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REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT – SECOND SESSION – 2023
DIRECTORATE OF DEPARTMENTAL COMMITTEE
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON

THE BENCHMARKING VISIT TO SOUTH AFRICA MEDICAL RESEARCH
COUNCIL, UNIVERSITY OF CAPE TOWN AND CENTRE FOR THE AIDS
PROGRAMME OF RESEARCH IN SOUTH AFRICA FROM 13TH TO 23RD MARCH, 2023

 THE NATIONAL ASSEMBLY PAPERS TAID	
DATE: 04 MAY 2023	DAY: Thursday
TABLED BY:	Hon. Dr. Robert Pokosa Chairperson, Committee on Health
CLERK-AT THE-TABLE:	Joyce Kemerele

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

May, 2023

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FOREWORD BY THE CHAIRPERSON OF THE COMMITTEE

The National Assembly Departmental Committee on health was invited for a benchmarking visit to South African Medical Research Council (SAMRC), the University of Cape Town University and the Centre for the AIDS Programme of Research in South Africa (CAPRISA)

The purpose of the visit was to benchmark on research funding with the aim of enhancing and advocating for enhanced funding for research by the Kenyan government for the health sector, increasing collaborations with universities to learn how decisions on important areas of interest in research funding are managed by the government and enhancing Grants Management and Strategy in the country.

The visit was also to equip Members as law makers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people of Kenya in line with the government's agenda of enhancing Universal Health Coverage (UHC).

The Committee recommends that, 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. Health policies and priorities for the country should be guided by the findings of health research undertaken in the country. KEMRI should be anchored under an Act of Parliament for autonomy and management of research in health matters and finally KEMRI should fast track the establishment of the Anti-Doping Laboratory in the country and secure accreditation of the laboratory by the World Anti-Doping Agency.

May I take this opportunity to commend the Committee members for their devotion and commitment to duty which made the benchmarking visit successful, express gratitude to the offices of Speaker and Clerk of the National Assembly for always providing leadership and guidance and appreciate the Committee secretariat for exemplary performance in providing technical and logistical support. Indeed, their roles were critical to the Committee in the conduct of this benchmarking visit.

On behalf of the Departmental Committee on Health, it is my pleasant privilege and duty to present to the House a report on the benchmarking visit to South Africa Medical Research Council, University of Cape Town and Centre for the Aids Programme of Research in South Africa on 13th to 23rd March 2023.



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

1. PREFACE

1.1 Establishment of the Committee

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

The mandate and functions of the Committee include:

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

1.2 Mandate of the Committee

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider all matters relating to the health sector. The Committee oversees the Ministry of Health with its two States Departments i.e., State Department for Medical Services and State Department for Public Health and Professional Standards.
3. These Semi-Autonomous Government Agencies (SAGAs); Kenya National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenyatta University Teaching, Research and Referral Hospital (KUTRRH); Kenya Medical Training College (KMTTC); Kenya Medical Supplies Agency (KEMSA); Kenya Medical Research Institute (KEMRI); National Aids Control Council (NACC); National Hospital Insurance Fund (NHIF) fall under the Ministry of Health.

1.3 Committee Membership

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

Chairperson

Hon. (Dr.) Robert Pukose, MP
Endebess 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

KANU

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. Kipngok Reuben Kiborek, MP
Mogotio Constituency
UDA Party

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

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

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency

1.4 Committee Secretariat

5. The committee is serviced by the following secretariat staff:

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

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Mr. Salat Abdi Ali
Senior Serjeant-At-Arms

Ms. Faith Chepkemoi
Legal Counsel II

Ms. Rahab Chepkilim
Audio Recording Officer II

Mr. Hiram Kimuhu
Fiscal Analyst III

Mr. Yakub Ahmed
Media Relations Officer II

Ms. Abigel Muendi
Research Officer III

Mr. Benson Kimanzi
Serjeant-At-Arms III

2. INTRODUCTION

6. The National Assembly Departmental Committee on health was invited to undertake a benchmarking visit on 13th to 23rd March, 2023 to the following institutions: South African Medical Research Council (SAMRC); University of Cape Town; and Centre for the AIDS Programme of Research in South Africa (CAPRISA).

2.1 Objective of the Benchmarking Visit

7. The aim of the visit was to benchmark on Research funding with the aim of enhancing and advocating for enhanced funding for research by the Kenyan government for the health sector, increasing collaborations with universities to learn how decisions on important areas of interest in research funding as mandated by the government and enhancing Grants Management and Strategy in the country. The visit was also intended to:
 - a) equip Members as law makers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people of Kenya in line with the government's agenda of enhancing Universal Health Coverage (UHC);
 - b) assist Members in understanding the legislative, policy and funding frameworks in health research from health research institutions in South Africa such as the South Africa Medical Research Council. This will enhance policy formulation and exchequer funding for priority health research areas in the country especially in light of the declining donor funding for the health sector in the country; and
 - c) assist Members understand the legal implications in health research in light of new laws such as the Data Protection Act, No. 24 of 2019.

