs), Opioid Substitution Therapy (OST), overdose prevention, and psychosocial support have proven effective globally and locally in reducing infections, deaths, and social harms.



The Constitution of Kenya (2010) provides a firm foundation for a health-centered, rights-based drug policy:

- **Article 43:** Guarantees the right to the highest attainable standard of health.
- **Article 28:** Protects the right to human dignity.
- **Article 27:** Provides for equality and non-discrimination.
- **Article 118:** Requires public participation in law-making.

Kenya is also bound by international instruments, including the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the African Charter on Human and Peoples' Rights, both affirming the right to health and freedom from cruel or degrading treatment.

3. KUZA TRUST's Overall Position

KUZA TRUST supports the intent and direction of the National Harm Reduction Bill and recognizes it as a progressive step toward health, rights, and social justice.

We recommend that Parliament strengthens the Bill to ensure it:

1. Embeds a **rights-based framework** for implementation.
2. Enhances **community participation and representation** in governance.
3. Prohibits **criminalization, coercion, and compulsory treatment**.
4. Guarantees **equitable, voluntary, and non-discriminatory access** to services.
5. Establishes a **sustainable domestic financing framework** for harm reduction services.

4. Clause-by-Clause Analysis and Recommendations

4.1 Definitions

Issue: Some terms lack clarity and may perpetuate stigma.

Recommendation: Adopt WHO-aligned definitions, emphasizing harm reduction as “policies, programs, and practices aimed at minimizing the adverse health, social, and legal impacts associated with drug use without necessarily requiring abstinence.”

4.2 Objectives of the Bill

Issue: The current objectives lack explicit human rights, gender, and participation elements.

Recommendation: Expand the objectives to:

1. Promote a rights-based, gender-sensitive, and evidence-informed approach.
2. Uphold dignity and autonomy of persons who use drugs.
3. Ensure meaningful community participation in design, implementation, and evaluation.

4.3 Establishment of a Harm Reduction Authority

Issue: The proposed Authority appears overly centralized with limited community inclusion.

Recommendation:

1. Mandate representation of **people who use drugs, civil society organizations, and human rights institutions** on the governing board.
2. Require **transparency, accountability, and public reporting**.
3. Ensure coordination with **Ministry of Health, National AIDS Control Council (NACC)**, and county health departments to prevent duplication.

4.4 Access to Services

Issue: The Bill must explicitly guarantee voluntary and equitable access to harm reduction services.

Recommendation:

1. Guarantee voluntary participation free from coercion or criminalization.
2. Prohibit discrimination based on drug use, HIV status, gender, or socio-economic status.
3. Reference Article 27 of the Constitution on non-discrimination and equality.

4.5 Compulsory Treatment or Detention

Emphasize **voluntary, supported care** in line with WHO and UNODC guidelines

4.6 Funding and Sustainability

Issue: The Bill does not provide a clear mechanism for long-term funding of harm reduction programs.

Recommendation:

- Establish a **National Harm Reduction Fund**, sourced from:
 - a. National health and county budgets,
 - b. Earmarked taxes (e.g., from alcohol/tobacco levies), and
 - c. Donor and private-sector contributions.
- 1. Require annual public financial and performance reporting.
- 2. Integrate harm reduction financing into Universal Health Coverage (UHC) schemes to ensure sustainability.

4.7 Accountability and Complaints Mechanism

Issue: Absence of redress and community monitoring mechanisms.

Recommendation:

1. Create an **independent complaints mechanism** for rights violations in service delivery.
2. Institutionalize **community-led monitoring and evaluation** through local networks and PWUD organizations.

5. Policy and Legal Alignment

The Bill should be harmonized with existing frameworks, including:

- **Health Act (2017)** – rights-based service delivery.
- **Data Protection Act (2019)** – confidentiality safeguards.
- **HIV and AIDS Prevention and Control Act (2006)** – anti-stigma provisions.
- **Mental Health Act (2022)** – voluntary treatment.

