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SNA
4/5/23



THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT – SECOND SESSION
DIRECTORATE OF DEPARTMENTAL COMMITTEES
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON

THE 14TH NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) MEETING, HELD FROM FEBRUARY 22ND TO 23RD, 2023 IN KAMPALA, UGANDA.

 THE NATIONAL ASSEMBLY PAPERS L.AID	
DATE:	04 MAY 2023
	DAY: Thursday
TABLED BY:	The Hon. Dr. Robert Pokese Chairperson, Committee on Health
CLERK-AT THE-TABLE:	Joyce Kemelle

Directorate of Departmental Committees,
Clerk's Chambers,
Parliament Buildings,
NAIROBI.

May, 2023

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ABBREVIATIONS

ALM	- Africa Leadership Meeting
AMR	- Antimicrobial Resistance
CHW	- Community Health Workers
FP	- Family Planning
MNCAH	- Maternal, Newborn, Child, And Adolescent Health
MOF	- Ministry of Finance
MOH	- Ministry of Health
MPs	- Members of Parliament
NCDs	- Non-Communicable Diseases
NEAPACOH	- Network of African Parliamentary Committees of Health
NHIS	- National Health Insurance Schemes
PFM	- Public Financial Management
PHC	- Primary Health Care
PPP	- Public Private Partnerships
SDGS	- Sustainable Development Goals
UHC	- Universal Health Coverage
WHO	- World Health Organization
SHR	- Sexual Health Reproductive
ASRH	- Adolescent Sexual and Reproductive Health

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CHAIRPERSON'S FOREWORD

The Departmental Committee on Health was invited by Network of African Parliamentary Committees of Health (NEAPACOH) secretariat in Kampala Uganda to attend the 14th network on African Parliamentary committees on Health (NEAPACOH) conference 2023 in Kampala, Uganda.

The main objective of the 2023 Network of African Parliamentary Committees of Health (NEAPACOH) meeting was meant to provide for capacity building and engagements between and among African parliamentarians, including technocrats, researchers and the civil society, to deliberate on priority policy interventions and build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals. The theme for the meeting was "Building the capacity of African Policy Makers for achieving universal health cover (UHC) and sustainable development goals (SDGs) that is the Role of Parliamentarians.

The sub themes were towards achieving UHC and SDGs: The key imperatives, accelerating Access to Sexual Reproductive Health Information and Services, accelerating Domestic Health Financing for achieving UHC and SDGs in Africa, integrating Population, Health and Environment for sustainable development; and strengthening African leadership, stewardship and accountability for achieving UHC and the SDGs.

The meeting was attended by delegates from more 30 Countries and Parliaments of Benin, Burkina Faso, Burundi, Cameroon, Chad, Cote d'Ivoire, Djibouti, Egypt, Equatorial Guinea, Kingdom of Eswatini, Ethiopia, Gambia, Ghana, Guinea-Bissau, Kenya, Lesotho, Malawi, Mali, Morocco, Mozambique, Namibia, Niger, Nigeria, Republique Democratic Republic of Congo, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.

Further, the Committee deliberated on the presentations of the conference and recommends that, Parliamentarians need to advocate for the increase in budget allocation for the Ministry of Health and Social Services particularly in the areas of primary health care and universal health care this is in order to meet the Abuja Declaration threshold.

The Committee is thankful to the Office of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its meeting. it is my pleasant duty to present the Report of the Departmental Committee on Health on its consideration of this report.



HON. DR. ROBERT PUKOSE, MP.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

1. PREFACE

1.1 Mandate of the Committee

The Committee is mandated under Standing Order 216 (4) and (5) to inter alia-

- a) 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) study the programme and policy objectives of ministries and departments and the effectiveness of the implementation and effectiveness of the implementation;*
- c) study and review all legislation referred to it;*
- d) study, assess and analyze the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;*
- e) investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;*
- f) vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments);*
- g) examine treaties, agreements and conventions;*
- h) make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
- i) consider reports of Commissions and independent offices submitted to the house pursuant to the provisions of Article 254 of the Constitution; and*
- j) examine any questions raised by Members on a matter within its mandate.*

In executing its mandate, the Committee oversights the Ministry of Health;

According to second Schedule of the Standing Orders, the Committee is mandated to consider the following subjects:

- i. Health;
- ii. Medical care and Health insurance including universal health coverage.

