



# KHF NEWS

A Partnership for Better Healthcare

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## The Multi Stakeholder Partnership Introductory meeting towards spearheading good partnerships



*L-R: Mr. Mohamed Duba – KHPS, H.E Dr. Mohammed Kuti - Governor Isiolo County, Dr. Murega - Kiambu County, Dr. Amit Thakker-Chairman – Kenya Healthcare Federation, Dr. Andrew Mulwa - Makeni County and Dr. George Kimathi - AMREF Healthcare.*

Kenya Healthcare Federation, AMREF and Malteser International organized a successful introductory meeting for the MSP partnership at Radisson Blu hotel in Upperhill, Nairobi. The meeting was honored by the H.E. Governor of Isiolo and Chairman of the Council of Governors Health Committees, Dr. Mohammed Kuti (Guest of Honor), County's Executive Committee for Health, professional associations, healthcare providers and training institutions. The main agenda was to develop a good partnership towards working together on a health agenda focused on universal healthcare provision.

The Chairman of Kenya Healthcare Federation - Dr. Amit Thakker spoke about the significance of timely interventions in the health sector in light of the 2017 health providers strike. He emphasized the growing importance of the health sector and highlighted that the sector has been positioned to create the second highest number of jobs in Africa in the coming years. The esteemed Governor of Isiolo County, Dr. Mohammed Kuti urged attendees to take steps towards universal healthcare.

He reiterated that counties need to start thinking of how they can pre-empt upcoming challenges and pointed towards good relationships between health workers, county managers, technological advancements, better health financing models and appropriate training provisions as the way forward.

In the meeting however, there was a voting session that was carried out to rule out the health specialist cadres that would be strengthened through the MSP partnership. Emergency Care Professionals, Community Health Workers and Health Records and Information Officers were voted in.

**Emergency Care Professionals:** The Kenyan Constitution gives every Kenyan a right to emergency medical care. In order to achieve this, there is a need to strengthen emergency care professionals because most emergencies do not occur in hospitals.

**Health Records and Information Officers:** There was collective agreement that further research needed to be conducted on this cadre so as to capitalize digital technology to provide data to monitor and evaluate progress and plan the health agendas of all the counties.

**Community Health Workers:** There is a great need to strengthen and legalize this cadre, this is because the Community Health Worker Scheme of Service (2013) was insufficient so long as it was not legally binding, particularly since financial allocations towards community health workers depend on the good will of the Counties.

Moreover, most of the referrals that came through this cadre, have been necessary to save lives. There are counties which pay the community health workers since they play an important role in saving lives.



*L-R: Mr. Benjamin Wachira - EMKF, Yvonne Mathu - Aga Khan University and Denise Jessop - Response Med.*

Yvonne Mathu from Aga Khan University and Dr. Solomon Kilaha from KMTC conveyed their support towards the MSP project and the wider health agenda by detailing their plans for curriculum development in line with the needs of the health sector in the near future.

The success of the meeting went beyond the specific agenda of the MSP project. The MSP meeting showcased the commitment of relevant stakeholders towards working together on a health agenda focused on universal healthcare provision, strengthening current systems and fostering public-private partnerships within the health sector.

The attendees expressed their appreciation of the meeting platform for bringing them together to understand and learn from different perspectives and challenges across the HRH in the health sector. “This has been very productive, to be part of the meeting with representation from both the public and private sector and I hope that this would be the first step towards moving the health agenda forward in the best way possible.” Ms. Sarah Omache, - CEC - Kisii County.



*Dr Amit Thakker speaking during the event.*

### **Ministry of Health and IFC Organize a Workshop towards Implementation of the Health Act 2017**

The Health Act 2017 key goal is to create a unified health system that aligns with the Constitution, by spearheading regulatory changes and coordinating the interrelationship between the national and county government.



*KHF team attending the workshop*

In a two-day workshop held at Naivasha with a key objective to foster a greater understanding of the Act, encourage dialogue, collaboration and create implementation work-plans on key areas of the Act, this brought together different groups to contribute towards work plans for the operationalization of the Act. The groups represented were; Kenya Healthcare Federation (representing the private sector the Ministry of Health), Ministry of Agriculture and Irrigation, the Public Service Commission, County representatives, regulators, and development partners.

