

## Universal Health Coverage(UHC) Program Stakeholder Sensitization

The Ministry of Health(MoH) held a Universal Health Coverage(UHC) Program Stakeholder Sensitization meeting to Kenya Healthcare Federation(KHF) at Sarova PanAfric Hotel in Nairobi on 7<sup>th</sup> November 2018. The meeting was chaired by the Cabinet Secretary, Ministry of Health Mrs. Sicily Kariuki and co – chaired by Dr. Amit N. Thakker ,Chairman ,Kenya Healthcare Federation(KHF)



*Cabinet Secretary, Ministry of Health, Mrs. Sicily Kariuki, speaking during the Universal Health Coverage(UHC) program stakeholder sensitization*

In her opening remarks, Mrs. Kariuki thanked the private health sector team led by their chairman Dr. Amit N. Thakker for honoring the invitation to the meeting at such a short notice. In addition she expressed her gratitude for the fruitful partnership between Kenya Healthcare Federation and Ministry of Health.

The CS stated that the way to deliver UHC is through NHIF on a premium base. "This was the initial thinking. However, with time it has become clear that the UHC dream would not be implemented by 2022 as initially envisaged. This model highlighted challenges like the high cost involved in targeting vulnerable populations. The new approach to this was to balance political and practical implementation. As such, the government with technical advice from experts and in consultation with the county governments, so it best fit to provide free healthcare services to its citizens through the county public health facilities." Said Mrs. Sicily Kariuki, CS Ministry of Health.

The advantages of this new model includes: strengthen community and public health systems, institutionalize a referral system and utilize the resources available without causing further strain.

The CS informed the inattendants that the pilot phase will still be in 4 counties which include Machakos, Kisumu, Isiolo and Nyeri, for a period of six months before scaling up. This pilot phase will help interrogate the institutional framework to deliver social protection through a health scheme.

Some of the requirements prior to implementation includes: A legal and regulatory framework to deliver social protection through a health scheme, strengthen KEMSA to provide commodities and supplies to deliver UHC, a robust monitoring and evaluation framework, customer care reference in terms of standards and redress mechanisms and a promotive preventive approach will help achieve a more economical viable solution.

It was reiterated that new model of implementing UHC was highly supported by the President, Governors and Parliament. The key focus on the new model will lie on offering promotive and preventive health services. "We need to strengthen Public Health Services, Community health services, and health systems to respond to the needs of the population and a continuum of care to offer basic and specialized services" Said Mrs. Sicily Kariuki, CS Ministry of Health.

There were discussion around the funds available to implement the pilot phase of the UHC, where it was reported that the allocation criteria was equitable based on: County population, equitable share of resources, poverty estimates, outpatient utilization rates, In-patient utilization rates, burden of disease, crude death rates, health facility density and Physical access to health facilities.

Dr Amit N. Thakker, Chairman Kenya Healthcare Federation shared the federation's position, which was in line with the affordable healthcare for all, as declared by H.E President Uhuru Kenyatta on 12<sup>th</sup> December 2017. He stated the private sector will fully support the UHC model. "private sector is happy that MOH is accepting the reality around UHC implementation. The suppliers old debt at KEMSA should be paid and going forward, there should be: Prudent management of the funds, commend the stepwise approach safer and more sustainable and strengthen institutional capacity especially at the county level and county facilities. Private sector must operate in a sustainable way, even if the margins are small. They must be willing to give concessions to government on price." Dr. Amit N. Thakker, Chairman, Kenya Healthcare Federation.



*Cabinet Secretary, Ministry of Health, Mrs. Sicily Kariuki together with the ministry of health and Directors of Kenya Healthcare Federation during the Universal Health Coverage(UHC) Program Stakeholder Sensitization*

Dr. Thakker emphasized on: strengthening institutional capacity especially Supply chain - quality, Good Manufacturing Product(GMP) 10% preferential rate, KEMSA reforms especially in markups, unregulated parallel imports, counterfeit medicines and pricing regulations, health services - support for higher levels of care by referral mechanism, preferential prices for public referrals, financing - support innovative county schemes, support by insurers in claims and fraud management, technology support and training and academia - HRH capacity, training in classrooms and practices in public sector facility. There was an agreement that KHF will present a position paper to the CS after consulting its membership.