6. Summary of Key Recommendations

Thematic Area	Issue Identified	Proposed Amendment
Definitions	Ambiguous and stigmatizing	Adopt WHO-aligned, non-judgmental definitions

Thematic Area	Issue Identified	Proposed Amendment
Objectives	Narrow public health scope	Add human rights, gender, and participation objectives
Governance	Excludes community voices	Include PWUD and CSO representation
Access	Potential coercion or denial	Guarantee voluntary, equitable access
Treatment	Risk of rights violations	treatment must be voluntary
Funding	No sustainability mechanism	Create a National Harm Reduction Fund
Accountability	No grievance system	Establish redress and community monitoring

7. Conclusion

The **National Harm Reduction Bill, 2025** marks a defining opportunity to shift Kenya's drug policy from punishment to **public health, human rights, and social justice**. For this transformation to be meaningful, the Bill must:

1. Uphold constitutional and international human rights standards.
2. Institutionalize **community participation** at all levels.
3. Secure **sustainable domestic financing** for harm reduction services under UHC.

KUZA TRUST urges Parliament to:

1. Facilitate **inclusive and evidence-informed public participation**.
2. Adopt these recommendations to strengthen the Bill's alignment with **Articles 27, 28, and 43** of the Constitution.
3. Champion the realization of **health and dignity for all Kenyans**, especially those most affected by the war on drugs.

8. Contact Information

Submitted by:
KUZA TRUST
P.O. Box 76393-00508
Nairobi, Kenya
Email: kuzatrust@kuzatrust.org

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Your Ref: TBA

Our Ref: CAUCUS/NHRB/01/25

Date: 23 October 2025,

The Clerk,
The National Assembly of Kenya
Nairobi, Kenya

Handwritten signature: Hassan Arale
Handwritten signature: Seal
Handwritten signature: [Signature]
Handwritten date: 27/10/25

Dear Sir/Madam,

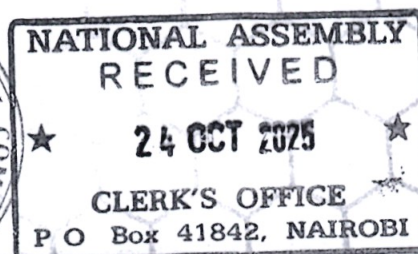
PUBLIC PARTICIPATION SUBMISSIONS ON THE NATIONAL HARM REDUCTION BILL 2025.

We refer to the above captioned matter and address you as hereunder.

Women in Response to HIV/AIDS and Drug Addiction (WRADA) is a community-led organization based in Kenya, serving communities of women and young people in eight counties of Kenya with substance use disorders through advocacy for, education on, and referral to health, harm reduction, socio-economic and legal services.

The Caucus on Harm Reduction and Drug Policy reforms in Kenya (The Caucus) an initiative that brings together individuals and institutional advocates of drug policy reforms in Kenya. As part of its activities, The Caucus seeks to improve the management, handling and interaction between persons living with drug use disorders and the Criminal Justice system with the intention of infusing the penal process with public health interventions.

+254-722-672-703
womenresponse@gmail.com
Beverly Court, Marcus Garvey Rd,
Kilimani, Nairobi, Kenya



With the Bill undergoing public participation, we would wish to further engage with the sectoral committee on health services through this public participation process so as to have meaningful deliberations on the need to amend the bill before the same is passed.

Our recommendations herein are made in a context that takes into account the provisions of Articles 2(6), Article 43(1) and 118 of the Constitution as they relate to the right to health and public participation for persons with substance use disorder. Our recommendations also take into account the provisions of all the relevant international, regional instruments that Kenya has ratified as well as National laws and policies. It is our submission that the legislation as it currently reads fails to address the gaps in delivery of holistic harm reduction services.

It is our submission that the Bill if passed as is may not protect against violation of human rights and Stigma and Discrimination against persons with substance use disorder.

In view of the foregoing, we hereby submit our memorandum for the Committee's consideration, along with a copy of our Memorandum of Reasons and Justification, which highlights our preliminary concerns regarding the draft Harm Reduction Bill. We urge the Committee to take these concerns into account and to ensure that the Bill adopts an evidence-based, public health-centered, and human rights-compliant approach to harm reduction. We welcome the opportunity to engage further with the Committee to provide additional insights and clarifications as needed. We remain available for any discussions and look forward to your positive consideration of our submission.

We thank you for your time and look forward to your favorable response in this regard.