1.2 Committee Membership

The Committee comprises the following fifteen (15) Members;

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

Chairperson

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

Vice-Chairperson

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

Members

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

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

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

Hon. Kipngok Reuben Kiborek, MP
Mogotio Constituency
UDA Party

Hon. Nyikal James Wambura, MP
Seme Constituency
ODM Party

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

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

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

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

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

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

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ANC Party

1.3 Committee Secretariat

5. The following are the Secretariat who support the Committee;

Mr. Hassan Abdullahi Arale

Clerk Assistant I/Head of Secretariat

Mr. Gladys Jepkoech Kiprotich

Clerk Assistant III

Ms. Salat Abdi Ali

Senior Serjeant-At-Arms

Ms. Faith Chepkemoi

Legal Counsel II

Mr. Yakub Ahmed

Media Relations Officer II

Mr. Rahab Chepkilim

Audio Recording Officer II

Ms. Abigel Muendi

Research Officer III

Mr. Hiram Kimuhu

Fiscal Analyst III

Mr. Benson Kimanzi

Serjeant-At-Arms III

2. INTRODUCTION

1. The Departmental Committee on Health was invited by Network of African Parliamentary Committees of Health (NEAPACOH) secretariat in Kampala Uganda to attend the 14th network on African Parliamentary committees on Health (NEAPACOH) conference 2023 in Kampala, Uganda.
2. The main objective of the 2023 Network of African Parliamentary Committees of Health (NEAPACOH) meeting was meant to provide for capacity building and engagements between and among African parliamentarians, including technocrats, researchers and the civil society, to deliberate on priority policy interventions and build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals.
3. The theme for the meeting was “Building the capacity of African Policy Makers for achieving universal health cover (UHC) and sustainable development goals (SDGs) that is the Role of Parliamentarians.
4. The sub themes were towards achieving UHC and SDGs: The key imperatives, accelerating Access to Sexual Reproductive Health Information and Services, accelerating Domestic Health Financing for achieving UHC and SDGs in Africa, integrating Population, Health and Environment for sustainable development; and strengthening African leadership, stewardship and accountability for achieving UHC and the SDGs.
5. The meeting was attended by delegates from more 30 Countries and Parliaments of Benin, Burkina Faso, Burundi, Cameroon, Chad, Cote d’Ivoire, Djibouti, Egypt, Equatorial Guinea, Kingdom of Eswatini, Ethiopia, Gambia, Ghana, Guinea-Bissau, Kenya, Lesotho, Malawi, Mali, Morocco, Mozambique, Namibia, Niger, Nigeria, Republique Democratic Republic of Congo, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.
6. The two-day meeting culminated in the formulation of country commitments and development and adoption of a 2023 Kampala Call to Action.
7. The Committee was represented by the delegation below and who attended the conference:
 - I. The Hon. Dr. Pukose Robert, M.P, Chairperson of the Committee- **Leader of delegation.**
 - II. The Hon. Titus Khamala, M.P.
 - III. Ms. Gladys Kiprotich, Clerk Assistant III-**Delegation secretary.**

3. CONFERENCE PRESENTATIONS

STATUS OF HEALTH IN THE AFRICAN CONTINENT

8. The health status of the people of Africa continues to be a matter of concern. The morbidity and mortality levels, especially of children and women remain unacceptably high. Access to quality healthcare services is still limited, and women in particular face increased health risks from teenage and unplanned pregnancies and limited birth spacing.
9. Universal Health Coverage (UHC) broadly means that all people should receive the health services they need without suffering financial hardship and other barriers when accessing and utilizing the health services. Achieving UHC, including quality essential service coverage and financial protection for all, is target 3.8 of the Sustainable Development Goals (SDGs) that countries have committed to achieve by the year 2030.
10. Sub-Saharan African countries are not short of strong policies that advance access to quality reproductive health services and information for women, girls, adolescents and young people. Implementation of these policies however remains weak, largely due to low budget investments and low prioritization in national planning blue prints.
11. While governments in Africa have committed and signed on to UHC frameworks including the Abuja Declaration and Africa Leadership meeting (ALM) commitments, implementation of these commitments at country level remains uneven.
12. In addition, there exists health technologies and tools (including vaccines, pharmaceuticals, diagnostics, etc.) which are central to Africa's efforts towards realizing universal health coverage (UHC) and the Sustainable Development Goals (SDGs) relating to health. Yet, as demonstrated by the COVID-19 pandemic, access to these technologies and tools remains a major challenge in Africa.
13. This is mainly because Africa is largely dependent on other continents for these technologies given its underdeveloped research and innovation field as well as pharmaceutical manufacturing. The COVID-19 experience has, however, generated momentum on the continent to address this challenge. This is evidenced by the ongoing conversations and efforts to strengthen Africa's research and innovation capacities, as well as, pharmaceutical manufacturing, to enable the development and production of health technologies, products and tools on the continent.