Major discussions centered on: role of private sector healthcare providers, It was agreed that the focus of the pilot phase would be in government facilities, where it was noted that there is a risk of patients overflow that would happen in the immediate period of declaring free health services in the four counties. However, Emergency care fund to cater for the costs incurred by private sector – this will be considered in the special fund that has been set aside - to manage referrals-

of indigent populations for specialized care.

Regulations and reforms: it was noted that NHIF – this is in progress alongside that of KEMSA, on formation of the Kenya Food and Drug Authority – there was an update that discussions are being held in conjunction with the Ministry of Agriculture and relevant stakeholders will be involved, concerning supply chain on reimbursement framework for supply chain commodities, it was highlighted that intensive efforts are being put in place to strengthen KEMSA including their ability to supply commodities outside their framework. In addition to this questions around strengthening pharmaceutical services and assuring quality and addressing governance issues, price controls were discussed. They were deferred to the existing platform that is already handling the same. There were also discussions on provision of quality of healthcare. It was noted That UHC is not just about healthcare financing noting this, the private sector is willing to share best practices on the same.

Biometrics to identify recipients of the pilot phase and also to streamline electronic medical records was tackled. This was brought to the attention of the attendees that there is a plan to register populations residing in the four pilot counties in order to contain the demand but also to be able to measure and evaluate progress. It was emphasized that this being a pilot phase, there was a lot of room for lessons learned and better positioning of the private sector in the scale up of UHC to the rest of the 43 counties.

### **10<sup>th</sup> Health Sector Round up Forum**

Kenya Healthcare Federation (KHF) held its 10<sup>th</sup> Health Sector Round up at Radisson Blu Hotel on 10<sup>th</sup> December 2018. The meeting was graced by Mrs. Sicily Kariuki, Cabinet Secretary, Ministry of Health, Ms. Tessa Mattholie, chairperson Development Partner of Health (Kenya) and other health sector leaders in Kenya. The event was sponsored by PATH. In her opening remarks, the vice chair, Kenya Healthcare Federation Dr. Elizabeth Wala, welcomed the invited guest and the members of KHF to the tenth health sector round up, which marked major milestones observed especially in advocacy and Public Private Partnership. PATH, a KHF member, has been at the fore front in advocating for access to quality medicine. In her remarks, Ms. Pauline Irungu Country Advocacy and policy manager, PATH, Kenya, called upon the civil societies and the private sector to collaborate and engage the government in advocacy towards accelerating the development of Kenya Food and Drug Regulation Bill.

Ms. Pauline informed the inattendance that PATH is currently working with other organizations globally especially South Africa to strengthen the regulatory systems. "For any health system to be fully functional and deliver products and services it must have a strong regulatory system." Ms. Pauline Irungu Country Advocacy and policy manager, Kenya.



*Mr. Anthony Okoth, Country Director, PATH, speaking during the 10<sup>th</sup> Health Sector round up forum at Radisson Blu hotel, Upper Hill Nairobi*

Dr. Amit N. Thakker Chairman, Kenya Healthcare Federation presented the key successes observed by the federation for the year 2018. KHF through its advocacy role has held six county stakeholder forum including: Kirinyaga, Makueni, Isiolo, Kisumu, UasinGishu and Mombasa County. Some of the Ministerial Stakeholder Forum KHF has participated in includes: Health ACT 2017, fastracking and involving the private sector in the process of making Kenya Quality Model for Health (KQMH) the minimum standards certifying tool in Kenya, creating a National Coding on drugs flagged by KHF, carrying a joint inspection and promoting local manufacturers of drugs.