Dr. Njeri Mwaura, Senior Health Specialist, IFC/World Bank Group, highlighted that the Act represented a historic moment for Kenya since it tries to bring together all the stakeholders in the health sector and recognized the importance of health for the economy. From Prof. Khama Rogo (Lead Health Specialist, IFC/World Bank Group) view, the health sector had been relying on the Public Health Act, which was put together in the 19<sup>th</sup> century.

For transformation of the health system to be affected, there should be a change in mindsets that accommodates Collaboration between the public and private sector, collaboration within the public sector itself and recognition of the devolution of health. He commended the Act for recognizing the ‘3 Ms’ of health (money, man power and management) that have been problematic and said the Act had the potential to deal with the lack of accountability and lack of efficiency within the sector.

Dr. Annah Wamae (Head of the Department of Standards, Quality Assurance and Regulation) - OGW described the Act as a ‘mother act’ since it aims at building on and update regulations of the Kenyan health system. She recognized some of the following areas as being particularly significant; The right to reproductive health and emergency treatment in line with the Constitution of Kenya 2010; Creation of a health information system which will require all healthcare providers to report on national indicators; The role of the private sector in achieving universal healthcare through public private partnerships;



**MOH/IFC**  
**Workshop on Health Act, 2017 Implementation**  
**1 - 2 Feb. 2018 Great Rift Valley Lodge, Naivasha**

Recognition of E-Health as a mode of service - and the need to catch up with the private sector in this regard and the development of health financing that ensures appropriate funding for healthcare. She reiterated that a steering committee at national level has been established as well as nine Technical Working Groups ('TWGs') as follows; MOH Organizational Structure and Duties of National Government; Kenya Health Professions Oversight Authority and Traditional Alternative Medicine; Kenya Blood Transfusion Service and Organ Transplantation; Legislation and Regulations; Kenya Food and Drug Authority; Promotion and Advancement of Public Health/Lactation Stations; Research and E-Health; Health Financing; Human Resources for Health Advisory Council.

The steering committee and TWGs shall start working on a prioritized work plan, oversee implementation and create quarterly progress reports. The key areas of concern in the Act were; right to emergency medical care. S. 91(b) of the Act requires both public and private sector healthcare providers to provide emergency care services whether there is a compensation mechanism in place or not.

Section 86(2) (f) of the Act states that prices for health products shall 'correspond' to KMSA market prices. There was concern as to what the process of price setting will entail and how incentives will be given to the private sector. Regulations shall have to clarify this area in an equitable way.

The Health Act 2017 has the potential to build a unified national health system. The retreat marked a stride forward towards appropriate implementation of the Act. The KHF team shall continue to contribute to the process of implementation as representatives of the private sector.

### KHF Committee Meetings Highlights.

#### **KHF 2018 Strategies on Public Private Partnerships (PPPs)**

Kenya Healthcare Federation through its PPP committee and partnership with PS Kenya will this year focus on scaling up suitable PPPs settled upon in 2017 between KHF and the Ministry of Health. Supply Chain towards local manufacturing, healthcare financing towards describe health covers for all and business models for the underserved towards UHC are the three major PPP areas that the committee through the Health Communication and Marketing Programme (HCM) under the PPP scope of work. This committee plans to engage the national government to have the PPP retreat to implement the above three priority areas.



**KHF and PS Kenya Team**

Actively engaging the incoming County Executive Committees for Health and Governors to come up with a work plan is key this year. This involves organizing County Stakeholders Forums with the CECs and work on already selected areas of collaboration in the counties.

This team will single out a few counties of priority by also considering the ten HIV and Malaria burdened counties. Working with an indicator matrix to strengthen the capacity of Government to lead, manage and govern health communications and marketing is a major goal with the focus to Zero in the 10 HIV & Malaria USAID priority counties.

The committee plan to have a PPP workshop in one of the county major blocks e.g. the Lake Basin area or coastal area. The above items will be achieved though working with various partners to ensure inclusivity towards universal health coverage.

Other focus areas include informing members of various existing funding mechanism e.g. the KCM Global Fund, creating awareness through publication of articles in the Nation Media Group, focus on inclusivity with a common agenda and encourage other KHF members to join the PPP committee and working closely with other committees and align priority issues.