Thematic discussions

A. Towards Achievement of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs)

14. The session involved sharing experiences with the aim of increasing the knowledge of policy makers so that they can understand and appreciate the policy interventions needed

for the attainment of UHC and SDGs. It was noted that UHC is making services affordable to all users and also for the Governments. During this session, the following key policy problems for UHC in Africa were identified:

- (a) **Fast growing population not matched by investments**-There is an annual increase of 1.5 million infants and pregnancies and yet there is slow growth in the capabilities of, and investments in the health systems.
- (b) **Persistence of high disease burden**-There is slow growth in the coverage of effective community-level prevention and promotion programmes and yet 70 percent of diseases and health risks are preventable.
- (c) **Deficits in access and quality of services**-there are shortages of medicines, medical equipment and health personnel.
- (d) **Inadequate financing for health programmes**-Government financial allocations are persistently below the costs of entitlements. There are declining subsidies to non-Government providers, high direct payment for health services by communities as out-of-pocket spending. Countries further have high dependency on unstable external aid and make inadequate investments in health determinants.
- (e) **Capacity gaps in community and decentralized service delivery system**- there is limited inter-sectoral programming for health and wellbeing which has led to under resourced local government institutions as well as regulatory institutions.

Primary Health Care

- 15. Primary Health Care is still the most overlooked and under-resourced part of a country's health system, with the biggest gaps affecting the poorest and most marginalized communities.
- 16. PHC remains underfunded, fragmented, reactive and top-down and because of this 100 million people fall into poverty because of health-related expenses particularly the vulnerable and disadvantaged groups in remote populations.
- 17. To accelerate people-centered PHC, there is need for partnership with individuals, communities, civil society, governments, and the private sector to co-create tools and service delivery models that meet people where they are so that they can take charge of their own health.
- 18. Strengthening capacity to respond to health threats was the first line of defense against health threats, whether old or new diseases, climate change, or antimicrobial resistance (AMR). The COVID-19 pandemic and other emerging health threats continue to test the resilience of health systems and prove that these systems are still challenged.
- 19. A call was made on all national, regional and global actors to prioritize primary health care as a 3-for-1 investment in universal health coverage, health security and better health and well-being. All three of these goals depend on the same health systems, and primary health care is their common foundation.

20. Primary health care is therefore the “expressway” to achieving Universal Health Coverage such that all people have access to health services they need, when and where they need them, without financial hardship.

Family planning access and uptake for attainment of UHC and SDGs.

21. To ensure healthy lives and promote the well-being for all ages, the global maternal mortality ratio must be reduced to less than 70 per 100,000 live births by 2030. Universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes must also be undertaken by 2030.
22. To achieve gender equality and empower all women and girls, there is need to ensure universal access to sexual and reproductive health and reproductive rights as agreed in the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action.

B. Accelerating Access to Sexual Reproductive Health Information and Services for Adolescents and Young People for attainment of UHC and SDGs

23. By year 2030, young Africans are expected to make up 42 percent of the world’s youth and account for 75 percent of persons under the age of 35 in Africa. As young people transition from adolescence to adulthood, their voluntary reproductive health care needs do not diminish.
24. There are 107 births per 1000 women between the ages of 15 to 19 years in the least developed countries compared to 16 per 1000 in more developed countries. Understanding behavioral patterns of consumption and use of FP/RH information and services and curating responsive solutions via preferred platforms will equip THE youth with information that will help them make informed decisions about their reproductive health lives.
25. Integrating FP/RH within emergency response and access to reproductive health care by the youth should be recognized as essential services. It was resolved that budgetary allocation and technical assistance should be utilized in scaling-up innovations that lead to the best results in reaching adolescents and young people, as well as supporting them during lockdowns.