KHF has created partnerships with other health stakeholders where it has been in the forefront it giving its expertise towards achieving Universal Health Coverage, through conferences which includes: UHC Conference in Makueni and Nyeri, second conference on maternal ,new born and child health, 6<sup>th</sup> Healthcare Management conference by Medic East Africa, 7<sup>th</sup> East Africa Health Federation Conference(EAHF), Medical Women International Association(MWIA) Conference .KHF has grown its membership by 140% in 2018.



*Dr. Amit N. Thakker, Chairman, Kenya Healthcare Federation speaking at the 10th Health Sector round up forum at Radisson Blu Hotel in UpperHill, Nairobi*

In her opening remarks, the Cabinet Secretary for Health Mrs. Sicily Kariuki thanked the Chairman and Board of Directors, Kenya Healthcare Federation, for the invitation, she underlined the forum as an opportunity for networking.

She applauded the partnership between KHF and MoH where a lot has been achieved especially through the discussions during the Ministerial Stakeholder Forum (MSF) as they prepare to push the agenda on accessibility of quality and affordable healthcare, during the Presidential Round Table(PRT).

The CS reaffirmed the inattendance that the ministry of health is ready to review the levy(s) and charges through regulatory authority particularly on the private sector. "There are issues in the health sector that we (public and private sector) will jointly address which include: Human Resource for Health, Healthcare Financing architecture and Universal Health Coverage." Said the Cabinet Secretary.



*Cabinet Secretary, Ministry of Health, Mrs. Sicily Kariuki speaking during the 10<sup>th</sup> Health Sector round up at Radisson Blu Hotel, Upper Hill, Nairobi*

The CS emphasized that the human Resource for health is one of the areas that the sector is doing badly and she called upon the public and private sector to be more innovative and willing to speak to each other she further called upon both sectors willingness to accelerate the speed on training.

The private sector and non-state actors will have a big role in the universal Health Coverage the CS confirmed. "The UHC road map acknowledges the important role played by the primary healthcare and community led interventions they will both play moving onwards. However at the launch of UHC in Kisumu, we have a lot of lessons that we shall pick as a guide moving forward."

In conclusion the CS called upon the private sector to join hands with H.E president Uhuru Kenyatta in fighting corruption.

### **Role of Supply Chain towards achieving Universal Health Coverage**

Kenya Healthcare Federation supply chain committee held the last committee meeting of the year at Kenya Private Sector Alliance (KEPSA) offices on 22<sup>nd</sup> November 2018 to confer about Public-Private Partnership (PPP) areas in Supply Chain, Innovations in Health Product Distribution/Supply Chain, Promoting Local Manufacturing and the Role of Supply Chain towards achieving Universal Health Coverage (UHC). Dr. Chris Masila of PractHealth chaired the meeting. Innovation in healthcare is rapidly growing and can contribute positively to healthcare accessibility. However, Mr. Rolando Satzke CEO, COSMOS Limited, raises a major concern that the patient is not put at the center of the innovations and that the quality of medicine must be maintained to the point of delivery. Further, Dr. Christine Sadia, Chair Kenya Medical Women Association, questioned whether the instructions of the prescription would be clear to the patient at point of delivery. Dr. Nyalita backed the ideas by adding that most of the innovators focus on the commercial side which raises the question on quality. On the matter Mr. Rolando Satzke concluded by saying -



Supply chain committee meeting during the last quarterly meeting at KEPSA offices.

“I strongly suggest that all innovations should be patient centered ensuring that all patients should be able to access quality medication without financial strain.”

Dr. Anastasia Nyalita updated the committee on price regulations where she informed them that the Pharmacy and Poisons Board(PPB) is working on the price regulation strategies that was mandated by the Ministry of Health(MoH) and the final report will be ready by the beginning the year 2019. It was good to note that Kenya Healthcare Federation is well represented in the technical working group that is working together with the Pharmacy and Poisons Board.

There was a unanimous agreement by the supply chain committee that it will contribute and support UHC. However, price controls gives less opportunity for profit makers to distribute and resell drugs at a margin to typically unreachable markets, eventually resulting in less impact on patients.