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womenresponse@gmail.com

Beverly Court, Marcus Garvey Rd, 3

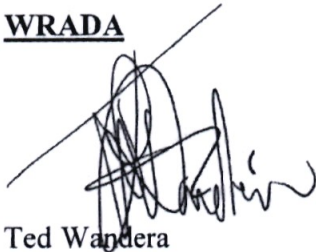
Killimani, Nairobi, Kenya

Yours faithfully,

Rita Gatonye

Director

WRADA



Ted Wandera

Project Coordinator

THE CAUCUS

Encls:

1. Memorandum of Reasons and Justification to the proposed amendment of The Kenya Harm Reduction Bill of 2025

CC. National AIDS and STI Control Program

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WRDA

**WOMEN IN RESPONSE TO
HIV/AIDS & DRUG ADDICTION**

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Killimani, Nairobi, Kenya

DIGNITY | EMPOWERMENT | EQUITY

CURRENT SECTION	COMMENTS	PROPOSED AMENDMENT	JUSTIFICATION
<p>Section 2 – Definition Section</p> <p>Access to Justice means</p> <p>Overdose means</p> <p>Adherence centre/hallway house means</p> <p>Community means</p> <p>Community led program means</p> <p>Harm Reduction Services means</p> <p>Aftercare means</p>	<ul style="list-style-type: none"> - Within the definition of Harm Reduction Services, change this so that it is in line with the definition of Harm Reduction Services provided for in Legal Notice No 173 and also make the definition a bit more Robust. - Within the definition section, include a definition for the term 'Mental Health'. 	<ul style="list-style-type: none"> - "Mental Health "means state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community; - - "Treatment" means the provision of one or more structured interventions designed to manage health and other negative effects of drug use and to improve or maximize personal or social functioning; - b) the process that begins when a person with substance use disorder comes into contact with a health or any other community service provider including counselling and drug testing and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached - "Harm reduction service user "shall be interpreted to make reference to any person, who upon assessment, is found to be in need of harm reduction services. - "Treatment Outreach" shall be interpreted to make reference to steps taken by the harm reduction service providers to provide harm reduction services to the harm reduction service users, outside their facilities, including rallies, call centers and community outreach programs; 	<ul style="list-style-type: none"> - There is need for consistency on the definition of harm reduction services through all legislative provisions so as to avoid any form of contradiction; - It is important to include a definition for mental health due to the correlation between drug use and mental health.

<p>Support Group means</p>	<ul style="list-style-type: none"> - Within the definition section, include a definition for the term "Treatment" - There are several technical terms used throughout the document that need to be clearly defined within Section 2 including infectious diseases, treatment outreach, rehabilitation outreach, psychosocial support, appointing 	<ul style="list-style-type: none"> - "Rehabilitation outreach" shall be interpreted to make reference to a treatment designed to facilitate the process of recovery from the effects of substance use disorders; - "Psychosocial Support" shall be interpreted to make reference to the actions taken to address both the psychological and social needs of the harm reduction service users, as well as their families and communities; - Peer Educator – An individual who is part of the community of people who use drugs and is trained to educate others within that community about harm reduction practices, - Outreach Worker – An individual trained to provide education, support and access to harm reduction supplies and services, - Community Paralegal – An individual from the community of people who use drugs with specialised training to provide legal support and education to people who use drugs. - Community – Refers to groups of individuals who share common experiences, challenges, or identities related to drug use and harm reduction. This includes persons who use or have used drugs, peer-led networks and organizations advocating for their health, rights, and well-being. These communities play a central role in shaping harm reduction policies, delivering peer-based interventions, and ensuring that laws and programs are responsive to their lived realities and needs. 	<p>-</p>
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	<p>authority, director.</p> <ul style="list-style-type: none"> - There is need to include a definition of harm reduction services, over and above the definition of harm reduction to unpack the package of services that must be provided at facilities. - Health Provider – Add definition of Peer Educator, Outreach Worker, Community Paralegal 	<ul style="list-style-type: none"> - Access to justice- Means the ability of persons to seek and obtain a remedy through formal or informal institutions of justice, and in conformity with human rights and fundamental freedoms - Overdose – Means when the body is overwhelmed with a toxic or excessive amount of a substance or combination of substances. - Adherence Centre/Halfway house- means community-based residences that support people in recovery from substance use disorder, mental health issues and incarceration. - Aftercare means services that help recovering drug dependent persons to adapt to everyday community life, after completing earlier phases of treatment and/or rehabilitation. - Community-led program means programs led by groups of individuals who share common experiences, challenges, or identities related to drug use and harm reduction. This includes peer-led networks and organizations advocating for the health, rights, and well-being of people who use drugs. - Support groups means people who are going through or have gone through similar drug dependence or use, or substance use disorder, and who provide help to each other. 	
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Section 3 Object and Purpose of the Act	<ul style="list-style-type: none"> - There is need for this section to speak about research on harm reduction and also fostering collaboration between govt and communities. Add (d) to include fostering collaboration with NGOs, community, and government. 	D) fostering collaborations with non-governmental organisations, community of persons with substance use disorder, and government.	The objects need to be targeted and specific to harm reduction for persons with substance use disorder.
Part 2 – Obligations of the National and County Government	<ul style="list-style-type: none"> - Amend Section 5 (c) by adding the word “Confidential”, delete the phrase ‘with substance use disorder’ and replace 	<ul style="list-style-type: none"> - maintain a confidential register indicating the number of persons receiving harm reduction services, their ages, their sex, the disorders or diseases diagnosed and the number of drug related deaths of persons with substance use disorder - In collaboration with CSOs and affected Communities develop standards to be maintained by health facilities providing harm reduction services; 	The CEC should not be a member of the Committee as the same would create a conflict of interest;