2.2 The Delegation

8. The following undertook the benchmarking visit and represented the Departmental Committee on Health.
 1. The Hon. Dr. Pukose Robert, M.P. -**Chairperson- Leader of delegation**
 2. The Hon. Antoney Kibagendi, M.P.
 3. Ms. Faith Chepkemoi, Legal Counsel II- **Delegation secretary.**

The Committee delegation was accompanied by a delegation from Kenya Medical Research Institute (KEMRI) led by its chairperson.

3. INSTITUTIONAL LEARNING ENGAGEMENTS

9. The delegation visited the institutions on the dates below:

	Institution	Dates
1.	The South Africa Medical Research Council (SAMRC)	14 th and 15 th March 2023
2.	The University of Cape Town (UCT)	17 th March 2023
3.	The Centre for the AIDS Programme of Research in South Africa (CAPRISA)	22 nd March 2023

3.1 The South Africa Medical Research Council (SAMRC)

10. The Kenyan delegation met the SAMRC team on 14th and 15th March 2023 at SAMRC head office in Cape Town. During the visit, the team toured the biomedical research and Genomics laboratories of the SAMRC.

11. SAMRC conducts and funds health research and medical innovation particularly in establishing the top causes of death and disability.

12. The following members of SAMRC received the delegation and made presentations on the topics below:

	Name	Designation	Area of discussion
1.	Prof. Glenda E. Gray	President and Chief Executive officer	Overview of SAMRC; securing funding from Parliament
2.	Dr. Michelle Mulder	Executive Director	Grants, Innovation and Product Development (GIPD)
3.	Dr. Niresh Bhagwandin	Executive Manager	Strategic Research Initiatives
4.	Mr. Phillip Du Plessis	Divisional Manager	Project Management and Accounting
5.	Mr. Nadeem Chilwan	Manager	Enterprise Risk Management
6.	Dr. Seeiso Koali	Research Integrity Officer	Research Integrity Office
7.	Mr. Mzimhle Popo	General Counsel	Legal mandate and establishment under statute

13. The following issues were noted from the presentations and discussions between the delegation and SAMRC:

Mandate

- a) SAMRC was established in 1969 vide the South African Medical Research Council Act, 1969 and has been existing for the last 47 years old. The 1969 Act was repealed and replaced by the South African Medical Research Council Act, 1991.
- b) The mandate of SAMRC is to promote the improvement of health and quality of life of the population of the Republic of South Africa through research, development and technology transfer.
- c) SAMRC has over the years conducted health research with great impacts and outcomes including setting the national research agenda, attracting financial and human resources to conduct relevant and responsive health research, training a diverse cadre of the next generation of researchers and aligning research efforts and activities to the health priorities and needs of the country.
- d) SAMRC has been exemplary in many areas of its mandate and has been recognized for its excellence in fiscal discipline, effective organizational governance characterized by several clean audits and leading the transformation agenda in medical science research.

Funding

- 1) Exchequer funding to SAMRC prioritizes research on the top ten causes of death in South Africa and the associated risk factors.
- 2) There is dedicated research funding by the South African government to SAMRC to support health research priorities in the country. The government provides 56% of the total funding of SAMRC of approximately 75Million US Dollars.
- 3) There is institutional commitment of funds to support health research: SAMRC uses allocated exchequer funds to lobby for additional funding from partners through mutual collaborations. This model has doubled research funding and enabled innovations within SAMRC.
- 4) SAMRC coordinates an annual funders' program targeting global funders interested in funding health research. The aim is to coordinate incoming research funds and partnership so as to focus them to health research priorities and prevent parallel funding and focus on limited research areas.
- 5) In managing donor funding, SAMRC has adopted comprehensive internal structures and processes in its three-phased approach of:
 - a) Pre-award phase-this involves sourcing of opportunities, search of new partners, circulation of research proposal calls to all researchers and monitoring of deadlines;
 - b) Post-award phase- this entails the management of projects, project funds management, financial reporting, closeouts and entry in the database of all previous and ongoing research projects. SAMRC has a dedicated office and staff supporting the management of research funds across the Council including sourcing of grants and grant writing;
 - c) Project close out- this entails preparation of management financial reports for accountability audits by respective donors.
 - d) Over the last 17 years, SAMRC has received a clean audit report from both internal and external auditors on management and appropriation of allocated research funds. This has built confidence and trust among donors and research partners.

- e) Unlike in Kenya, a representative of the National Research Fund sits on the SAMRC Board which benefits SAMRC in terms of funding.
- f) SAMRC and National Institutes of Health (NIH), USA entered into a Memorandum of Understanding (MOU) for the establishment of a long-term relationship between scientists from South Africa and the United States of Africa for the conduct of high-quality biomedical research. Under this arrangement, NIH provides funding that is matched by SAMRC and used to conduct joint research initiatives.