This argument links to the importance of patient awareness of and understanding of factors affecting commodity prices. It’s important to bring this issue up now when the UHC is being strategized. Countries like Japan Switzerland, Ethiopia and Lesotho are good examples of price regulation models. The committee has also been

discussing the parallel importation Act and Dr. Nyalita updated the committee that the Act by PPB has been finalized and was presented at the Ministerial Stakeholder Forum and will be gazzetted. The Act will look into regulations of parallel importation and Illicit Trade.

On national coding of drugs, Dr. Nyalita updated the attendees on the consensus that was reached where KHF was asked to prepare and present a proposal to the Ministry of Health on coding of pharmaceutical products. In the ninth Ministerial Stakeholder Forum, it was agreed that Kenya should select a global pharmaceutical coding system such as the Anatomical Therapeutic Chemical Classification System(ATC) codes as used by PPB to register medicines.

Dr. Daniella Munene was requested to work closely with PPB on this in order to propose a workable coding system for medicines. During the Ministerial Stakeholder Forum, it was agreed that the private sector should share an updated paper on the role of the Private Sector in achieving Universal Health Coverage. The presentation should include bottlenecks that should be addressed to increase coverage and access to quality, affordable healthcare for all.

### New plans on achieving Universal Health Coverage

Kenya Healthcare Federation(KHF) Healthcare Financing committee held it’s last quarterly meeting at KHF offices on 7th December 2018, to dicuss on Universal Health Coverage, Doctor’s price guidelines and NHIF amendment Bill The meeting was chaired by Dr. Njoki Fernandes committee chair. Dr. Walter Obita, director representative for the committee updated the committee on the discussion around Universal Health Coverage that has been going on at the ministerial level and the last engagement between the Ministry of Health led by the cabinet secretary Mrs. Sicily Kariuki and the private Health Sector



Healthcare financing committee meeting during the last quarterly meeting for the year 2018

Healthcare Financing Committee has been leading all the discussions around Universal Health Coverage, has also been engaging with the government at the technical working committees (TWCs) set by the national government. Dr.Obita has been representing KHF at the healthcare financing committee in the TWCs.

From the UHC discussions in the Ministry of Health, the current position shows that the government is not going to use the social insurance schemes to roll out UHC. Hence it plans on directly procuring or paying for commodities through Kenya Medical Supplies Authority (KEMSA).The counties will therefore have to roll down the payments made to KEMSA by directly making orders to KEMSA where KEMSA will make the deliveries. In additional, the government is going to allocate some resources to the public health activities, community health activities and 80% will be used for commodities and supplies to KEMSA.

The counties have been tasked with a role in ensuring that all other health systems are built through allocation of finances to each of the activities which include: Human Resource recruitment, deployment and management, strengthening of governance structures and management of data, information and technologies.

Dr. Fernandes brought to the attention of members the NHIF amendment Bill with a major focus on section 2a) part II which states that there shall be paid into the fund the employer contributions matching employee's contribution, Part III. such monies as may be appropriated by the National Assembly out of the Consolidated Fund, for persons certified by the Board to be unable to pay the contributions, Part iv. Gifts, grants or donations, Part v. Funds from the National Government, County Governments or employers for the administration of employee benefits and section five ,Part vi ,to administer employee benefits on behalf of the national government, the county governments and employers in respect of their employees. KHF's recommendations included: should discuss this bill with the parliamentary Health Committee, Lobby in, Federation of Kenya Employer(FKE) and KEPSA and Healthcare Financing Committee to be involved in all the discussions.

There was a parliamentary directive that the Doctor's rate should be taken back to 2006 price guidelines that were abandoned two years ago with the adoption of the current rates. The National Assembly's Health committee further requested the Cabinet Secretary, Ministry of Health, Mrs. Sicily Kariuki to replace the existing Medical Practitioners and Dentists Rules 2016 with the second edition of the Professional Fees Rules and Guidelines of 2006, which prescribe cheaper rates for various medical services and procedures.