	<p>with 'and receiving harm reduction - services' and finally by adding the phrase "Drug Related deaths instead of simply 'deaths' "</p> <ul style="list-style-type: none">- Amend Section 5 (d) to include the phrase "In Collaboration with CSO and affected Communities "- Section 5 (e) is vague and does not indicate the resources that will be provided for provision of	<ul style="list-style-type: none">- promote and capacity build the people doing research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder; and	
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	<p>harm reduction services. We Recommend that the section be reworked to clearly indicate the resources that will be provided.</p> <ul style="list-style-type: none"> - Section 5 (f) should be amended to include the phrase “and capacity build the people doing” so as to ensure that researchers have capacity and to ensure sustainability. 		
<p>Section 6 – Role of County Governments</p>	<ul style="list-style-type: none"> - Amend Section 6 (g) to include the phrase “In 	<ul style="list-style-type: none"> - In collaboration with community led programs develop and carry out frequent sensitisation programmes on harm reduction and 	

	collaboration with community led programmes”	its effect on the prevention of infectious diseases in the respective county; and	
	- No. 2 Insert the words ‘in collaboration with community led organisations and civil society organisations providing harm reduction services.	- The County Executive member responsible for matters relating to health shall designate a county committee to coordinate the provision of harm reduction services in the respective county in collaboration with community led organisations and civil society organisations providing harm reduction services.	
Section 7 – Collaboration between National and County Governments.	- To ensure that there is public private collaboration in provision of harm reduction services across all arms of	Develop community health and social programmes for the care and rehabilitation of persons with substance use disorder in collaboration with private partners	

	<p>government section 7 (a) should be amended to include the phrase "In collaboration with Private partners".</p> <ul style="list-style-type: none"> - Section 7 (b) should be amended to include the phrase "with an aim of reducing Stigma and Discrimination" this is because the biggest challenge to accessing harm reduction services is Stigma and Discrimination 	<ul style="list-style-type: none"> - Carry out sensitization programmes on the care and rehabilitation of persons with substance use disorder with an aim of reducing stigma and discrimination on - 7(f) carry out social reintegration programs (aftercare) 	
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	<ul style="list-style-type: none"> - Include another clause 7 (f) to ensure that one of the roles of National and County governments is to facilitate reintegration and aftercare for persons with substance use disorder . 		
<p>Part III – Provision of Harm Reduction Services (Section 8-9)</p>	<ul style="list-style-type: none"> - There is need to amend section 8(2) to also include community led harm reduction facilities in the training of treatment, aftercare and rehabilitation. The section 	<ul style="list-style-type: none"> - 8(2)The health practitioners referred to in this section and community led harm reduction facilities shall be trained in the treatment, after-care, rehabilitation and social reintegration of persons with substance use disorder. 	