Enterprise Risk Management

- 14. SAMRC has a strong and well-coordinated risk management and internal control system that coordinates and reports on operational and strategic risks. This system identifies and appropriately mitigates emerging and significant risks faced by the organisation and ensures the accuracy and reliability of financial reporting.
- 15. The Board is responsible for reviewing and confirming the effectiveness of the SAMRC's risk management practices and ultimately responsible for overall oversight of the SAMRC's risk management practices and processes, and system of internal control. It has delegated responsibility to the Audit and Risk and IT Committee (ARIC).
- 16. SAMRC has an Enterprise Risk Management (ERM) Unit, a dedicated department that reports directly to the ARIC and has primary responsibility for the design, implementation and monitoring of enterprise-wide risk management across the SAMRC and its integration into the day-to-day activities. ERM has also been embedded within the performance contracts within SAMRC.

Staff Capacity

- 17. SAMRC went through a revitalization process that streamlined functions, processes and aligned human resource requirements. The Council currently has a total of 681 permanent and contract employees.

Capacity Development

- 18. SAMRC Supports capacity development initiatives within South Africa in the form of studentships, scholarships, postdoctoral fellowships, senior fellowships, grants, graduate programs.

Ethics and Research Integrity

- 19. SAMRC has a similar framework with KEMRI in matters of ethics and research integrity which entails the establishment of a scientific committee, conducting ethics review and clear regulation of national health research programmes.
- 20. As part of its commitment to foster research integrity, research Ethics Committees members and staff members attend Good Clinical Practice (GCP) and research ethics training to better understand the underpinnings of ethical principles and professional standards essential for responsible conduct of research. Each training earns 40CPDs making it attractive for researchers and health practitioners. The trainings are mandatory for all researchers who undertake clinical trials.

Impact of the Law on Health Research

21. Section 69 of the Health Act of South Africa establishes a National Health Research Committee that assists the Minister of health in determining the research to be undertaken in the country by all public health research institution, funding for the health research agenda and coordination of health research activities.
22. SAMRC recommended that there is to ensure that all research studies and research activities comply with all constitutional values and the Bill of fundamental rights. SAMRC highlighted how it ensures respect of vvarious constitutional rights such as the right to dignity, life, psychological integrity, privacy, freedom of expression and harm free environment.
23. SAMRC explained how all constitutional rights are applied in health research programmes. Some of the measures include having relevant policies and guidelines on incorporation of these rights into research work, having comprehensive consent forms, community engagement initiatives, availing guiding policies and guidelines to all staff via the intranet, among others.
24. The Right to privacy is particularly critical in health research. Section 71 Health Act of South Africa requires researchers to obtain consent of human participants in experimentation and clinical trials on human subjects. The age of consent is 18 years in relation to health research.
25. The impact of non-compliance with constitutional principles on SAMRC includes: Award of civil financial damages for unlawful conduct, Civil contempt, Criminal prosecution, administrative sanctions, Deregistration of researchers by their professional associations which adversely affects the progress of clinical trials.

Partnerships

26. SAMRC and Chan Soon-Shiong Family Foundation (CSSFF) have a bio manufacturing programme supported by the latter. The collaboration on skills development programme aims to train a cohort of young African candidates to build a skilled workforce to manufacture vaccines in the African continent. The programme awards Studentships, Scholarships and Fellowships and provides hands-on lab-based training in vaccine-related disciplines in health, life and allied sciences.

Biomedical Research Lab

27. SAMRC has a Biomedical Research and Innovation Platform (BRIP) laboratory that undertakes research and clinical trials in the field of histology, image analysis, immunocytochemistry, molecular biology and tissue/cell culture systems.
28. Its main research revolves around the effect of diet and lifestyle on occurrence of diseases such as diabetes. It also focuses on identification of indigenous plants extracts for the treatment and management of NCDs.
29. The Laboratory is organized under thematic groups and headed by a lead scientist who steers the group agenda for grant application and scientific leadership.

30. Procurement within the Laboratory is done through identification of the equipment and supplies required which are then procured from individual grants and mainly from funding from National Treasury through SAMRC.

Genomics Centre

31. SAMRC established a Genomics centre with capacity to conduct large-scale whole genome sequencing. The facility will enable the adoption of precision medicine treatment which considers an individual's genetic variability in association with their environment and lifestyles.
32. The establishment of the centre was informed by the fact that Africans are exposed to medicine that have been developed outside of Africa and researched on a different gene pool thus the potential of drug failure and adverse side effects. The centre therefore enables the testing of medicine to determine their effectiveness in treating Africans.
33. The centre is equipped with state-of-the-art equipment and makes use of robotics unlike KEMRI which mostly does manual testing.
34. The Centre was established through a partnership between the SAMRC and the Beijing Genomics Institute (BGI) to provide next generation sequencing (NGS) to African scientists.

