



### Kenya Healthcare Federation (KHF) Leadership Team's First Meeting with the Cabinet Secretary Ministry of Health

**T**he Kenya Healthcare Federation (KHF) leadership team and Ministry of Health (MOH) had a courtesy call with the Cabinet Secretary for Health, Mrs. Sicily Kariuki to plan for the upcoming Ministerial Stakeholders Forum (MSF).



*Kenya Healthcare Federation team and the Ministry of Health during the meeting with the Cabinet secretary – Ministry of Health Mrs. Sicily Kariuki*

KHF and MOH officials briefed the CS on the past six MSF engagements and the progress achieved in the past years. The Health Bill 2016 that subsequently become an act in 2017 is currently under implementation. It is one of the success cases where KHF has worked with the Ministry through the MSF. Taxation waiver on imported pharmaceutical raw materials, implementation on the Joint Inspection Checklist and discussions on VAT on medical devices are some of the industry healthcare matters discussed within MSF in 2017. This year the private sector plans to work with the Ministry to accelerate healthcare access by encouraging local manufacturing of medicines with commitment towards quality and affordability,

achieve quality and accessible healthcare

She advised KHF to continue working with the Governor of Isiolo County Hon Mohamed Kuti as he is a very resourceful towards demand driven engagements.

There are great investments opportunities in the healthcare sector in Kenya from all over the world that needs clear definition of partnership structures with value add towards achieving UHC.

KHF and MOH will hence work together and evaluate tangible impact in unlocking these opportunities.



*The Cabinet Secretary - Health Mrs. Sicily Kariuki with Kenya Healthcare Federation Chairman. Dr. Amit Thakker during the meeting.*

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Promoting the concept of UHC in partnership with County Governments towards achieving affordable healthcare for all in keeping with the BIG 4 agenda, interface with the government on problem solving opportunities within the ICT sector through data sharing and interoperability, Educating the counties on PPP acts guided under the national PPP framework is also key as KHF is now working closely and directly with the county governments to ensure delivery of quality and affordable healthcare for all.

The Cabinet Secretary urged KHF on the need to invest more on health to deliver on UHC with pooled investments. She commended the private sector efficiency and innovation in delivering healthcare within satisfactory timelines and commits the governments' interest to work with private sector and-

## Kenya Healthcare Federation (KHF) Leadership Team First Meeting with the Permanent Secretary Ministry of Health

Permanent Secretary (PS) for Health Kenya, Mr Peter K. Tum hosted the first Ministerial Stakeholders Forum (MSF) on 17<sup>th</sup> April 2018 at Afya Annex. The Forum which was co-chaired by Dr. Amit N. Thakker, Chairman of Kenya Healthcare Federation was well attended by Ministry of Health (MOH) officials, KHF Directors, KHF Committee Chairs, Faith Based Organizations (FBOs), Non-Governmental Organizations and Kenya Private Sector Alliance (KEPSA) coordinators.



*Health Ministerial Stakeholder Forum with Kenya Healthcare Federation (KHF), Christian Health Association of Kenya (CHAK), Ministry of Health (MOH) and Health NGOs Network (HENNET)*

The PS, in his opening remarks, acknowledged that engagement with the private sector is important due to the critical role it plays in all areas of health, most importantly; policy development, supply chain of health commodities, Service Delivery in terms of facilities, employment of health workers, patient management use of technology, research and specialized training.

He noted that only by synergising the public and private sector can we achieve Universal Healthcare Coverage (UHC).

Dr. Thakker, extended his appreciation to the Ministry of Health for recognising the role of the private sector as the engine of growth and creating an enabling environment. These conditions have led to significant growth of the private sector in Kenya that currently caters for half the health work force as well as 50% of the current facilities in Kenya.

The current contribution to Gross Domestic Product (GDP) is slightly over 2.3%, which is well above the Sub-Saharan African Countries average of 1.7%.

Mr Stephen Macharia - Public Private Partnership (PPP Unit - MOH) gave a presentation that highlighted the key issues discussed in previous MSF meetings. He identified the significance of the private sector as it has the highest number of healthcare facilities contributing to 54%. In addition, he pointed out that there is need to focus on the lower income level of the population that are not covered by health insurance.