C. Accelerating Access to SRH and FP Services Among Adolescents and Young People.

26. The adolescence period is between the ages of 10 and 24 years where a person is moving from childhood dependency to adult responsibility. It is a social and biological developmental stage with its unique strengths and shortfalls – just like any other stage of life.

27. The tragedy of adolescent health is that the narrative, service delivery and policies are developed by a coalition of older people conspiring to fit adolescents into a space that they have defined as good for them.
28. Nature has a way of helping adolescents break away from childhood and this is through a process of brain remodeling which is a biological process. This remodeling is characterized by specific behaviors which could endanger adolescent life such as unusual drive towards ambitions/passion, critical appraisal of issues, emotional sparks, unusual courage and risk taking, emotional sparks and negative emotions.
29. According to WHO, 1 million girls under 15 give birth, mostly in low and middle-income countries. Complications during pregnancy and childbirth is the second cause of death for 15-19-year-old girls globally. Every year, 3 million girls aged 15 to 19 undergo unsafe abortions while more than 2 million adolescents are living with HIV. Depression is also the third leading cause of illness among adolescents.

Responses to improve ASRH

30. There is need to ensure that current programs and policies are not skewed towards caring for the fears of older people towards adolescents but that they meet adolescents needs. A critical review of policies, programs should be undertaken to align such policies to adolescent needs
31. There is to employ knowledge management in increasing access to SRH information and uptake of Services for Adolescents and Young People. This group faces several challenges in accessing sexual reproductive health (SRH) services and end up suffering poor sexual and reproductive health outcomes.

D. The African Leadership Meeting: Accelerating African Leadership, Stewardship and Accountability for Increased Domestic Investments in Health for Achieving UHC and the SDGs

32. There is need to increase the knowledge of policy and decision makers on increasing domestic and effective utilization of resources for health as a key imperative for harnessing accelerated achievement of UHC and SDGs.
33. Despite being inadequate, health budgets are often underspent in many countries in the region and underspending remains a challenge due to the delays in release of funds by Treasury, complex and long procurement processes and weak capacities in the health sector in understanding PFM processes.
34. Countries are further not investing enough in health to realize UHC goals and commitments, and they are not also spending what they are investing efficiently to realize real improvements in health outcomes.

35. The reasons for under-investing in health include: Low prioritization of health in public budgets, excessive reliance on user fees (out-of-pocket payments, inadequate dialogue between the MoH and Ministry of Finance on the macro-economic criticality of health, weak alignment between MoH and sub-national entities, weak resource pooling mechanisms, weak engagement and partnerships with the private sector, poor understanding of public finance management processes and systems by the staff in MoH and sub-national health departments and lack of high quality, comprehensive and timely health financing data.

To address these challenges, Governments can undertake the following

a) *Tax-based Health Financing Systems.*

36. Governments can draw finances from government tax revenues and ensure that all people have access to quality health services irrespective of their socio-economic status. The government can also strengthen and expand PHC, strengthen and expand preventive and promotive care, ensure smooth running of referral systems and expand and earmark tax revenue for healthcare:

b) *Expanding Health Insurance Coverage*

37. A single, compulsory national health insurance (NHI) provides the most equitable option for expanding access to quality health services. It provides a large risk pool, enabling greater bargaining power in purchasing better quality healthcare services. It requires government subsidies for segments of the population.

38. Countries may also opt for multiple schemes targeting different population groups, for example the formally-employed, the poor and vulnerable, informal sector workers, etc. which has been able to expand access to services and but could increase inequity.

c) *Innovative Public-Private Partnerships in Financing Health*

39. Focus should shift to partnerships that enable the private sector to offer services to the public and not just to private-paying users, creating a conducive environment for increased private sector investments in health.

40. Countries in the region are currently experimenting with different forms of public private partnerships (PPPs) for example India offers many examples of PPPs in health financing that the region could learn from.

41. Primary health care is an investment, not a cost, and there is need to drive better, and localized investments toward health systems based on primary health care, allocating funds according to each community's and country's needs and priorities. More public financing is especially key in countries that receive donor support, to lessen dependence on priorities that may not align with national strategic plans.

42. Instead of diverting resources from one crisis to the next, there was need to ensure that every program for pandemic prevention, preparedness, and response includes specific

investments for improving primary health care as the foundation of resilient health systems that can adapt to new threats and sustain comprehensive health services.