	<p>should be amended to include the phase "Community Led Harm Reduction Facilities"</p>		
Section 9	<p>- Section 9.1</p> <p>With the constant advancements in science, harm reduction technologies may change or evolve, thus the need to include the words 'but not limited to'</p> <p>Section 9c should be amended to read 'HIV, Hepatitis, and</p>	<p>- 9.1) A person with substance use disorder shall be entitled to harm reduction services, including but not limited to :</p> <ul style="list-style-type: none"> - 9c) HIV, Hepatitis, and TB- related healthcare services - 9e) Psychosocial support services - 9g) Gender-responsive harm reduction services - 9h) Sexual and Reproductive health services 	

	<p>TB related healthcare services.</p> <p>Section 9e should read 'psychosocial support' instead of 'counselling services', as the term psychosocial support encompasses counselling and other types of necessary mental health support</p> <p>Insert a new subsection g to include gender-sensitive harm reduction services. This</p>		
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	<p>is because current services do not sufficiently cater to women with substance use disorder as their needs are nuanced.</p> <p>Insert a new subsection 9h to include sexual and reproductive health services. This is because of the need for family planning, maternal health among other reproductive health services that are necessary</p>		
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	for harm reduction programs to be effective.		
Section 10 (c)	- This provision should be deleted as it is punitive and will discourage people with substance use disorder from seeking treatment	- Delete Section 10 (c)	
Part IV – Miscellaneous Provisions	- Section 12 should be amended to include the phrase “Private Institutions”.	The Cabinet Secretary in charge of health services may require that a public and Private institutions concerned with any aspect of provision of harm reduction services for persons with substance use disorder, or with any matter that relates to any functions provided under harm reduction programmes, shall cooperate with the health ministry and shall, when the ministry so requires, submit such reports and such other information for the effective discharge of the ministry’s functions.	
Part IV Delegated Legislation	- Amend section 14 (1) to include the phrase “civil society organisations and networks of persons	- 14(1) The Cabinet Secretary may, in consultation with the Council of County Governors, civil society organisations and networks of persons with substance use disorder, make regulations prescribing standards and guidelines generally for the better carrying into effect of this Act. - 14(2)(d) (iii) training of the community of persons with substance use disorder in respect to harm reduction services	- This is to ensure that the act embraces the rights-based approach which

	<p>with substance use disorder”</p> <ul style="list-style-type: none"> - Amend Section 14(2) (d) and add another subsection (iii) to include training of the community of persons with substance use disorder. 	-	dictates that there should be meaningful engagement of communities affected in the design and implementation of their programs
Part VI The National Harm Reduction Board	<ul style="list-style-type: none"> - There is need for the Act to establish a board to advise the cabinet secretary of health on issues such as programming , budgetary allocations and general administration. 	<ul style="list-style-type: none"> - (1) There is established a Board to be known as the National Harm Reduction Board. - (2) The Board shall be a body corporate with perpetual succession and a common seal and shall, in its corporate name, be capable of— <ul style="list-style-type: none"> (a) suing and being sued; (b) purchasing or otherwise acquiring, holding, charging and disposing of movable and immovable property; (c) borrowing and lending money; and (d) doing or performing all other things or acts necessary for the proper performance of its functions under this Act which may lawfully be done or performed by a body corporate. 	Instead of giving specific application of the funds, the Act needs to provide for the principles governing the application.