There is therefore a huge market for the Private Health Insurance.

There were seven emerging issues identified among the private sector as; Health Regulations, Healthcare Financing, Supply Chain, E-Health and Technology, Public Private-Partnerships, Human Resources and Quality & Standards.

Dr. Amit Thakker addressed the first issue as health regulations, where he offered KHF inclusion in the Health Act implementation committees and stressed the need to have a neutral regulatory body (Health Benefits Regulatory Authority) that will govern both the private and public financing Institutions as we embark on accelerating Coverage for Universal Healthcare (UHC).



*L-R Dr. Amit Thakker –Kenya Healthcare Federation Chairman and Dr. Peter Tum - PS Ministry of Health*

Mr. Isaac Nzyoka (Chair - KHF Healthcare Financing Committee) expressed support of the government's agenda on UHC In his presentation, where he stated that there is need to strengthen the role of the private sector in terms of Health Care financing because it has a lot to offer. Private Insurers have over 200 financial distribution centres in the country that can be very useful. He noted that one of the biggest challenges in UHC is reaching the entire population. The private sector can achieve this through technology that can enroll members and manage overall process efficiency.

Dr. Louis Machogu - KHF - Supply Chain Committee, emphasized that the cost of care needs to be reduced and we can do so by promoting local manufacturers of medicine through appropriate incentives.



Both sectors need to come together to utilize the 5000 registered private sector pharmacists to negotiate lower costs. VAT on medical devices are calculated on the patient bill and this ought to be reversed. Regulations need to be strengthened for control on parallel imports and influx of substandard products.

Ms. Daniella Munene (Member KHF e-Health Committee) spoke on E-health and Technology where she requested that the harmonized coding system at National Hospital and Insurance Fund (NHIF) be shared with the private sector which will result into a rich Data and innovation between the two sectors if they work together.

Ms. Joyce Wanderi - KHF Director & a member of KHF - PPP Committee proposed that the public and private sector should organize a retreat to prioritize what the various pillars should be focussing on towards scaling up PPPs. She suggested greater transparency in the procurement process as well as looking at strengthening the PPP unit at MOH.

Mr. Ken Auma - Chair KHF Human Resource for Health Committee (HRH) enlightened the members on the Multi Stakeholder Partnership (MSP) initiative under taken by KHF in regard to the 3 health cadres that need support which can play a role in UHC. He proposed that a unified curriculum be put in place for the 3 cadres and incentives be given to assist KMTC in the training process. Anthony Jaccodul Vice - Chair KHF Quality & Standards Committee presented on quality and standards where He stressed on the need to include the Private Sector in the process of making Kenya Quality Model for Health (KQMH) the minimum standards certifying tool in Kenya as well as introducing a harmonized national coding system to enable data share.

Ms. Pauline Irungu, Vice Chair - Health NGOs Network (HENNET) emphasised that UHC needs to feature Quality of Care much more prominently.

Dr. Sam Mwenda, Chair - Christian Health Association of Kenya (CHAK) reiterated that Kenyans need to be empowered to access facilities that they have not been able to, this will enhance the change.

The meeting was very productive with the hope of good collaboration in the Health sector towards achieving quality and affordable healthcare for all Kenyans



L- R KHF Members; Pooja Rehal, Isaac Nzyoka and Dr. Amit Thakker

### **Multi Stakeholder Partnership (MSP) meets to strategize on how to fill the identified gaps in the pre-identified specialized cadres.**

On January 26<sup>th</sup> 2018, MSP carried out an introductory meeting where three specialized cadres were shortlisted namely; Health Records and Information Officers (HRIOs), Community Health volunteers (CHVs) and Emergency Care Professionals (ECPs). Since then, these Cadres have had several meetings to a lay foundation on how they will be strengthened.



Multi Stakeholder Partnership specialised cadres meeting at Four Points Hotel by Sheraton in Hurlingham – Nairobi

On the 23<sup>rd</sup> March 2018, the MSP organized the second large stakeholder meeting at Four Points Hotel by Sheraton – Hurlingham to highlight the gaps within the three specialized cadres and agree on a way forward to fill those gaps.