43. Financing models adopted should outlive the governments of the day and seek to strengthen health data, surveillance, information systems and community engagement in PHC, for improved decision making.
44. To achieve this, Parliamentary Committees of Health can do the following, increase budget allocations to health, spearhead reforms in Public Finance Management to improve health sector spending, conduct budget tracking for health sector to help reduce wastages and inefficiencies; and sustain advocacy for more money for health.

E. Imperatives for sustaining achievement of UHC and the SDGs:

45. The game changers that will accelerate the sustainable achievement of the UHC and SDGs in Africa were identified as;
 - a) integration of Population, Health and Environment for sustainable development
 - b) management of Non-Communicable Diseases (NCDs)
 - c) health technologies and tools
 - d) equitable financing of comprehensive universal health systems.

F. Good Practices and Lessons Learnt in Achieving UHC and SDGs: Progress on Implementation of NEAPACOH Commitments (Looking beyond ICPD 2025 to ICPD 2030)

46. Informed by evolving advocacy opportunities, experiences and lessons learnt in implementation of the previous NEAPACOH commitments, the Countries made various commitments towards improving their budget allocations to health. They include:
 - I. To increase domestic resource allocation towards primary health care systems to meet the needs and priorities of communities and countries towards achievement of the 2030 Agenda for sustainable development;
 - II. To strengthen cooperation among countries so as to facilitate the sharing of knowledge, lessons learnt and good practices in the field of population, health, environment and development;
 - III. To develop and pass appropriate laws and policies that ensure universal access to health including sexual and reproductive health, family planning services, and post-abortion care to support the initiatives for achieving zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices, such as child marriages and female genital mutilation, and prevention of non-communicable diseases;
 - IV. To develop and strengthen Africa's manufacturing capacity through harmonized regulatory frameworks to promote self-reliance, and unfettered equitable access to health commodities, products and pharmaceuticals;

- V. To advocate for increased financial resources, including domestic, bilateral and multilateral funding for programs that contribute to accelerated UHC and achievement of SDGs in our countries;
- VI. To promote and uphold good governance and accountability in all matters of health;
- VII. To increase domestic financing for immunization to protect populations from vaccine-preventable diseases, sustain immunization gains made over the years, and strengthen epidemic preparedness, prevention, and response;
- VIII. To strengthen NEAPACOH through expanded partnerships and undertaking resource mobilization activities to support the implementation of NEAPACOH commitments and ensure sustainability of the network;
- IX. To call upon Governments, development partners, civil society organizations, and all relevant stakeholders, to commit more investments including in new and emerging health technologies to accelerate attainment of UHC and SDGs in the continent;
- X. To support the development and adoption of the African Citizens Manifesto on Health;
- XI. To continue providing leadership and stewardship on policy, legislation and perform budgetary oversight for all the priority areas;
- XII. On Regional and Global Health Financing, the countries to work on achieving Abuja Declaration, and in relation to the African Union's Africa Leadership Meeting (ALM), the countries should focus on implantation of the Declaration commitments with aim objective of increasing commitments for investments in the health sector across the continent; and
- XIII. The countries to prioritize health financing and practice efficient use of health resources example at the national level, countries.

4. COMMITTEE OBSERVATIONS

47. The Committee observed as follows: that;

1. Inadequate financing for health, coupled with inefficient utilization of these investments has remained one of the impediments to achieving UHC and SDGs.
2. Providing health services without guaranteeing a minimum level of quality is ineffective, wasteful, and unethical. National governments need to invest in high-quality health systems for their people and make such systems accountable to people through legislation, education on rights, regulation, transparency, and greater public participation.
3. In order to succeed, there is need to convince decision-makers on the importance of investing in Adolescent Sexual and Reproductive Health (ASRH) and strengthen their understanding of it, shift their conservative/negative attitudes and create political incentives with evidence-based recommendations.