## The KHF Healthcare Financing Committee Meets to Strategize on 2018 Key Focus Areas

KHF Healthcare financing committee held its meeting this year on 22<sup>nd</sup> February 2018, to deliberate on the healthcare financing areas to focus on this year. The meeting which was chaired by Mr. Isaac Nzioka, singled out Universal Healthcare Coverage (UHC), payer provider relationship, capacity building, NHIF engagement and engagement with the county health governments on Healthcare Financing structures.



*Healthcare financing committee members during the meeting.*

In Kenya, UHC has not been well achieved due to many contributing factors such as; financial instability, poor health infrastructure and low insurance coverage. UHC being one of H.E President Uhuru Kenyatta's Big four pillar is therefore, key to this committee this year as it will ensure access to promotive, preventive, curative and rehabilitative health services of sufficient quality. UHC will also reduce financial hardship when paying for healthcare services. The committee saw it fitting to form a UHC subcommittee which will be chaired by Mr. Sereni Vittorio of Johnson & Johnson.

## KHF ICT and Mobile Health Committee Meets to Outline 2018 Key Focus Areas

The KHF ICT and Mobile Health Committee held their first meeting this year to outline the essential areas of focus for 2018. Regulation of ICT in healthcare is a major area that the committee venture in through educating stakeholders and creating awareness of the existing regulations as well as sharing available data. This will be achieved through engaging the relevant policy makers on lack of clear regulations, analyzing the e-Health Strategy Policy Guidelines by the Ministry of Health ICT unit and Participate in the Health Act 2017 (Research and E-Health) implementation process.



*ICT and Mobile Health committee members during the meeting*

These major focus areas led to the emergence of ICT subcommittees to tackle each focus area meticulously.

The subcommittee will specifically handle the engagement with county health governments on HCF structures, a white paper on "Recommended Model from Private Sector on UHC", participate in various UHC forums being organized by the CoG and member's organizations. Other sub-committees formed during this meeting from the key focus areas are the payer provider relationship sub-committee to be chaired by Ms. Ann Wanja of The Nairobi Hospital and capacity building sub-committee to be chaired by Mr. Isaac Nzyoka of UAP insurance. These sub-committees will put in effort in to develop private health sector models in healthcare financing. This committee will also send representatives to participate and represent KHF in the Healthcare Financing Technical Working Group, which is one of the 9 Health Act TWGs formed by MOH and World Bank towards the implementation of The Health Act 2017. The meeting was well attended by HFC committee members namely; UAP Insurance, Care Pay, Fountain Healthcare, Minet Kenya, Johnson Johnson, Smart Applications, The Nairobi Hospital, Association of Professional Coders Kenya (APCK) and Emergency Medical Foundation Kenya (EMFK).

Regulations subcommittee will be headed by Dr. Torooti Mwirigi and will focus on informing the members on regulation aspects of healthcare and ICT. Access Increase subcommittee will be headed by Serah Mohamed and Joel Lehman and will focus on increasing data sharing between public and private and private and private stakeholders. This committee will represent the private sector in the Research and E-Health TWG. This committee noted that there is not much mentioned in the Health Act in terms of Research and E-Health and there is great need to participate in the implementation process to inform the Ministry of Health. The meeting was supported by healthcare players in the ICT space namely, mHealth Kenya, Carepay, Pharm Access Foundation, Pharmaceutical Society of Kenya, Infospective, Safaricom Limited, Medic Mobile, eMedica Limited, My Dawa, Access Afya, Emergency Medical Kenya Foundation, Velocity PMC and Huawei.

## Human Resource for Health Committee Meets to Deliberate on 2018 Key Focus Areas

Kenya Healthcare Federation - Human Resources for Health Committee held their first meeting this year to outline HRH focus areas for 2018. The meeting which was chaired by Mr. Kennedy Auma touched on the major HRH challenges the committee wishes to tackle throughout the year. Harmonization and recognition of human resources in Kenya is a strategic area that the committee intends to venture in, in terms of research and possible stakeholder collaboration opportunities. This committee plans to outline clear schemes of services for both standardization and staffing norms.



Human Resource for Health committee members during the meeting

In light of Kenya's Vision 2030, this committee seeks to tackle the severe shortage of specialized health workers across the country by tackling on the seventeen specialized healthcare professionals through training, education and labor market absorption.

Focus will however be directed towards Emergency Medical Care, Health Record & Information Officers and Community Health Workers as developed from the Multi Stakeholder Partnership (MSP) introductory workshop by KHF held on 26th January 2018.