		<ul style="list-style-type: none">- The Board shall—<ul style="list-style-type: none">(a) advise the Cabinet Secretary on—<ul style="list-style-type: none">(i) budgetary allocation for the harm reduction health services; and(ii) effective programmes, methods and interventions in conformity with the requirements of this Act and any regulations;(iii) administration of the Centres and the care, treatment and rehabilitation of persons with substance use disorder.(b) within six months of this Act coming in to force, develop a policy on the delivery of harm reduction health services in public hospitals for the consideration by the Cabinet Secretary;(c) undertake research and innovation in harm reduction;(d) collate, analyse and disseminate information necessary for the effective delivery of harm reduction services.(e) maintain a register indicating the number of persons with substance use disorders, their ages, their sex, the disorders or diseases diagnosed and the number of deaths of persons with substance use disorder;(f) carry out research on substance use disorder;(g) carry out training, sensitization and awareness programmes on the treatment and rehabilitation of persons with substance use disorder and harm reduction interventions;	
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		<ul style="list-style-type: none">(h) promote programmes that support the care givers, families and communities affected by substance use disorder;(i) carry out such other functions as may be assigned to it under this Act, and any other written law. <p>- The Board shall have all the powers necessary for the proper performance of its functions under this Act and in particular, but without prejudice to the generality of the foregoing, the Board shall have power to—</p> <ul style="list-style-type: none">(a) enter into contracts;(b) manage, control and administer the assets of the Board;(c) receive gifts, grants, donations or endowments made to the Board and make disbursement therefrom in accordance with the provisions of this Act;(d) collaborate with such bodies or organizations within or outside Kenya as it may consider desirable or appropriate and in furtherance of the object and purpose for which the Board is established;(e) determine the provisions to be made for capital and recurrent expenditure and for the reserves of the Board;(f) ensure the proper and effective performance of the functions of the Board; and(g) operate a bank account into which all monies received by the Board shall be paid in the first instance and out of which all payments made by the Board shall be made. <p>- The Board shall consist of—</p>	
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		<ul style="list-style-type: none"> (a) a non-Executive Chairperson, who shall have knowledge and experience in harm reduction health services, appointed by the President; (b) the Principal Secretary or a representative nominated by the Principal Secretary in writing; (c) the Principal Secretary responsible for Coordination and National Government Administration or a representative nominated by the Principal Secretary in writing; <p>two persons, of either gender, who shall have knowledge and experience in harm reduction, nominated by organisations representing working on harm reduction or directly supporting the process of countering substance use disorder;</p> <ul style="list-style-type: none"> (d) two persons of either gender, representing persons with substance use disorder, nominated by civil society organizations working on Harm Reduction; (e) two persons of either gender, who shall have knowledge and experience in harm reduction health services, nominated by the council of county governors; (f) chief executive officer appointed in accordance with section 16 who shall be and <i>ex-officio</i> member of the Board. <p>(2) The Cabinet secretary shall appoint the members under subsection (1) by notice in the <i>Gazette</i>.</p>	
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		<p>(3) While appointing the chairperson and members of the Board under this Section, the appointing authority shall ensure regional balance and gender parity.</p> <p>(4) A person shall not be appointed to be a Chairperson of the Board unless—</p> <ul style="list-style-type: none">(a) that person holds at least a degree or its equivalents in any discipline from an institution recognized in Kenya(b) has been competitively recruited by the Public Service Board; and(c) has been approved by the National Assembly. <p>- The persons appointed shall serve for a term of three years renewable for one further term.</p> <p>(2) The persons appointed under section shall be appointed at different times so that their respective expiry of terms of office shall fall at different times but not more than six months shall lapse between one appointment and another.</p> <p>- A person shall cease to be a member of the Board if such person—</p> <ul style="list-style-type: none">(a) is absent from three consecutive meetings of the Board without notifying the chairperson;(b) becomes an officer, agent or member of staff of the Board;(c) resigns in writing, addressed, in the case of the chairperson to the President and in the case of any other member, to the Cabinet Secretary;	
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		<p>(d) is convicted of a criminal offence and sentenced to a term of imprisonment of not less than six months;</p> <p>(e) is found liable for gross misconduct;</p> <p>(f) violates the Constitution or any other law;</p> <p>(g) is declared bankrupt ;</p> <p>(h) is unable to perform the functions of his office by reason of mental or physical infirmity; or</p> <p>(i) dies.</p> <p>- The Board may establish such committees as it may consider necessary for the efficient performance of its functions and the exercise of its powers under this Act.</p> <p>(2) The Board may co-opt to sit in the committees established , such other persons whose knowledge and skills are necessary for the performance of the functions of the Board</p> <p>- The Board may, by resolution, delegate to any committee of the Board or to any member, officer, employee or agent of the Board, the exercise of any of the powers or the performance of any of the functions of the Board under this Act or under any other written law.</p> <p>- The Board shall be paid such remuneration or allowances as the Cabinet Secretary shall, in consultation with the Salaries and Remuneration Commission determine.</p> <p>- The chief executive officer shall be competitively recruited and appointed by the Board on such terms and conditions as the Board shall determine.</p>	
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		<p>(2) The chief executive officer shall be responsible for the day to day management of the affairs of the Board.</p> <p>(3) A person is not qualified for appointment under subsection (1) unless the person—</p> <ul style="list-style-type: none">(a) holds a relevant degree from a university recognized in Kenya;(b) has at least ten years knowledge and experience in a relevant field;(c) has at least five years' experience in a position of management; and(d) meets the requirements of Chapter Six of the Constitution <p>(4) The chief executive officer shall serve for a term of three years and is eligible for appointment for a further term of three years upon satisfactory performance.</p> <p>- The chief executive officer shall cease to hold office if the person—</p> <ul style="list-style-type: none">(a) resigns in writing, addressed to the chairperson of the Board;(b) is convicted of a criminal offence and sentenced to a term of imprisonment of not less than six months;(c) is found liable for gross misconduct or abuse of office in contravention of the Public Officers Ethics Act or any other relevant law;	
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		<p>(d) is declared bankrupt;</p> <p>(e) is unable to perform the functions of his office by reason of mental or physical infirmity; or</p> <p>(f) dies.</p> <p>- The Board may employ such officers, agents and staff as are necessary for the proper and efficient discharge of the functions of the Board under this Act and upon such terms and conditions of service as the Board may determine.</p> <p>(2) In employing staff, the Board shall take into account the gender, regional and ethnic diversities of the people of Kenya, youth and persons with disabilities.</p> <p>- The affixing of the common seal of the Board shall be authenticated by the signature of the chairperson and the chief executive officer or a person designated by the Board.</p> <p>- All letters and instruments written or made by or on behalf of the Board, other than those required by law to be under seal, and all decisions of the Board, shall be signed under the hand of the chief executive officer or in the absence of the chief executive officer, a person authorized by the Board.</p> <p>- The business and affairs of the Board shall be conducted in accordance with the First Schedule.</p>	
Part VI – Financial Provisions	The act should be amended to include a whole part on the	<p>- The funds and assets of the Board shall consist of—</p> <p>a. such monies as may be appropriated by the National Assembly;</p>	