5.COMMITTEE RECOMMENDATIONS

48. Having benefited from the thematic discussions, the Committee recommends as follows: that,

a) **General Recommendations**

1. The NHIF should provide for FP services in order attain universal coverage for FP services.
2. Parliaments should advocate for the increase in budget allocation for the Ministry of Health Universal health coverage particularly in the areas of primary health care as essential health care by 2025;
3. The Cabinet Secretary for health should establish partnerships with CSOs, Development Partners, traditional and religious leaders and Ministries of Health, Education and Gender Equality.
4. The Cabinet Secretary for health should advocate for the integration of health into the national climate change adaptation plan to increase the resilience of health systems and communities;
5. The National Assembly should enact Facility Improvement Fund (FIF) laws to retain revenue raised at the facility level to improve service provision in the facilities;
6. The Ministry of Health should designate specific Reproductive Maternal, Newborn, Child and Adolescents Health (RMNCAH) budgets within health budgets towards improvement of the indicators;
7. The National Treasury should ensure timely disbursement and utilization of funds allocated to the Ministry of Health and County Departments of Health.
8. The Ministry of Health should Involve youth in FP and RH initiatives since they are best positioned to understand their obstacles and preferred consumption patterns, especially during times of crisis as evident in the pandemic.
9. The Integration of FP/RH within emergency response and access to reproductive health care by the youth should be recognized as an essential service by the Ministry of Health.
10. The National Assembly should provide strict oversight role over the MoH for them to popularize Sexual reproductive health (SRH) self-care interventions;
11. The Ministry of Health should Partner with private sector to leverage on their platforms and the reach to ensure access to FP/RH commodities via distribution channels such as the *Safe Boda* model.
12. The Cabinet Secretary for health should strengthen and intensify advocacy for domestic health financing and increased efficiency and develop individual and institutional capacity needed to sustain increments in domestic health financing;

13. The Cabinet Secretary for Health should ensure the Ministry leverage on Public-private partnerships (PPPs) and undertake reforms aimed at creating enabling environment for PPPs and private-sector investments.

b) Financial Recommendations

1. The Cabinet Secretary for Health should continue to lobby for increased budgetary allocation to the Health Sector to meet the Abuja Declaration threshold;
2. To realize UHC, the National Treasury should increase government investment and subsidy to the health sector;
3. The Cabinet Secretary for National Treasury should draw more on tax revenue and other ways of raising funds, for example through diaspora bonds.;
4. The Ministry of Health should strengthen data generation and analysis to sustain advocacy for domestic health financing and strengthen governance and accountability of the health financing systems for decision-making;
5. The Cabinet Secretary for National Treasury should expand the adoption of output-based budgeting or programme-based budgeting;
6. The Cabinet Secretary for Health should undertake public finance management reforms to improve health spending and strengthen capacity for optimal health budgeting and training of health sector workers.



HON. DR. ROBERT PUKOSE, MP.

25/4/2023

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

MINUTES OF THE SITTINGS

**MINUTES OF FOURTY FIRST SITTING OF THE DEPARTMENTAL COMMITTEE
ON HEALTH HELD IN MEDIA CENTRE IN PARLIAMENT BUILDING ON
TUESDAY 18TH APRIL, 2023 AT 12.00 NOON.**

PRESENT

1. The Hon. Dr. Pukose Robert, M.P - **Chairperson.**
2. The Hon. Dr. Nyikal James Wambura, M.P
3. The Hon. Titus Khamala, M.P
4. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
5. The Hon. Lenguris Pauline, M.P
6. The Hon. Kibagendi Antony, M.P.
7. The Hon. Prof. Jaldesa Guyo Waqo, M.P.
8. The Hon. Mathenge Duncan Maina, M.P
9. The Hon. Wanyonyi Martin Pepela, M.P
10. The Hon. Mary Maingi, MP.
11. The Hon. Muge Cynthia Jepkosgei, M.P

ABSENT WITH APOLOGY

1. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson**
2. The Hon. Owino Martin Peters, M.P
3. The Hon. Oron Joshua Odongo, M.P.
4. The Hon. Kipngor Reuben Kiborek, M.P

COMMITTEE SECRETARIAT

- | | |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant I |
| 2. Ms. Gladys Kiprotich | - Clerk Assistant III |
| 3. Ms. Faith Chepkemoi | - Legal Counsel II |
| 4. Ms. Rahab Chepkilim | - Audio Officer |
| 5. Ms. Abigel Muinde | - Research Officer III |
| 6. Mr. Benzoin kimanzi | -Serjeant At Arms |
| 7. Ms. Angela cheror | -Protocol officer |

MIN. NO. NA/DC-H/2023/175: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 12.00 noon with a word of prayer by the Hon. Dr. Robert Pukose, M.P the Chairperson and welcomed everyone to the meeting.