This is because the three do not have strong schemes of service. Focusing on the three selected cadres, the committee agreed on creating a database for schemes of service as well as carry a need assessment analysis to ensure training of fit for purpose healthcare workers.

The meeting was graced by a presentation on **"Introduction to Corvus Workforce Services"** by Dr. Kate Tulenko from Corvus Health. Her presentation depicted a labor-intensive health sector.

CORVUS HEALTH

### Health is an HR Intensive Sector

- Labor is usually the single largest expense in the health sector
  - 42% of MOH budgets are labor (WHO)
  - In US, labor is 54% of operating costs (Fitch)
- Health labor costs grow faster than other health sector inputs
  - US health labor costs are growing at 3%/yr vs compared to 2%/yr for other expenses

CORVUS HEALTH

### Health is an HR Intensive Sector

- More categories of workers in health compared to other sectors (US: over 90)
- Health sector often 2<sup>nd</sup> only to agriculture & mining for occupational injuries (needle sticks, back injuries, stress, falls, infections, interpersonal violence)
- Patients judge on hospitality quality not technical quality



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CORVUS HEALTH

### Category Creator: global health workforce services firm

- Strategic Planning
- Recruitment
- Staffing/Locums (full-time & part-time)
- HR management & Outsourced HR
- Health professional schools
- Health professional organizations
  - Regulators
  - Unions

CORVUS HEALTH

### • Training

- Pre-service education
- Post-graduate education
- In-service training (needs assessment, competency-based, outcome oriented, soft skills/customer service)
- Continuing Professional Development
- eLearning



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"If you get your labor wrong, then you get your budget wrong because HR makes decisions on costs", she said. Dr. Tulenko expressed the difference between a permanent payroll and a contract-based healthcare worker towards achieving a work life balance.

The meeting was well attended by HRH members namely: AMREF Healthcare, Corvus Health, Nestle Kenya, AAR, Association of professional Coders, Emergency Medical Kenya Foundation, PS Kenya and Kenya Medical Women Association.

There is great opportunity ahead for the HRH sector to successfully strengthen the health workforce through a combination of long-term, strategic decisions and targeted immediate/short term measures, increased health workforce officers, improve HR information systems, and scaled-up education.

## KHF Supply Chain Delegation to COSMOS Pharmaceuticals Limited

KHF supply chain team visited COSMOS Pharmaceuticals Limited on 8<sup>th</sup> February 2018 towards promoting the newly introduced member integration programme. The high cost of medical care in Kenya is partly due to the high cost of medication which makes up an average of 45% of patients' hospital bills. COSMOS limited one of the Kenyan local pharmaceutical manufacturers strives to reduce the cost of healthcare and in turn contribute to Universal Healthcare Coverage. From the presentation by COSMOS limited during the visit indicated that public and private expenditure on imported units once converted to local manufacturing prices, could lead to a potential savings of Ksh. 800 million per year based on the leading molecules, benefiting patients and insurers. Public sector spends 4.5 times more buying expensive medicines, while private sector spends 3.8 times more buying expensive medicines instead of using quality generic brands.



*KHF Team during cosmos visit*

Local production could also give greater control to Kenyan regulators, which are fighting against low quality drugs, sometimes made in far-off factories that are difficult to monitor. The delegation witnessed an all-round production facility with five manufacturing blocks with over 180 API and over 6000 SKU's. The factory which is equipped with marketing & administration offices, also harbor on site finished goods and works in a 24 hour operation. For the tablets manufacturing section, the facility runs 4 Granulation Suites, 6 Compression Rooms, 1 Capsulation Room, 3 Coating Rooms, 6 Blister Packing Lines and 1 Bulk Packing Line. The facility also operates 4 Dry Powder Filling Lines, 2 Ointment & Cream Filling Lines and 2 Liquid Bottle Filling.

With the aims to develop at least 5 highly effective products per year which comply to either British or United States Pharmacopeias, COSMOS practice good manufacturing according to WHO and GMP standards and all formulations are locally developed, following USP and BP. They are accredited manufacturers by USAID and PICS and receive regular PPB inspections leading quality standards roadmap goals. For ARV production COSMOS receive voluntary license from GSK and BI and count with state-of-the-art laboratory with well-trained and qualified staff. KHF members gracing the delegation included Access Afya, Good Life Pharmacy, Pharm Access Foundation, F&S Scientific, Health Aid Chemist, Karen Hospital and Pharmaceutical Society of Kenya (PSK). A token of appreciation from KHF was presented to COSMOS by Dr. Robert Miano of PSK.