“Lack of qualified professionals and machinery to institute emergency care, contributes to a major cause of deaths in Kenya where 54% of the annual deaths can be addressed by establishing pre-hospital and emergency care” Dr. Benjamin Wachira – Emergency Medicine Kenya Foundation.

A case study in Nyamira County shows that there is no emergency care attention at county level, therefore patients have to either be airlifted to Nairobi or travel by bus, to seek emergency medical care. The emergency medical care policy draft has been completed and the government intends to release it this year.

CHVs in Kenya are very important in teaching the community how to improve healthcare and change behavior at a household level which will inturn prevent illnesses. Moreover, CHVs are a major link between health systems and the consumer.

It was noted that there is no associations available for CHVs. Dr Amit Thakker - Chairman – Kenya Healthcare Federation, explained that there is no regulators concerned with the scope of work of CHVs and further recommended that there is need to bring this regulations on board.

HRIOs are very vital in health record keeping and the data should be correctly captured because it should give a clear picture on the healthcare position in terms of progress. “Life begins and ends with health records and information officers” said Mr. Kennedy Auma –Chair - KHF Human Resource for Health Committee.

It was noted that the Health Records and Information Managers Act 2016, has been approved but not implemented and the Act includes establishing a Health Records and Information Managers Board.

An observation from Kiprono Chepkok - CEC, Health Elgeyo Marakwet, shows that Health records and data should be accurate, the existing data is incorrect since it has been derived from the Ministry of Health and not from the county directly. Moreover; “there is need for easy access to health information and care in all counties to avoid/reduce medical travel within the nation” Ruth Koech – CEC Health, Nandi County.

There are training gaps and opportunities within the three cadres where Kenya Medical Training College (KMTc) has been the main trainer of most health care workers in the country. There are 148 health training institutions accredited by the health regulatory agencies as at 2015 to train various health professionals to meet the growing demand for quality healthcare in the country. He further said that training is important because competency based training leads to access to quality healthcare.

There are training institutions distributed in 36 counties out of 47 counties in Kenya and out of these 36 health training institutions, only 14 are government sponsored colleges.

It was noted that there is lack of curriculum standardization and the private sector can help the Training Institutions e.g. KMTc to review their curricula, because there is need to saturate the market

Therefore, the specialised health cadres can take advantage of this provision by forming an Associations so that they can contribute to the Council deliberations.

Kiprono Chepkok – CEC Health Elgeyo Marakwet put forward that there is no direct link between the counties and Regulatory Bodies and the link is very important. Ruth Koech – CEC Health Nandi County emphasized on the need to establish a body that can accredit all the ignored cadres.



*L-R- Dr. Amit Thakker – Chairman Kenya Healthcare Federation, Mr. Kennedy Auma –Chairman Association of Professional Coders, Ms. Ruth Koech CEC – Nandi County.*

with trained professionals in order to prevent brain drain.

Dr. Amit Thakker shed light on Health Regulatory Bodies and Associations in Kenya. He stressed on the need for cadres to have Regulatory Bodies and form Associations. Moreover, this is a requirement by the Act of Parliament to establish the Regulatory Board (HRIOs).

Kiran Nyotta – KHF legal and policy expert, explained how the Health Act could impact specialized health cadres where the Health Act 2017, was enacted to consolidate the Kenyan health system and includes provisions to regulate healthcare service delivery and providers.

She reiterated that the Kenya Health HR Advisory Council (The ‘Council’), will be formed under Part V of the Act which will deal with establishing norms and standards for healthcare professionals and will maintain a master register of all health practitioners in the counties.

The Council’s Board will include 2 representatives from Health Professional Associations who are not regulated or registered by any regulatory body.

A consensus was reached on the three cadres in that the Emergency Care Professionals should be recognized and increased access to training with excellent curriculums will strengthen the cadre in the health workforce.

It was further agreed that any future steps should be aligned to the ECP policy which has been launched by the Ministry of Health.

It’s important to enhance and update the HRIOs curriculum structure whereby advocacy for the implementation of the Health Records and Information Managers Act 2016 shall strengthen the cadre.