KHF's recommendations as a way forward for the doctor's price guidelines include: KHF should get more involved in costing and also learn from the successes of other countries and professionals,

KHF should engage more health experts especially health economist to join in the discussion to guide in making more sound decision, Healthcare Financing should be more engaged in the discussions so as to deter NHIF from charging high rates, the medical board should consider setting up maximum rates instead of minimum and there should be maximum margins set for pharmaceuticals and supplies which will also bring about price regulations.

Other issue as discussed was the quality of care which has been compromised and the public is not well informed on where to seek care from. Therefore the committee suggested that there should be education and sensitization done to the public on who to go for care. There should also be regulations on healthcare providers at all levels in which they should have the right qualifications and experience.

The committee agreed on the focus areas for the year 2019 as: NHIF Amendment Bill, Doctor's Price Regulations, Pricing Quality and Regulations (this will focus on care services and medications) and engaging the media in Agenda setting.

### Challenges facing the Healthcare Facilities in Kenya

Crescent Tech Limited held a breakfast meeting at Parkinn Hotel in Westlands on 22<sup>nd</sup> November 2018, to discuss key challenges facing the healthcare facilities in Kenya. Some of the key issues highlighted were: Limited access to health care facilities, lack of adequate personnel and expertise to address the medical needs, poor Infrastructure where most facilities do not have the proper facilities to handle the medical challenges, ironically the facilities that are highly equipped with specialized equipment do not have effective processes and personnel in place to execute the tasks, access to medical records and Healthcare Financing.

The breakfast meeting was organized by Crescent Tech Limited and Napier Healthcare who partnered so as to address these issues of access to healthcare services and also to offer solutions that will provide a seamless access to records and efficient delivery of services to even the most rural area in the country.



Representatives from various Healthcare organizations gathered to strategize on addressing the challenges in the Kenyan health facilities

For a healthcare facility to deliver quality healthcare, it should be well equipped with the right equipment and tools, quality medications, should be accredited, should have qualified and experienced staffs. In Kenya, the healthcare sector is facing some setbacks in: supply chain, the facilities are understaffed, healthcare financing and innovations & technology. Once this set backs are looked into, the delivery of quality healthcare will go a notch higher.

In his opening statement, Dr. Percy narrated a direct experience of how the above mentioned challenges impacted and eventually led to the loss of their C.E.O, the late Mr. Kennedy Mbwana, who was in urgent need of medical attention while in Eldoret for a business meeting. Thereafter, the ambulances services arrived late, and it was a challenge identifying a center that could perform an endoscopy. When that was established, an appointment was required to be made so as to access the services of a specialist. This whole process greatly affected the speed at which his life could have been saved.

According to Dr. Amit N. Thakker, Chairman Kenya Healthcare Federation, the new constitution that brought forth the two arms of government,

National and devolved governments gave capital to projects aimed towards the BIG 4 agenda, healthcare being one of them, through the Constituency Development Fund(CDF). Under financing of the health sector, our government has reduced its funding and this has posed as a challenge in the health sector. Over 80% of the country's population is dependent on this funding for their healthcare needs. A very small percentage of Kenyans have access to private insurance and can afford to pay for their own healthcare expenses. This is less than 20% of the Kenyan population.

"Kenya has undergone quite some positive disruptive changes in governance and through the devolution of some services from the national government to the county government. As expected, this transition has encountered its challenges. In as much as we consider our country as having highly skilled specialized staff, we still do not have available workers to provide for healthcare services to the larger population. The people who mostly need these services, still have challenges accessing the services of specialized health workers to assist them. There is an urgent need to address this human resource and staffing issue through a proper policy in place that will boost the public health sector." Dr. Amit N. Thakker, Chairman Kenya Healthcare Federation.

Recommendations towards solving the challenges as discussed in the meeting were: The general challenge of leadership and governance has trickled down to the health care sector. Allocation of resources has been hampered by poor governance and the lack of accountability in the use of the resources allocated to the healthcare sector therefore, the Government should accelerate discussions and implementation of public-private partnership initiatives for creation of sustainable models for healthcare financing to achieve Universal Health Coverage.