MIN. NO. NA/DC-H/2023/176: CONFIRMATION OF MINUTES

The following Minutes were confirmed

1. The Minute of the 34TH sitting was confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Mary Maingi, M.P and seconded by the Hon. Mathenge Duncan Maina, M.P
2. The Minute of the 35th sitting was confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Mary Maingi, M.P and seconded by the Hon. Mathenge Duncan Maina, M.P

3. The Minute of the 37th sitting was confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P and seconded by the Hon. Dr. Nyikal James Wambura, M.P.

MIN. NO. NA/DC-H/2023/177: CONSIDERATION OF INTERNATIONAL REPORT

The following reports were considered during the meeting;

1. Report on the benchmarking visit to South Africa Medical Research Council 13th to 23rd March, 2023.
2. Report on Network of African Parliamentary Committees of Health (NEAPACOH) in Uganda from 22nd to 23rd February, 2023.
3. Report on 2nd African Public Health Conference in Kigali, Rwanda from 13th to 15th December, 2022.

MEMBERS OBSERVATIONS

For the South African Report, members raised a question as to whether the country has a National Research Fund which can be used for health research conducted by KEMRI on the top ten causes of diseases in the country similar to South African situation.

MIN. NO. NA/DC-H/2023/178: ADJOURNMENT

There being no any other business, The Chairperson, adjourned the meeting at exactly 1.40 p.m.

Sign..........Date.....20-09-2023.....

HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

MINUTES OF FOURTY THIRD SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 7 IN PARLIAMENT BUILDING ON TUESDAY 25TH APRIL, 2023 AT 10.30 A.M.

PRESENT

1. The Hon. Dr. Pukose Robert, M.P - Chairperson.
2. The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson
3. The Hon. Dr. Nyikal James Wambura, M.P
4. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
5. The Hon. Kibagendi Antony, M.P
6. The Hon. Prof. Jaldesa Guyo Waqo, M.P
7. The Hon. Wanyonyi Martin Pepela, M.P
8. The Hon. Oron Joshua Odongo, M.P.
9. The Hon. Muge Cynthia Jepkosgei, M.P

ABSENT WITH APOLOGY

1. The Hon. Kipngor Reuben Kiborek, M.P
2. The Hon. Lenguris Pauline, M.P
3. The Hon. Mary Maingi, MP
4. The Hon. Mathenge Duncan Maina, M.P
5. The Hon. Owino Martin Peters, M.P
6. The Hon. Titus Khamala, M.P

COMMITTEE SECRETARIAT

1. Mr. Hassan A. Arale - Clerk Assistant I
2. Ms. Gladys Kiprotich - Clerk Assistant III
3. Ms. Faith Chepkemoi - Legal Counsel II
4. Ms. Rahab Chepkilim - Audio Officer
5. Ms. Abigel Muinde - Research Officer III
6. Mr. Benzon kimanzi -Serjeant At Arms

MIN. NO. NA/DC-H/2023/183: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10.30 a.m. with a word of prayer by the Hon. Dr. Robert ukose, M.P - Chairperson.

MIN. NO. NA/DC-H/2023/184: CONFIRMATION OF MINUTES

The following minutes were confirmed: -

1.Minutes of the 37th siting were confirmed as the true record of the Committee deliberations after it was proposed by the Hon Oron Joshua Odongo, M.P and seconded By The Hon. Wanyonyi Martin Pepela, M.p.

2.Minutes of the 38th Sitting were confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Dr. James Nyikal, MP and seconded by the Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P

3. Minutes of the 39th sitting were confirmed as the true deliberations of the Committee after it was proposed by the Oron Joshua Odongo, M.P and seconded by the Hon. Wanyinyi Martin Pepela, M.P.