Dr. Miano also read a speech from the KHF supply chain leadership team, which reiterated the big 4 agenda laid by President Uhuru Kenyatta. In his speech, Dr. Louis Machogu pledges PSK's total alignment of the sectors aspirations and opportunities into the Pharmacy Priority Agenda (PPA) 2018-2010. Millions of Kenyan citizens still have limited access to quality-assured and affordable medicines to date.

Unregulated trade margins have led to selling of expensive drugs. According to WHO Guideline on country pharmaceutical pricing policies and strategies, countries should consider regulating distribution chain mark-ups for distributors and wholesalers and retail chain mark-ups and fees for pharmacies, dispensing doctors and dispensaries. If mark-ups are regulated, countries should consider using regressive mark-ups (lower mark-up for higher-priced products) rather than fixed percentage markups, given the incentive that the latter provides for higher-priced products to receive a higher net margin.

Remuneration or mark-up regulation if considered can provide incentives for supplying specific medicines (generics, low volume medicines, reimbursable medicines) or to protect specific patients or population groups (e.g., vulnerable groups, remote populations).

One way to improve both availability and accessibility is to produce medicines locally. Which will decrease dependence on foreign suppliers (70% of total consumption) hence provide employment.

Even today, with increasing expansion of NHIF coverage, many people have to pay for their medicines out-of-pocket but lack the necessary financial resources to do so. With the rising burden of NCD and the reduction of donor funding's, healthcare expenditures will become more expensive for the population, public and private health insurances and the public budget. KHF strives to promote local manufacturing through creating a better policy environment and strengthening public awareness and in turn reduce the cost of healthcare in Kenya.



*KHF gifts cosmos a token of appreciation*

## The 1<sup>st</sup> East Africa Community summit on Investment in Health Sector

The East Africa Community held the 1<sup>st</sup> summit on investment on health sector in Kampala Uganda on the 21<sup>st</sup> February 2018, followed by Heads of state retreat on 22<sup>nd</sup> February 2018, which aimed at accelerating attainment of the objectives of the EAC development strategy, agenda 2063 and the sustainable development goals in the infrastructure and health sector. The Summit discussed the Health Sector Investment Priority Framework (2018 – 2028) that was the product of a process of ministerial consensus. From the summit introduction by ministries of health in East Africa countries.



L-R: Dr. Josiane Nijimbere, Minister of Public Health Burundi, Hon Ummu Mwalimu, Minister of Health of Tanzania, Hon Sarah Opendi, Minister of Health Uganda, Minister of Public and Primary Healthcare of Rwanda Hon Patrick Ndimubanzi and Cabinet Secretary for Health Kenya, Hon. Sicily K. Kariuki

There is a historical view of treating health like a social goal, but it is an economic goal and therefore deliberate efforts must be made to improve quality and efficiency under the overarching goal to progressively attain universal health coverage. The Cabinet Secretary for Health from Kenya, Hon. Sicily K. Kariuki highlighted the government’s commitment to scale up universal health coverage in Kenya during the term of the President (2018 – 2222) and beyond. She highlighted the opportunities in the health sector created by this vision ranging from technology to local manufacturing.

The CS reminded attendees about importance of the health sector for the economy. Not only does the health sector affects all sectors by ensuring that there is a healthy workforce, the health sector can also attract local, regional and international investors to Kenya and the region. Hon Patrick Ndimubanzi, the State Minister of Public and Primary Healthcare of Rwanda touched on the importance of quality human resources for health and quality medicines and supply chain. Given the triple burden of diseases, Hon Ndimubanzi stated that the region would have to collaborate with the private sector to attain the region’s goals.