Anti-Doping Lab

35. The Kenyan Parliament has allocated funds to KEMRI to build ant-doping labs given that Kenya has many athletes. SAMRC does not do doping tests and send their samples to European countries which presents logistical challenges.
36. SAMRC welcomed the idea of a Kenyan Anti-Doping Lab and promised to connect KEMRI with labs that do doping tests so as to find out how to get accredited by the World Anti-Doping Agency.

Potential Areas of Partnership between SAMRC and KEMRI

37. The teams explored potential areas of partnerships between the two institutions including:

(i) Research partnerships:

38. KEMRI and SAMRC to have joint proposals whereby each institution provide and commit matching funds to be used by researchers within the respective countries. This can be used in joint research ventures to explore thematic areas around antimicrobial resistance and HIV/AIDS.

(ii) Innovation:

39. SAMRC to visit Kenya to explore partnership around product development and initiate collaboration between the two institutions.

(iii) Capacity building initiatives:

40. Participation of KEMRI in postdoctoral fellowships in medical device development at SAMRC

(iv) Funder Forum

41. SAMRC to assist in the enlist of KEMRI in the funders Forum which provides active engagement with key funders in medical research.

3.2 The University of Cape Town (UCT)

42. The Kenyan delegation met with Prof. Benjamin Kagina, Director, NITAG Support Hub (NISH), Co-Director, Vaccines for Africa (VACFA) and his team at the University.
43. VACFA was founded in 2009 with the vision of creating “an Africa free of vaccine preventable diseases”. Towards this vision, VACFA undertakes capacity building, research and offers services such as advocacy and technical expertise in vaccinology related matters.
44. VACFA is a self-funded programme that relies on funding from external grants. The University of Cape Town does not give any funds to the Programme.
45. Vaccine uptake in the African continent has not increased in the last ten years which needs concerted effort among all health sector players spearheaded particularly by the respective country National Immunization Technical Advisory Group (NITAG) in the continent. NITAGs are groups of experts that assist Ministers of Health to make evidence-based decisions on new vaccines.
46. In terms of funding partnerships for research institutions such as KEMRI, it was noted that VACFA funds partnerships in the continent in the following areas:
- a) Research-by supporting PHD studies, research stays and post doctorate fellowships at the University of Cape Town;
 - b) Capacity development-by offering online courses and providing access to reliable data. It also provides annual trainings such as the Annual African Vaccinology Course introduced in 2005. The Course covers the development of vaccines in Africa among health professionals, government health officials.
47. VACFA indicated that it collaborates with SAMRC and was open to collaborating with KEMRI in research on vaccines.
48. It was noted that the role of Parliamentarians, as the elected representatives of the people, as law makers and the persons who appropriate and oversight funds to research institutions, is paramount in ensuring that the African continent makes strides in vaccinology. Research institutions such as KEMRI need to work closely with their Parliaments so that the Parliaments can allocate sufficient funding to public health research activities.

3.3 The Centre for the AIDS Programme of Research in South Africa (CAPRISA)

49. CAPRISA undertakes scientific and technological innovation through globally relevant and locally responsive research and capacity development in addressing public health priorities in Africa. It is a DSI-NRF Centre of Excellence in HIV Prevention and a Centre of Excellence of the Global Virus Network (GVN) meaning it undertakes high-impact research on HIV, TB and SARS-CoV-2 epidemiology, pathogenesis, prevention and treatment. CAPRISA has played a central leadership role during the Covid-19 pandemic as it focused on pandemic preparedness and epidemic intelligence.
50. Presently, CAPRISA is focusing on: treatment of HIV/TB patients, disproportionate burden of HIV in young women, HIV prevention for women through clinical trials of different therapies such as tenofovir gel; and research translation into impact on policy and practice especially in areas on HIV and TB management.
51. The scientific outputs of CAPRISA on various research areas are published in several high impact journals.
52. CAPRISA has several laboratories which ensure high quality generation of quality research findings. These laboratories are heavily funded to ensure quality equipment and laboratory supplies are procured timely. The laboratories are well organized and coordinated to ensure optimal operations.
53. The laboratory has two Biosafety Cabinet/Containment Level 3 (CL3) laboratories which helps in undertaking research in TB and other highly infectious pathogens. These laboratories are headed by Managers who are tasked with managing and directing the laboratories' capabilities, quality, and research agenda. The managers also ensure that the quality of testing performed in the laboratory including the site laboratories and collaborating laboratories are of the highest level.