More advocacy and discussion on the CHVs remuneration should be done at a policy level in order to strengthen the cadre moreover, formation/strengthening of an Association or training incentives could motivate this work force.



## MOMENTS THROUGH THE LENS



Dr. Amit Thakker Speaking during the Bi-Monthly Members Meeting



KHF Members During the Lunch Meeting-22<sup>nd</sup> March 2018



Emily Nyagaki - KHF Member



KHF Members exhibits during the Devolution Conference



Margret Mungai - Amref



Kiran Nyotta – KHF Legal Officer



Vincent Ibworu – MSP Program Officer



Mr. Isaac Nzyoka – KHF HCF Chair



KHF Members Meeting-22<sup>nd</sup> March 2018



MSP Community Health Volunteers meeting



## MOMENTS THROUGH THE LENS



Dr. Amit Thakker signing the Communique after the annual Kenya Health Forum - 2018



Cabinet Secretary – Health, Sicily Kariuki signing the Communique after The annual Kenya Health Forum -2018



Annual Kenya Health Forum 2018 at Laico Regency Hotel



Dr. Amit Thakker representing the private health sector during the Devolution Conference - 2018



Dr. Jacqueline Kitulu moderating a session during the Devolution Conference - 2018.



Public and Private Health sector officials during the Devolution Conference - 2018



Media interview session with Mr. Kennedy Auma – KHF-HRH Committee during the Devolution Conference - 2018



Makueni County Exhibition during the Devolution Conference - 2018



KHF members and Board of Directors during the Devolution Conference - 2018





## MOMENTS THROUGH THE LENS



Kenya Healthcare Federation Board's engagement with the Non Governmental Organizations



MSP Core Team



MSP Meeting - 23<sup>rd</sup> March 2018



KHF members During the Bi-Monthly meeting – 22<sup>nd</sup> March 2018



Ms. Cathy Mwangi Speaking at eMedica Summit



The Private sector well represented at eMedica Summit



Dr. Torooti Mwirigi representing the KHF'S ICT Committee



Dr. Amit Thakker Representing the private Health Sector at the eMedica Summit



Dr. Amit Thakker Speaking at the eMedica Summit



Mr. Kennedy AUMA(left) with Kenya NGO Coordination Board During the Devolution Conference 2018

## Kenya Healthcare Federation (KHF) engagement with Healthcare Regulatory Bodies

In Kenya today, it can be overwhelming to know and understand which regulatory body in the health care industry is mandated to regulate specific healthcare cadres and standards. KHF aims to engage and partner with the regulatory bodies to understand their specific roles in order to strengthen the health system by shedding light in the health sector on the specific roles of the regulatory bodies.



*Kenya Healthcare Federation(KHF) Chairman in a meeting with the Clinical Officers Council Officials.*

Regulation plays a major role in the health care industry and health care insurance coverage. The various regulatory bodies in Kenya protect the public from a number of health risks and provide numerous programs for public health and welfare. Healthcare regulations and standards are necessary to ensure compliance and to provide safe healthcare to every individual who access the system. Kenya Healthcare Federation met with the Clinical Officers Council of Kenya, on 14<sup>th</sup> March 2018 at Blue Violet Plaza building on Kindaruma road – Nairobi and Public Health Officers and Technicians Council of Kenya, on 7<sup>th</sup> March 2018 at Kenya Medical Training College – Nairobi, to introduce the Federation to the two councils and set ground for a strong partnership.

The meeting was led by Faith Muigai – KHF Director, Dr. Amit Thakker - Chairman and Puja Tank – Executive Coordinator. The partnership will see good working relation hence enhance, more job creation by the council moreover, the federation will work with the council through enabling policies that maximize the contribution of the private sector.



*L-R Mr. Aggrey Oriema – Public Health Officers and Technicians Council of Kenya in a meeting with Faith Muigai – Kenya Healthcare Federation Director.*

Having a strong and effective Public Private Partnership in Health, will spur a higher Small and Medium Enterprise (SME) growth more over in the next phase, also this will ensure that the Human Resource for Health is strengthened.