The event which is set to take place in the first quarter of 2018 at the Imperial Royale Hotel in Kampala Uganda is themed “Deepening and widening regional integration through infrastructure and health sector development in the EAC Partner states”

The hosting Minister, Hon Sarah Opendi, the State Minister of Health for General Duties, spoke of the importance of collaboration and shared commitments to achieve the ambitious targets in relation to HIV Aids, Tuberculosis and Malaria in the region. There is a historical view of treating health like a social goal, but it is an economic goal and therefore deliberate efforts must be made to improve quality and efficiency under the overarching goal to progressively attain universal health coverage. The Cabinet Secretary for Health from Kenya, Hon. Sicily K. Kariuki highlighted the government’s commitment to scale up universal health coverage in Kenya during the term of the President (2018 – 2222) and beyond.

The Summit discussed the Health Sector Investment Priority Framework (2018 – 2028) that was the product of a process of ministerial consensus. From the summit introduction by ministries of health in East Africa countries, the hosting Minister, Hon Sarah Opendi, the State Minister of Health for General Duties, spoke of the importance of collaboration and shared commitments to achieve the ambitious targets in relation to HIV Aids, Tuberculosis and Malaria in the region.

Hon Ummu Mwalimu, the Minister of Health, Community Development, Gender, Elderly and Children of Tanzania highlighted that maternal mortality rates remain unacceptably high in the region. Dr. Riek Gai Kok, the Minister of Health of South Sudan reminded the attendees that South Sudan was a young country which required additional support to be able to attain any of the goals set out in the priority framework.



Heads of States during the event



## **The EAC Head of States Retreat**

The East African Community Heads of State, their Excellences' President Yoweri Kaguta Museveni of the Republic of Uganda, President Uhuru Kenyatta of the Republic of Kenya, President Salva Kiir Mayardit of the Republic of South Sudan, President Dr. John Magufuli of the United Republic of Tanzania, First Vice President Gaston Sindimwo of the Republic of Burundi, Hon. James Musoni and Minister of Infrastructure Republic of Rwanda representing President Paul Kagame held the Joint EAC Heads of State Retreat on Infrastructure and Health Financing and Development.



*Dr. Amit N. Thakker Chairman Kenyan Healthcare Federation, addressing the EA Heads of State*

This was the first time; regional health sector priorities were discussed. The Framework is aligned with the E.A Vision 2040, the Sustainable Development Goals and AU 2063 commitments in relation to innovation, medical tourism, job creation, innovation and improved GDP through health investments. Dr. Delanyo Dovlo (World Health Organization) recognized the imminent need for these discussions since the cost of ill health is USD 2.5 trillion in East Africa in terms of loss of productivity. This can be cut by half if the SDGs are met.

Dr Amit N. Thakker (chairman Kenyan Healthcare Federation), addressed the EA Presidents to show areas where private sector investments could accelerate realization of the priorities. He showed that a mix of infrastructure and workforce investments are required to reach the regional goals. Dr. Thakker stressed that universal health coverage should not be narrowed to insurance as this would exclude opportunities to include innovate medical plans such as risk pooling. A case study of the Health Act 2017 and medical plans in Kenya was used to illustrate what can be implemented to create an enabling environment for private sector engagement. The Presidents assented the resolutions documenting the health and infrastructure priorities respectively. His Excellency, President Kenyatta reiterated his personal commitment to the public private partnership (PPP) model.

## **The 5th Africa Healthcare Summit 2017 in London - Africa's Largest Healthcare Event in Europe**

The Oliver Kinross organized the 5<sup>th</sup> Africa Healthcare Summit which was held at Olympia London – United Kingdom, from 6<sup>th</sup> March – 7<sup>th</sup> March 2018. This business event provides high-level discussion and meetings into the investment opportunities and technology procurement requirements of Africa's healthcare industry. The event examined the latest healthcare developments across Africa, assessing current reform measures, and examining the impact of the huge investment boom that is currently forecast in Africa's healthcare sector.



*The Kenyan team during the event.*

The event being the largest high-level healthcare event in Europe, was well attended by more than 400 global leaders, senior level healthcare professionals, Distributors, Ministries of Health, Hospitals, Healthcare Providers, Solution Providers and decision makers from across Africa and around the world to gather and discuss on various crucial topics of the subject.

Moreover, the judges also awarded organizations that have made major contributions to the industry with new international solutions and technologies that have the potential to create innovation and catalyze development in Africa.