4. COMMITTEE OBSERVATIONS

54. The Committee makes the following observations: that,

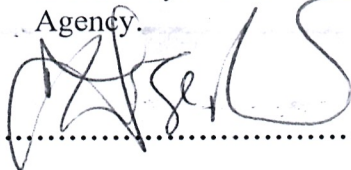
- 1) Even though KEMRI has been in existence for 44 years, it is not anchored under an Act of Parliament like SAMRC is. KEMRI is established through a Legal Notice No. 35 of March 2021;
- 2) SAMRC prioritizes funds received from the exchequer on research on the top ten causes of death in South Africa as well as on the health research priorities in the country;
- 3) SAMRC receives a lot of donor support owing to the clean audit reports that it gets from both internal and external auditors on management and appropriation of allocated research funds;
- 4) SAMRC uses allocated exchequer funds to lobby for additional funding from donors;
- 5) SAMRC ensures that all its research activities comply with constitutional values and the relevant laws of South Africa particularly the law on data protection and imposes strict sanctions in the event of non-compliance;
- 6) Procurement within SAMRC laboratories is well controlled to prevent wastage and double purchase of supplies;
- 7) SAMRC Genomics centre is equipped with state-of-the-art equipment and makes use of robotics unlike KEMRI which mostly uses manual testing;
- 8) SAMRC does not undertake anti-doping tests and send their samples to European countries which presents many logistical challenges;
- 9) Kenya establishing an Ant-Doping Lab will have a ready market in Eastern and Southern Africa;
- 10) SAMRC is open to partnering with KEMRI on various research aspects including joint research ventures to explore thematic areas around antimicrobial resistance and HIV/AIDS;
- 11) There is need for concerted efforts towards research translation and having more research outputs in policies, innovations, products and services;
- 12) There is need to enhance efforts towards research capacity building. Have dedicated programmes towards career incubation and mentorship, introduce career development programmes such as postdoctoral fellowships and senior fellowships. Scholarship programmes should also be introduced and short courses enhanced;
- 13) KEMRI should develop a good and close working relationship with the National Treasury and Parliament particularly the Departmental Committee on Health. This will ensure that Parliament is able to appreciate the research priorities proposed by KEMRI and appropriate the requisite funds to KEMRI.
- 14) There is need to improve statistics around disease burden in Kenya and the region. There should be dedicated research and surveillance on the disease burden in Kenya and maintain a database on the same. This will guide the development of health research priorities; and
- 15) UCT is willing to partner with KEMRI in research on vaccines and capacity development on vaccinology.

5. COMMITTEE RECOMMENDATIONS

55. The Committee recommends the following: that,

- 1) 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.
- 2) Health policies and priorities for the country should be guided by the findings of health research undertaken in the country;
- 3) The Government of Kenya to match research funding received from different international funding agencies;
- 4) KEMRI should strive to have clean audit reports so as to win and retain the confidence of the country, donors and Parliament. This will enhance the funds that KEMRI receives from Parliament and also development partners;
- 5) In appropriating funds to KEMRI, Parliament should prioritize funding for high impact research activities and research that responds to the needs of the Ministry of Health. This will ensure that funding from the Exchequer will be applied to research programmes that will inform policy decisions made by the Ministry of Health;
- 6) KEMRI should be anchored under an Act of Parliament for autonomy and management of research in health matters; and
- 7) KEMRI should fast track the establishment of the Anti-Doping Laboratory in the country and secure accreditation of the laboratory by the World Anti-Doping Agency.

SIGN:



DATE:

25/4/2023

THE HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH



ANNEXURES

Annex 1: Letter of Invitation to South Africa Medical Research Council

CELEBRATING
50
YEARS
EST. 1969 - 2019



OFFICE OF THE PRESIDENT
OF THE SOUTH AFRICAN MEDICAL
RESEARCH COUNCIL

Clerk of the Kenya National Assembly
Mr. Samuel Njoroge
P.O BOX 41842 -00100
NAIROBI

8 March 2023

Dear Sir,

Invitation: Departmental Committee on Health and KEMRI Members to visit the South African Medical Research Council (SAMRC) in South Africa, 14-15 March 2023

The South African Medical Research Council (SAMRC) would like to formally invite the Departmental Committee on Health and KEMRI Members to visit the SAMRC in Cape Town from 14-15 March 2023 to discuss future collaborations and synergies. The aim of the visit is to benchmark the Research funding with the aim to enhance and advocate for enhanced funding for research to KEMRI, increase collaborations with universities to learn how decisions are made related to what important areas of interest in Research funding are mandated by the Governments, and also on Grants Management and Strategy.

The SAMRC was established in 1969 to conduct and fund health research and medical innovation. We focus on the top ten causes of death and disability and associated risk factors. We acquire the most accurate health information and provide policymakers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people in South Africa.

The names of the delegation that will meet with our Executive Management Committee (EMC) and other key personnel to forward the meeting objectives are as follows:

Departmental Committee on Health members

1. Hon. Dr. Robert Pukose – Chair
2. Hon. Julius Melly – Chair Education Committee
3. Hon. Martin Owino
4. Hon. Anthony Kibagendi

KEMRI members

1. Mr. Edwin Bett – Ag. Director, Strategy & Compliance
2. Dr. Joseph Mwangangi – Chair, Internal Research Grants
3. Prof. Elijah Songok - Director General & CEO

If you need further information regarding this request, please contact the office of the Chief for Research Operations at amanda.sickle@mrc.ac.za, +27 21 9380832.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Glenda Gray', written over a faint circular stamp or watermark.