The meetings were well attended by the Federation's secretariat and the two council's official's.

## Annual General Meeting (AGM) 2018

This year's AGM will be held on 28<sup>th</sup> June 2018. This will also mark our 10<sup>th</sup> year anniversary since the company was incorporated. It will be a memorable day as we reflect back on our major milestones and achievements we've made so far. There will be a vision casting session for our next decade.

## New Board Election

Following our constitution, there will be elections for new Board of Directors where there are four vacancies as follows;

- Director – Professional Associations
- Director – Corporates
- Director – Institutional Associations
- Vice Chairman

## Upcoming Events

East Africa Healthcare Federation  
THEME: Revolutionizing Healthcare through Digital Technology in Africa"  
VENUE: Africa Union Headquarters, Addis Ababa, Ethiopia.  
DATE : July 9<sup>th</sup> – 10<sup>th</sup> 2018

Africa Health Business Symposium  
THEME: Achieving Universal Healthcare Coverage in Africa  
VENUE: Hyatt Regency Rosebanks Johannesburg South Africa.  
DATE : October 8<sup>th</sup> – 9<sup>th</sup> 2018



## Business Advocacy Fund (BAF) Technical Committee meets to strategize on points of variation on Universal Health Coverage (UHC).

Kenya Healthcare Federation (KHF) partnered with the Ministry of Health (MOH) to develop appropriate regulations under the Health Act 2017, on health financing that would promote UHC while ensuring there is an enabling environment for all non-state Actors in the health sector. The Health Act 2017 aims at creating a unified healthcare system that aligns with the constitution, by spearheading regulatory changes and coordinating the interrelationship between the national and county government.

Following the partnership between KHF and MOH, BAF granted KHF on 8<sup>th</sup> March 2018, support in developing appropriate regulations under the Health Act 2017, with an emphasis on health financing towards UHC.

BAF fund aims at supporting Business Member Organization, Trade Unions and Civil Society Organizations, with an interest in promoting business, to engage in Public Private Dialogue and to advocate improvements in the business environment in Kenya. BAF support capacity building mentorship and grants to support dialogue and advocacy on behalf of their grantees this project will ensure Private Sector inclusiveness and pro-poor strategies that work towards the provision of the basic healthcare for all. Providing UHC, is key in assisting Kenya to achieve both global competitiveness in the provision of health financing and ensure improved access to quality care for all its citizen.



*BAF Technical Committee meeting at Four Points Hotel by Sheraton – Hurlingham*

On 22<sup>nd</sup> March 2018, the BAF Technical Committee held their first meeting at Four Points by Sheraton Hotel, Hurlingham. To strategize on points of variation on UHC, understand the BAF grant & provide guidance to the drafting of the position paper.

An introduction on the private health sector in East Africa, its achievements and potential of Public Private Partnerships in the health sector was done where KHF outlined five strategy areas on their position in healthcare financing as; UHC, Mixed model of private and public for provisions of services and risk pooling schemes, Fair environment for public and private financiers/insurers/scheme providers, Appropriate regulation to promote UHC and Innovation at county level towards UHC. There was a deeper discussion on risk pooling where it was suggested that risk pooling should be a point on its own weight. Moreover, There was an argument laid down that suggested there should be choice on what kind of insurance one wishes to adopt for example, in countries like Netherlands and Israel where this has been adopted. The risk however, being given a choice will not cover the bottom of the pyramid, it's important that the government should therefore focus on those who cannot afford other insurance schemes.

### Universal Healthcare Conference in Makueni

There is precedent for moving Kenya towards Universal Healthcare Coverage. The Kenyan Constitution states that every Kenyan has a right to quality and affordable health care and recognizes the role of the government in removing barriers to access. This was recently affirmed in Sessional Paper No. 7 of 2012 on Universal Healthcare Coverage. The Government's commitment to providing healthcare for all of its citizens is clearly moving in the right direction.