"Since Africa is emerging as an economic hub, it is notable that there is a great need to embrace technology in the key sectors like health care. Napier healthcare comes in handy with relevant solutions for the healthcare sector as it has technology that was designed by a team of doctors based in Singapore. Singapore is a proper case study for Kenya as both countries were colonies of Britain and in 1979 both economies were at par. Bloomberg ranked Singapore's healthcare system the most efficient in the world in 2014. The Economist Intelligence Unit placed Singapore second out of 166 countries for health-care outcomes." Enrico Lim, Regional Alliance Director, Napier Healthcare.

### **Medical Excellence Japan(MEJ) prepares for the first Public – Private Mission(PPM) in Kenya**

The Medical Excellence Japan(MEJ) team visited Kenya from 26th November to 1st December 2018 in preparation for the first Public – Private Mission that will be held in Nairobi, in the month of February 2019. The MEJ shall conduct the mission in partnership with Kenya Healthcare Federation.

The main aim of the pre-visit by the MEJ team was to invite Kenya to participate in their programs and collaborations. Some of the companies and organizations that were visited include: Ministry of Health, Kenyatta National Hospital, The Nairobi Hospital, M P Shah Hospital, Council of Governors, Moi Teaching and Referral Hospital, Fountain Healthcare Eldoret Hospital and Mediheal Hospital & Fertility Center. In preparation to the PPM, one of the areas the team was focusing on was getting to know the impression or specific opinions on Japanese products and services and the impression on PPM. In an interview with Dr. Joan Osoro, AD, Medical Services & Research, Nairobi Hospital she applauded the Japanese brands in medical equipment and products



*Dr. Joan Osoro, AD, Medical Services & Research, Nairobi Hospital together with Mr. Yuko from MEJ*

"Quality-wise, we know Japan and its brand reputations. Japan should consider what would be the strong/appealing points to introduce their

equipment or services to our hospital. This is a good idea. We would like to hear more options from Japanese companies." Dr. Joan Osoro, AD, Medical Services & Research, Nairobi Hospital.

Ms. Doris Kimbui, Nursing Officer in charge of resource mobilization and Mr. Kennedy Mbogo Liaison Officer from Kenyatta National Hospital welcomed the Japanese team by applauding the idea of PPM. From Ms. Doris and Mr. Kennedy view the Japanese equipment and products are of high and excellent quality, however they welcomed the team to the hospital in the month of February where they requested them to have only ten delegation.

During a visit to the council of governors(COG) office, Hon. Meshack Ndolo, Senior Health System Advisor informed the MEJ team that the devolved government system in Kenya has significantly increased county level decision-space on diverse tasks. COG takes its leadership to organize and run each committees for providing solutions to diverse issues. "As for the Health committee, H.E. Mohammed Kuti; the Governor of the Isiolo County is the Chairman. Emerging issues are Human Resources and Capacity Building in the healthcare field. To get to know more about our ongoing projects, please visit our site. Quality-wise, we know Japan and its brand reputations and it has excelled." Hon. Meshack Ndolo, Senior Health System Advisor, Council of Governors.

Mr. Reyaz Shariff, Director of Operations and Dr. Vishal R. Patel, Assistant Medical Director, in charge ICU, welcomed the MEJ team to M P Shah Hospital. During an interview, the M.P Shah officials informed the Japanese team that M P Shah hospital operates under the umbrella of the Social Service League which is a non-racial,

Non-religious, non-political charitable institution and cares for the patient along with it's policy and it's the 'one-stop healthcare provider in East and Central Africa.'

"In terms of a patient-nurse ratio, our hospitals provides "1 patient : 1 nurse" service, while other hospitals are "3 patients : 1 nurse. We opened a new hospital in Village Market, near the trademark hotel recently. We are about to open the MRI center, too. This is a good idea. We understand that you want to enhance the presence of Japanese products in Kenya, which is significant. However, how would you do it? You should think deeply and logically about how would you enter the market and how would you set up the specific strategies. However, we also recognize Japanese companies are trying to work on providing after care services. To minimize a down time of the devices is critical. Speaking of GE and Phillips, their backup/follow up services are fairly good. Japanese (companies) should consider the reason why we need to buy your products. You must tell us your story". Dr. Vishal R. Patel, Assistant Medical Director, M P Shah Hospital.