	financing of the board.	<ul style="list-style-type: none"> b. such other monies received from national government as conditional or non-conditional grants; c. such gifts as may be donated to the Board; and d. monies from any other source granted, donated or lent to the Board. - The funds of the Board may be used to— <ul style="list-style-type: none"> a. facilitate coordination and standardisation of harm reduction services; and b. facilitate the payment of charges and expenses incurred by the Board in the performance of its functions under this Act. e. (1) At least six months before the commencement of each financial year, the Board shall cause to be prepared estimates of the revenue and expenditure of the Board for that year. <ul style="list-style-type: none"> - The annual estimates shall make provision for all estimated expenditure of the Board for the financial year concerned. - The annual estimates shall be approved by the Board before the commencement of the financial year to which they relate and, once approved, the sum provided in the estimates shall be submitted to the Cabinet Secretary for approval. - No expenditure shall be incurred for the purposes of the Board except in accordance with the annual estimates approved under the relevant subsection , or in pursuance of an authorization of the Board given with prior written approval of the Cabinet Secretary. - The Board shall cause to be kept proper books and records of accounts of the income, expenditure and assets of the Board. 	
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		<ul style="list-style-type: none">- Within a period of three months after the end of each financial year, the Board shall submit to the Auditor-General the accounts of the Board together with—<ul style="list-style-type: none">(a) a statement of the income and expenditure of the Board during that year; and(b) a statement of financial position of the Board on the last day of that year.- The accounts of the Board shall be audited and reported upon in accordance with the provisions of the Public Audit Act, 2015.- The Board shall, within a period of three months after the end of each financial year or within such longer period as the Cabinet Secretary may approve, submit to the Cabinet Secretary a report of the operations of the Board during such year, and the annual statement and such other statements of account as the Cabinet Secretary shall require, together with the Auditor-General's report.- The Board shall, if the Cabinet Secretary so requires, publish the report and statements submitted to him under subsection (1) in such manner as the Cabinet Secretary may specify.- The Cabinet Secretary shall submit to Parliament the reports, statements submitted under subsection (1), within a period of fourteen days of the receipt of the reports and statements or, if Parliament is not sitting, within fourteen days of the commencement of its next sitting.- The financial year of the Board shall be the period of twelve months ending on the thirtieth June in each financial year.	
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