*Dr. Amit Thakker speaking during the Makueni Conference*



*Hon. Kibutha Kibwana speaking during the Makueni Conference*

From researches conducted on Healthcare provision in Kenya, it has been pointed out that provision of Universal HealthCare Coverage has its challenges such as; shortage of government budgetary resources, corruption, weak health systems, high poverty levels, reaching vulnerable people, selecting the right package of benefits,

Integration of the informal sector and poor distribution of Human Resources for Health.

Makueni County held a two day conference on achieving Universal Healthcare Coverage from 4<sup>th</sup> to 5<sup>th</sup> April 2018 in Wote - Makueni.

The conference brought together different Health Sector Stake Holders to address this challenges and to strategize on a firm structure that will be implemented and adopted in all the counties towards achieving affordable and quality Healthcare for all Kenyans (President's big four Agenda).

"Kenya healthcare systems needs to restructure because the population is growing at high rate, this means that if the healthcare systems and human resources for health is not revisited and strengthened, Kenya may not be able to access quality and affordable healthcare.



*Health Sector, representatives at UHC Makueni Conference*

He reiterated that the Government should strongly embrace Preventive (Immunization) Health care other than Curative Healthcare. He also emphasized that community health workers play a major role in primary health care especially in preventive care therefore, they should be recognized and strengthened while revisiting the Health Systems in Kenya.” Siddharth Chatterjee – United Nations Development Programme resident representative to Kenya.

#### **Kenya Healthcare Federation (KHF) Supply Chain Official Scrutinizes on Pharmaceutical Industry Inspection Fees and Duties on Identified Products.**

Dr. Amit Thakker – KHF Chairman led an internal breakfast meeting with representatives of Kenya Association of Pharmaceutical Industry(KAPI), Pharmaceutical Society of Kenya(PSK),Kenya Medical Association(KMA), Kenya Association of Manufacturers(KAM), Association of Kenya Insurance(AKI) Kenya Pharmaceutical Distributors Association(KPDA) and Federation of Kenya Pharmaceutical Manufacturers(FKPM) at Four Points Hotel by Sheraton - Hurlingham on the 23<sup>rd</sup> March 2018, to discuss on the pharmaceutical industry fees and duties on identified products.



*Mr. Rolando Satze speaking during the KHF meeting*

Recently there has been a discussion on inspection fees and duties, where the government asked for proposals to grow the industry from 120 million to 500million in two years without tax interventions. “More than 70 – 80% of patients seen, will need prescription and providers seek to balance between quality (safe) and access (cost/affordability) of medication. Some pharmaceutical products appear cheaper but are not effective.

Dr. Amit Thakker – Chairman Kenya Healthcare Federation reaffirmed that Strengthening Health Cadres especially Community Health Workers will be very key in achieving Universal Health Care. However, He said that the private sector is ready to work with the counties especially offering pro-bono services to support putting up structures that will see implementation of Universal Health Care.

Professor Kibutha Kibwana – Governor Makueni County, affirmed the attendees that change of mindset and being optimistic that with the right structures and support from the Health Stakeholders, UHC can be achieved. If this is implemented in Makueni County, then this can be adopted to other Counties and in the National Government.

The issue with generic has been quality whereas, with innovators product, the issues has been affordability.” Jacqueline Kitulu National Chair – Kenya Medical Association (KMA)

A research analysis, shows that “cardiovascular and diabetes generic treatments, cost from 2,000 – 2,500Ksh per month, whereas locally manufactured drugs, can cost from 500ksh to 600ksh per month. Moreover, patients in the UK pay less than patients in Kenya and this pharmaceutical products are sold higher in Kenya than in the UK’s Local production.” Mr. Rolando Saizke – CEO Cosmos.

This two analysis brought to light that “supporting local pharmaceutical manufacturers will be of bigger advantage in; achieving affordable healthcare, job creation, ease of access, sustainability, emergency supplies and will be a source of revenue for the government.” Mr. Rohin Vora – Chairman - Federation of Kenya Pharmaceutical Manufacturers.

There are countries such as Uganda, Ghana, Algeria and Bangladesh that have already adopted supporting local manufacturing and this has contributed to accessibility of affordable quality healthcare.