Prof. Lukoye Atwoli, Associate Professor of Psychiatry, Moi Teaching and Referral Hospital who welcomed the MEJ team to Moi Teaching and Referral Hospital informed them that the hospital is currently working on a new project of expanding and establishing the largest hospital in the western region. "As for the teaching side; Moi Teaching University is composed of approximately 1,200 students from not only Kenya but also many other regions, such as Tanzania, Rwanda, Somaliland, and Lesotho etc. Our two facilities; University side and Hospital side are well combined as one. In terms of the care program, our counterpart is USAID. This is a five-year program, quality-wise, we know Japan and its brand reputations which score a high mark. Japanese (companies) should consider the reason why we need to buy your products. You must tell us your story". Prof. Lukoye Atwoli, Associate Professor of Psychiatry, Moi Teaching and Referral Hospital.

Dr. Andrew Wandera, Consultant Surgeon, Fountain Healthcare welcomed the MEJ team to Fountain Healthcare, by noting that it was the very first time to welcome the people from Japan. He applauded the Japanese products as excellent "Speaking of quality, the Japanese and its products are good, but we hardly see the Japanese products here this is a good idea. We understand that you want to enhance the presence of Japanese products in Kenya, which is significant. We don't think Japan's presence is strong here in Kenya except TOYOTA, we would like to know how to use a simple device more effectively to diagnose diseases. We maybe need high-end types of equipment in the future, but it's not now. Acquiring more knowledge from a company who sold the device to us, and letting technicians more professional are the crucial things for us". Dr. Andrew Wandera, Consultant Surgeon, Fountain Healthcare.



Prof. Lukoye Atwoli, Associate Professor of Psychiatry, Moi Teaching and Referral Hospital who together with MEJ Team

Mr. Miten V. Lodhia, Finance Director and Dr. Neelesh Aggarwal Director from Eldoret Hospital Pharmaceutical limited informed the MEJ team that they run hospitals and a distributing company; Eldoret Hospital Pharmaceuticals Ltd, in Kenya where they also supply medicines to the Moi Teaching and Referral Hospital as well as the other hospitals in the regions.



Mr. Miten V. Lodhia, Finance Director and Dr. Neelesh Aggarwal Director from Eldoret Hospital Pharmaceutical limited meeting with the MEJ team.

"We understand that you are going to hold the PPM in Nairobi. However, you need to explain to us why we should have your companies and devices here in Kenya. Quality-wise, we know Japan and its brand reputations, but the word "Quality" is not belonging to you anymore, is belonging to any companies all over the world. You may need to consider and set up a good narrative to provide your products to us. You may need to convince us in a good way." Dr. Neelesh Aggarwal Director, Eldoret Hospital Pharmaceutical limited.



### Tribute to a Hero!!

*It has been an absolute delight to work with Dr. William Mwatu over the past ten years at the Kenya Healthcare Federation. He's been a mentor, a leader and a true advocate in promoting affordable quality healthcare across the nation. William will always be remembered for his generosity, kind-heartedness and eagerness to provide solutions in difficult situations.*

*His guidance and input has made positive impact within the supply chain system of the health sector in Kenya. At KHF, we were honoured to have William chair and lead the Supply Chain Committee that dealt with several critical matters such as parallel imports, irregular duties, counterfeit menace and price guidelines just to mention a few. His passion and experience in the pharmaceutical sector was a great asset to all of us in the industry. He was extremely knowledgeable, committed, and humble*

*and always available when called upon to participate and take ownership in solving issues that required diplomacy at public private engagements.*

*Dr. Mwatu has left a big void in the health sector and as Kenya Healthcare Federation fraternity, we will dearly miss him.*

*Dr. Mwatu, your wisdom, guidance, friendship and laughter will forever be in our memories.*

*To Pauline Mwatu, son, Eliud Mwatu Kiamba Jr. and daughter Samara, we give our sincere condolences. We'll continue to support you and hold you in our prayers. May the Almighty God give you strength and peace during this difficult and trying moment*

Rest in Peace Dr. William Mwatu.