Prof. Glenda Gray
President and CEO, South African Medical Research Council
THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

Annex 2: Invitation letter to University of Cape Town



Vaccines for Africa Initiative
School of Public Health & Family Medicine
Faculty of Health Sciences University
of Cape Town Anzio Road, Observatory
7925
Cape Town
South Africa

REF:

10 February 2023

Clerk of the Kenya National Assembly
Mr. Samuel Njoroge
P.O BOX 41842-00100
Nairobi

Dear Sir,

RE: VISIT TO CAPE TOWN UNIVERSITY 16TH TO 17TH MARCH 2023

The University of Cape town has the pleasure of inviting the Kenya Medical Research Institute and Members of the Kenya National Assembly to visit our Institution on 17th March 2023 (12.00-14.00PM SAST).

The purpose of the visit is to benchmark the Research funding with an aim to enhance and advocate for funding for research to KEMRI, increase collaborations with universities, to learn how decisions are made related to what important areas of interest in Research funding are mandated by the Governments, and on Grants Management and Strategy. The team will also get a chance to discuss future collaborations and areas of synergy. The delegation from the Kenya National Assembly and KEMRI Management that will travel and forward the meeting objectives are:

- | | |
|---------------------------|---|
| 1. Hon. Dr. Robert Pukose | Chair – Health Committee |
| 2. Hon. Julius Melly | Chair – Education Committee |
| 3. Hon. Martin Owino | Member of parliament |
| 4. Hon. Anthony Kibagendi | Member of parliament |
| 5. Mr. Edwin Bett | Director, Strategy & Compliance (KEMRI) |
| 6. Dr. Joseph Mwangangi | Chair, Internal Research Grants (KEMRI) |
| 7. Dr. Martin Bundi | Ag. Director Research and Capacity Building (KEMRI) |
| 8. Mr. Martin Machira | Director Legal Services & CS (KEMRI) |

Thank you and we look forward to hosting the delegation.

Best wishes,

Prof. Benjamin Kagina

Director, NITAG Support Hub (NISH),
Co-Director, Vaccines for Africa (VACFA): www.vacfa.uct.ac.za/
School of Public Health & Institute of Infectious Disease and Molecular Medicine, Faculty of Health Sciences

www.vacfa.uct.ac.za

+27 21 406 6692

vacfa@uct.ac.za

Annex 3: Invitation letter to the Centre for the AIDS Programme of Research in South Africa (CAPRISA)



Generating Knowledge - Impacting Health

Doris Duke Medical Research Institute (2nd floor), 719 Umbilo Road, Private Bag X7, Congella, 4013, Durban, South Africa
tel: +27 31 2604555 | fax: +27 31 2604549 | email: caprisa@caprisa.org | www.caprisa.org

8 March 2023

Mr. Samuel Njoroge
Clerk of the Kenya National Assembly
P.O BOX 41842-00100
NAIROBI
Cc: Hon. Dr. Robert Pukose MP - Chair Departmental Committee on Health

Dear Mr Njoroge

Invitation to visit the Centre for the AIDS Programme of Research in South Africa (CAPRISA) – 22 March 2023

It is my pleasure to invite colleagues from KEMRI and Kenya's Departmental Committee on Health to visit CAPRISA, a designated UNAIDS Collaborating Centre for HIV Research and Policy, during your trip to South Africa in March. CAPRISA an official research centre of the University of KwaZulu-Natal (UKZN) in South Africa and Columbia University in New York is located at the Nelson Mandela School of Medicine in Durban.

CAPRISA and KEMRI share a common vision to undertake scientific and technological innovation through globally relevant and locally responsive research and capacity development in addressing public health priorities in Africa. CAPRISA undertakes high-impact research on HIV, TB and SARS-CoV-2 epidemiology, pathogenesis, prevention and treatment and has played a central leadership role during the Covid-19 pandemic. CAPRISA is a DSI-NRF Centre of Excellence in HIV Prevention and a Centre of the Excellence of the Global Virus Network (GVN).

We look forward to your visit and future collaborations.