Dr. Amit N. Thakker, chairman of the Africa Healthcare Federation (AHF) and Kenya Healthcare Federation, received the award on behalf of AHF, for the most outstanding contribution to the African Health Industry. In his remarks "Exactly 10 years after I founded Avenue Healthcare, I realized that the only way to optimize the role of the private sector is to have an institutionalized mechanism to engage government and promote robust public – private partnership programmes."



*Dr. Amit Thakker Chairman – Kenya Healthcare Federation with the award*



## KHF holds its first 2018 Members Meeting in an Exclusive Lunch Event at Radisson Blu Hotel on 26th January 2018

Kenya Healthcare Federation (KHF) recently held its first members meeting for the year 2018 on 26th January 2018 at Radisson Blu Hotel Westlands. KHF has in the year 2017 worked with the Healthcare agencies, NGOs, FBOs and Ministry of Health to address quality, affordable and accessible healthcare, in a bid to transform the sector for enhanced efficiency and sustainability. The meeting which was well attended with members, guests and development partners was graced by Dr. Andrew Mulwa Chairman of County Executives Committee (CEC) for Health and Mr. Stephen Macharia, Head of PPP unit in the Ministry of Health.



*KHF Members meeting*

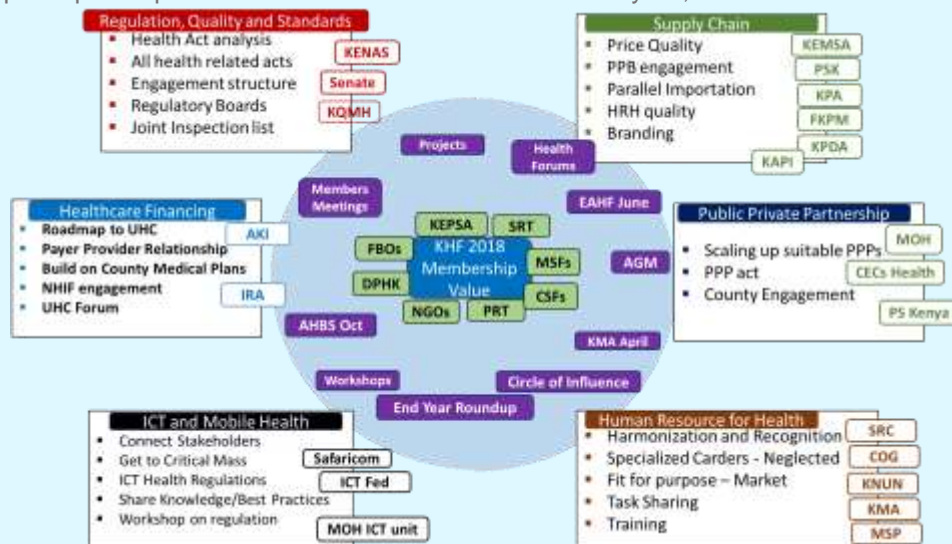
The meeting was supported by the Multi Stakeholder Partnership Kenya (MSP-K) who shared a presentation on what can Kenya do to meet the growing HRH need with a special focus on specialized health cadres. MSP strives to engage intense advocacy, quality training and deployment of specialized carders. MSP is collaboration between AMREF Health Kenya, Malteser International and Kenya Healthcare Federation (KHF) established to stimulate the strengthening of health systems services in Kenya through the inclusion of specialized services.

The members meeting was chaired by Dr. Amit N. Thakker and attended by over 70 members and guests, deliberated on various priority areas for the federation for the year 2018. Partnerships with key stakeholders like FBOs, KEPSA, SRT, NGOs, MOH and County Governments is key this year for a productive membership value. Other major activities highlighted included projects, bi-monthly members meetings, annual national and regional and International conferences e.g. The Kenya Medical Association Annual Scientific conference and the EAHF conference, regular healthcare workshops and the KHF Annual General Meeting.



*Rosemary Obara, CEC Health Kisumu County.*

The KHF six committees which has this year attracted massive membership participation presented the below focus areas for the year,



Focusing on its mission “an enabling environment that supports quality affordable healthcare for all” KHF will in 2018 strengthen the health systems through various advocacy channels to deliver better healthcare policies and regulations to its members.



*Sarah Omache, CEC Health Kisii County,*

KHF is wishing you a healthy month and year ahead as we look forward to more updates in the month of May 2018 with KHF Newsletter, “Your daily peek behind the health scenes at KHF, with exclusive sustainability news resources, tips and more”