# MOMENTS THROUGH THE LENS



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## Finland explores business opportunities in the Kenya Health Sector

Kenya Healthcare Federation (KHF) held the 5th Bi-Monthly members meeting at the Fairmont Norfolk hotel in Nairobi. The meeting which was held in 2 parts - networking forum with Team Finland, and members meeting, was sponsored by Team Finland who had visited Kenya to discuss business opportunities. Team Finland is a network of public service providers providing internationalization services for companies. The network seeks to provide companies with a smooth service chain from counseling to finance. The main sectors of business focus for the Team Finland delegation were; Education, Energy and Health. The Finland business delegation on health and health education included Perkinelmer Wallac, Vamed Company, Logonet Group, Oulu University of applied sciences and Tampere University of applied science. They were open for partnerships that would help address issues of access and quality of healthcare.



*Dr. Elizabeth Wala, Vice Chair, Kenya Healthcare Federation speaking during the bi-monthly meeting at Norfolk Hotel, Nairobi.*

in his opening remarks at the networking forum, Dr. Amit Thakker, KEPSA health sector board and KHF chair stated that the private sector provides 50% of medical services in Kenya. He further added that KHF provides a platform to examine Kenya's health landscape and identify the type of partnerships that will promote trade and investment in Kenya. Affordable Healthcare for all being one of H.E. President Uhuru Kenyatta's BIG 4 Agenda, the socio-economic agenda comes at an opportune time in Kenya where the county and national governments are appreciating the inclusion of the private sector. The key opportunities that will require beneficial, cross-cutting resolutions and partnerships include supply chain, local manufacturing and technology these areas offer opportunities for innovations to increase quality and reduce cost of health care.

Dr. Thakker then chaired the members meeting that brought together 50 members. Dr. Elizabeth Wala, KHF vice Chair, took the members through the KHF strategic plan 2018-2020 which focuses on an increased level of advocacy, public-private partnerships, networking and regional integration. Reflecting on the previous term 2015 – 2017, she noted that there has been remarkable achievements in the membership growth (96%), that KHF has managed to hold fruitful engagements with county health stakeholders, and that through the regular ministerial stakeholders forum (MSF) KHF has managed to get a favorable ruling on the importation of medical equipment and commodities. KHF through the same forum is advocating for policy decisions to promote local pharmaceutical and medical devices manufacturing with the aim of reducing cost of healthcare.

In the strategic plan 2018-2020, the federation through it's advocacy role will ensure that the under privileged, elderly and marginalized are considered in the national health insurance. KHF will continue to play an advisory role to the Ministry of Health on better health financing models. In line with the BIG 4 Agenda,

KHF will ensure that it's communication and publications will provide expertise on issues affecting the health sector especially where affordability, accessibility and quality of care is concerned. KHF will strengthen it's partnership with the counties through county health stakeholders engagements to ensure quality is enhanced in health facilities.

Dr. Thakker took the members through the discussion points of the upcoming presidential round table (PRT) which will be focusing on "Closing the gap to the BIG 4 Agenda for Universal Health Coverage."



*Dr. Amit N. Thakker speaking during the fifth Members bi-monthly meeting at Norfolk Hotel Nairobi*

He informed the members that the private health sector will participate in the following areas: provision of health services, supply chain, technology, innovations and healthcare financing. Some of the key pain points that will be discussed include; high input cost of providing medical care, inefficient use of health infrastructure, shortage of human resources for health, multiple fees, charges and taxes, high cost of medical products and supplies, counterfeits, tax burden, irregular parallel imports, fragmentation of the health sector, poor information sharing, lack of enabling regulation to support innovation in health, delayed NHIF accreditation/ reimbursements, legislated NHIF monopoly, unfavorable laws, lack of overarching regulations for health insurance, sustainability for UHC and ensuring coverage for the poor.



*KHF members attending the fifth members meeting at Norfolk hotel , Nairobi*