Sincerely yours

Professor Salim S Abdool Karim, FRS
Director: CAPRISA
Professor of Global Health, Columbia University
Adjunct Professor of Medicine, Cornell University
Adjunct Professor in Immunology and Infectious Diseases, Harvard University
Pro Vice-Chancellor (Research), University of KwaZulu-Natal
Director: DST-NRF Centre of Excellence in HIV Prevention
Director: Global Virus Network – CAPRISA Center of Excellence



Board of Control: S Njobvu (Chair) • M Rabe (Deputy Chair) • Q Andon (Chair) • G. Ndlovu (Chair) • G. Bawa • JH Beane • JM Fennie • LPI and USI • ST Harrison • Jones • W. Chif Mosea • M Mzengana • K Ndlovu • A. Langa • A. Potes • HW Sherwin • U. Theisen
Scientific Advisory Board: F. Barré-Soussi (Chair) • T. Quinn (Co-Chair) • P. Badwey (Co-Chair) • R. Hayes • J. Mascola • Y. Pilay • S. Samanthan

Registration number: 2007/07467/08 • PIC number: 109 015 155



Annex 4: **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. Benzon 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;

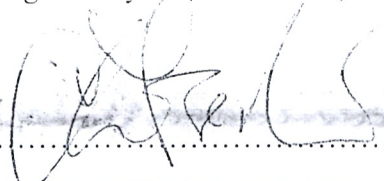
1. Report on the benchmarking visit to South Africa Medical Research Council 13th to 23rd March, 2023.
2. Report on Network of African Parliamentary Committees of Health (NEAPACOH) in Uganda from 22nd to 23rd February, 2023.
3. Report on 2nd African Public Health Conference in Kigali, Rwanda from 13th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

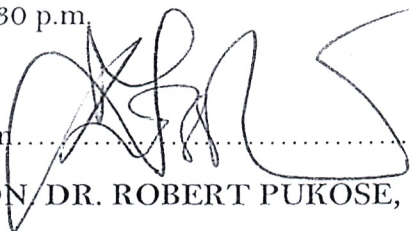
The Committee recommends: - that, for the critical success for UHC implementation in Kenya.