4. Minutes of the 40th sitting were confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Muge Cynthia Jepkosgei, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

5. Minutes of the 42nd sitting were confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Oron Joshua Odongo, M.P and seconded by the Hon. Muge Cynthia Jepkosgei, M.P

MIN. NO. NA/DC-H/2023/185: CONSIDERATION OF THE UNIVERSAL HEALTH COVERAGE BENCHMARKING VISIT TO THAILAND FROM 7TH TO 12TH MARCH, 2023

The following report was considered during the meeting;

1. universal health coverage benchmarking visit to Thailand Report from 7th to 12th march, 2023

MIN. NO. NA/DC-H/2023/186: ADOPTION OF THE FOLLOWING REPORTS

The following reports were adopted during the meeting;

1. Report on the benchmarking visit to South Africa Medical Research Council from 13th to 23rd March, 2023 was confirmed and adopted as the true reflection of the committee deliberations after it was proposed by the Hon. Kibagendi Antony, M.P and seconded by The Hon. Dr. Pukose Robert, M.P – Chairperson.
2. Report on Network of African Parliamentary Committees of Health (NEAPACOH) in Uganda from 22nd to 23rd February, 2023 was confirmed and adopted as the true reflection of the committee deliberations after it was proposed by the The Hon. Dr. Pukose Robert, M.P – Chairperson and seconded by The Hon. Titus Khamala, M.P.
3. Report on 2nd African Public Health Conference in Kigali, Rwanda from 13th to 15th December, 2022 confirmed and adopted as the true reflection of the committee deliberations after it was proposed by the The Hon. Ntwiga Patrick Munene, M.P - Vice-Chairperson and seconded by Hon. Lenguris Pauline, M.P
4. Universal health coverage benchmarking visit to Thailand Report from 7th to 12th march, 2023 confirmed and adopted as the true reflection of the committee deliberations after it was proposed by the The Hon. Prof. Jaldesa Guyo Waqo, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

OBSERVATIONS FROM THE REPORT

The following observations were made from the universal health coverage benchmarking visit to Thailand Report; that;

1. For universal health coverage to be successful, there is need for the government to finance NHIF instead of NHIF depending fully on contributions.

2. The reimbursements from NHIF to the hospitals be reinvested back to the hospitals and not be expended on other county activities. It was noted that the Facilities Improvement Fund Bill proposed by MOH seeks to address this by ringfencing all hospital user fees.
3. There is need for all NHIF card holders to be treated in government health facilities across the country without restriction to the selected hospital.

COMMITTEE RECOMMENDATIONS ON THE REPORTS

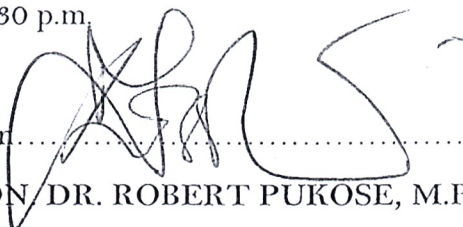
The Committee recommends: - that, for the critical success for UHC implementation in Kenya.

1. The Ministry of health through NHIF should establish strong and reliable beneficiary identification, care access processes, benefits package development, implementation processes and eventually establish clear and reliable claims management infrastructure and processes.
2. There should be a uniformity in the healthcare set up in our Country and uniformity in the kind of quality of offered healthcare services across the Country.
3. All National Health Insurance Fund Card Holders should be allowed to be treated across government health facilities in the Country without restricting patients to register at a particular facility.
4. Growing Africa's Research & Development sector will benefit the world and science can unlock the wellbeing of the population, and unlock the progress of the economy.
5. Health research in the country should focus on the key health priorities and diseases burden in Kenya both the prevalent and emerging, so as to have credible information on the disease burden. KEMRI to have a research agenda that addresses the key health priorities in Kenya. All research should be anchored towards this agenda.
6. Providing health services without guaranteeing a minimum level of quality is ineffective, wasteful, and unethical. National governments need to invest in high-quality health systems for their people and make such systems accountable to people through legislation, education on rights, regulation, transparency, and greater public participation

MIN. NO. NA/DC-H/2023/187: ADJOURNMENT

There being no any other business, The Chairperson, adjourned the meeting at exactly 12.30 p.m.

Sign.....



Date.....

27/4/2023

HON/DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH



ADOPTION LIST OF THE REPORT





THE NATIONAL ASSEMBLY
13TH PARLIAMENT – SECOND SESSION (2023)
DIRECTORATE OF DEPARTMENTAL COMMITTEES
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF THE DEPARTMENTAL COMMITTEE ON HEALTH ON THE NETWORK OF
AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH (NEAPACOH) IN KAMPALA, UGANDA.

We, the undersigned Members of the Departmental Committee on Health do hereby append our
signatures to adopt this Report Date: 25/4/2023

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