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

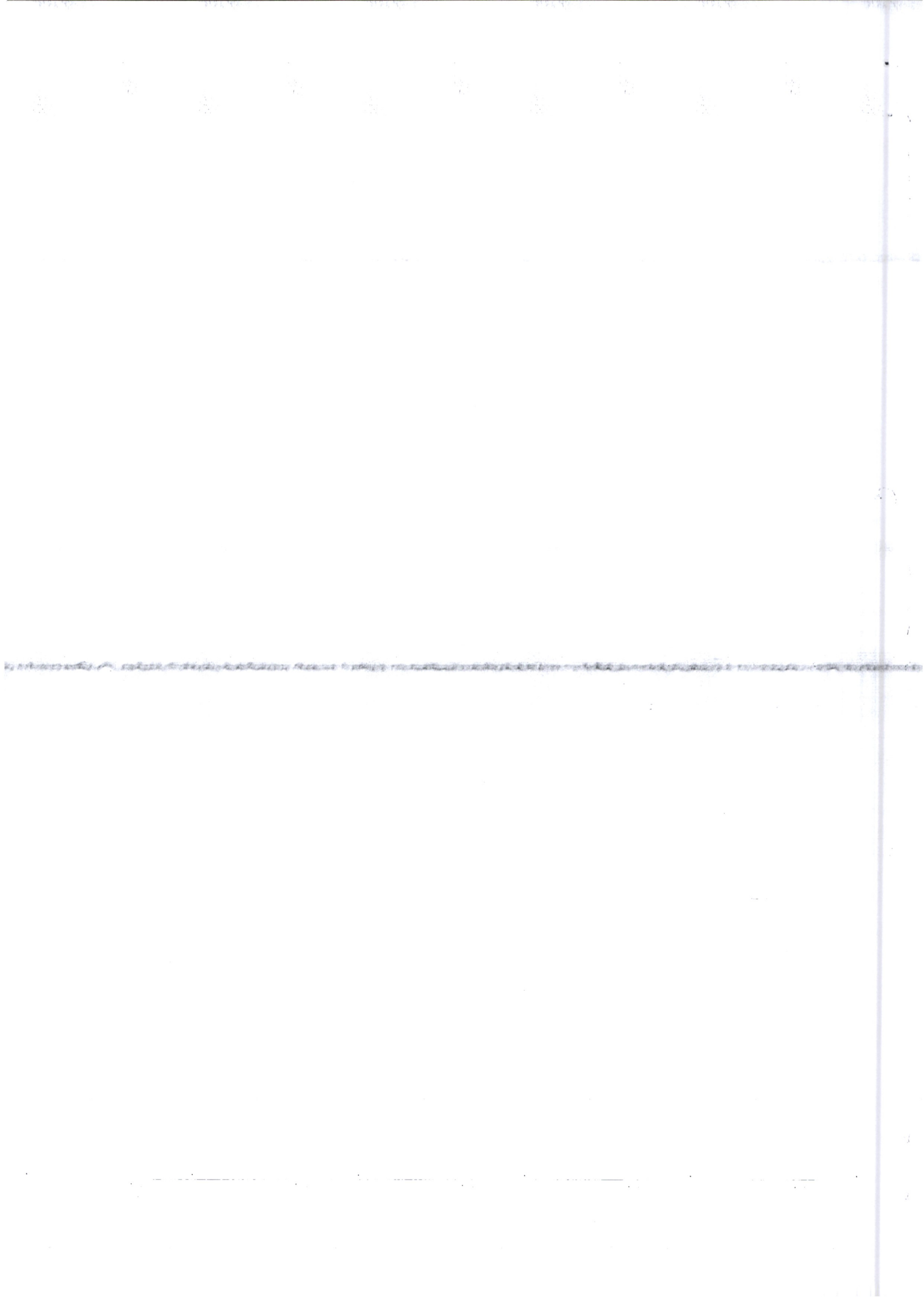


Date

27/4/2023

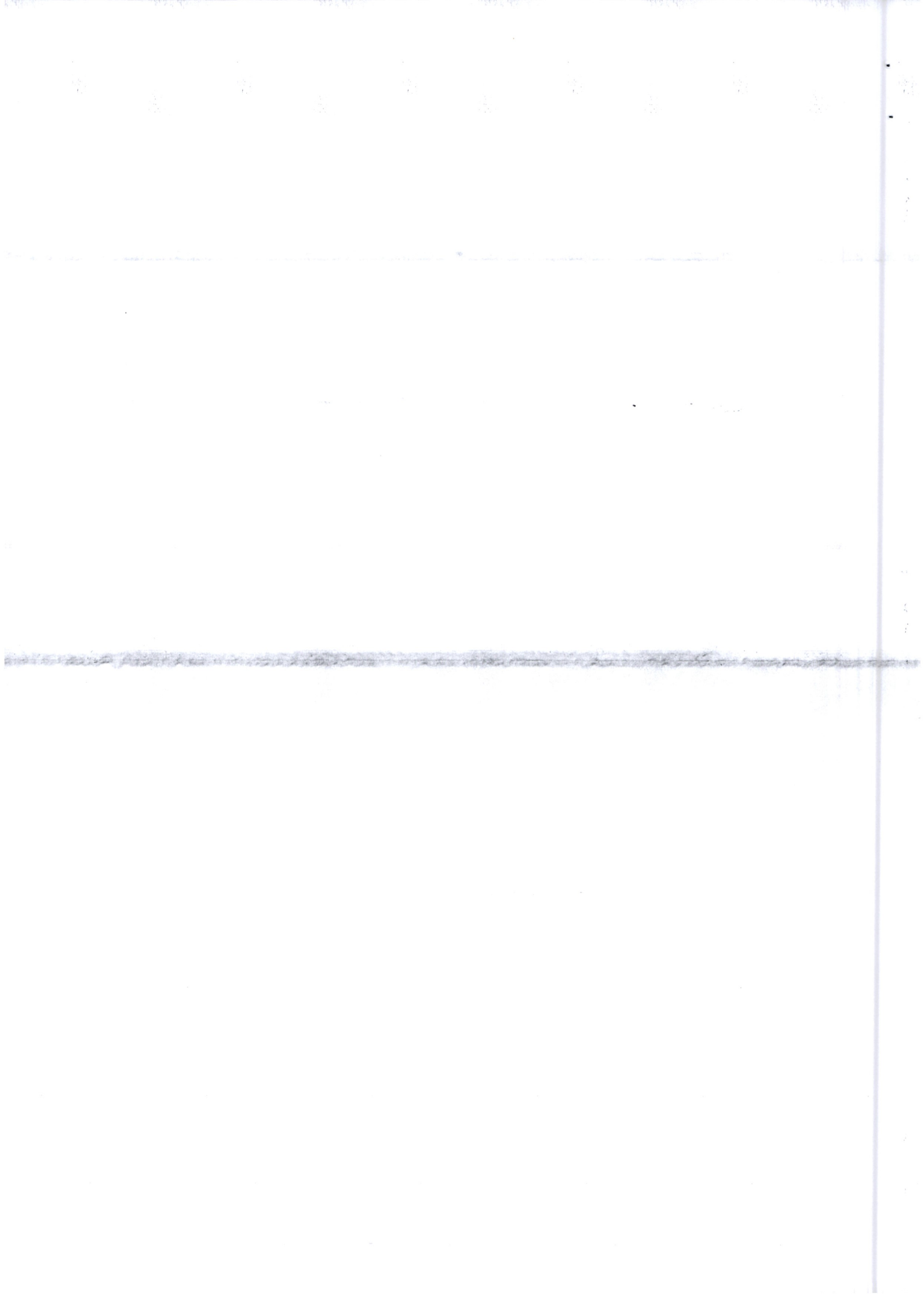
HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH



Annex 5:

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
BENCHMARKING VISIT TO SOUTH AFRICA MEDICAL RESEARCH COUNCIL, UNIVERSITY OF CAPE
TOWN AND CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA.

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	