The East Africa Community (EAC) requested for duty on a list of products in which there is a capacity to manufacture within EAC. From the discussion, Anastasia Nyalita from (KAPI), suggested that there should not be duty on a list of pharmaceutical products in Kenya, since we are a free economy. The paramount focus should be the quality of the product and the price should be set by the market. Moreover generic products can be branded but there needs to be clear distinction between innovator products and other products in the market.

An incentive for local manufacturers to scale up through tax rebate on export can be considered, The government ,Pharmaceutical Manufacturers and Health Providers agreed on supporting the local manufacturers in addition to this, there should be more stakeholder discussion on the selective list of products which will elucidate whether there is adequate local capacity to produce these medicines.

### 5<sup>TH</sup> Annual Devolution Conference 2018

The 5<sup>th</sup> Annual Devolution Conference – 2018 took place at Kakamega High School in Kakamega County from 23rd to 27th April 2018. The conference was hosted by the Council of Governors in partnership with the Ministry of Devolution and Arid & Semi-Arid Land (ASAL), the Senate, the County Assemblies Forum and other stakeholders. The conference brought together 6,000 people from different sectors such as; Health, Trade, Agriculture, Urban Planning & Infrastructure, Private Sector, National and County Government representatives and Members of the Public.



*Dr. Amit Thakker - middle representing the Private Health Sector at the Devolution Conference*

The Conference also focused on the president's Big four Agenda where there were break out sessions to discuss more on Health, Trade, Agriculture and Urban Planning & Infrastructure where there was impactful contribution from the members of the Public, and Private Sector. All sessions were chaired by the Cabinet Secretaries (CS) or Principal Secretaries (PS) from the various Sectors. In attendance was the CS Ministry of Trade, Industries and Cooperatives Mr. Adan Mohamed, CS Ministry of Energy Mr. Charles Keter, PS Housing and Urban Development Mr. Charles Mwaura, the PS Crop Development, Dr. Richard Lesiyampe, PS Irrigation Fred Sigor, the PS ASAL Mr. Michael Powon, the PS Devolution Mr. Nelson Marwa, the Chief Administrative Secretary Ministry of Health Dr. Rashid Aman and the PS Health Mr. Peter Tum among many others.

There were plenary sessions which portrayed strong political will, to ensure that the Big 4 National Agenda is achieved and to demonstrate the political commitment to Devolution. Deputy President, William Ruto emphasized the -

Importance of the Big 4 Development Agenda which will transform Kenya. The Big 4 agenda will also help deepen Devolution and benefit all Kenyans. He reiterated that partnership will be very key in achieving the big 4 Agenda.

The President in his speech emphasized that Health is very key in the big four Agenda. "We aim, by 2022, to give every family in the Republic access to Affordable healthcare. Again, this is no small task and it will require a reimagining of the status quo. In defining this aspiration, I recognize that County governments are at the closest point of inflection when it comes to the provision of Health services at the grassroots.

There will be the hard work of financing this dream and restructuring all the institutions critical to its success. We will have to improve the quality of our facilities and manage the cost and quality of drugs; we will also have to train and recruit more Doctors and Nurses. Equally, all of us will have to work together to fit existing programmes into the new plan. Still, the work will be well worth it. A win in Healthcare today is a decisive win for generations to come."

The PS expressed an overarching vision of affordable Healthcare as captured in the Kenya Health Policy 2014 – 2030. He emphasised that the Ministry of Health has scaled up their interventions in order to be able to achieve the goals set out in the policy. Already, such interventions have led to reductions in maternal deaths. He briefly reminded the attendees that the Universal Healthcare Coverage pilot program would be held in 4 Counties, namely, Nyeri, Kisumu, Machakos and Isiolo. The lessons from this will determine the way forward in relation to the Universal Healthcare Coverage Agenda.

Prof. Khama Rogo from the IFC World Bank stated that for interventions to be successful, the difference must be made at County Level. For instance, we should allow training for Human Resources for Health to be implemented at county level. He emphasised that Universal Healthcare Coverage will be achieved when we capitalise Devolution.

Kenya Healthcare Federation (KHF) represented the private health sector through the attendance of Dr. Amit Thakker – Chairman,-

Dr. Jacqueline Kitulu – Director, Ms. Faith Muigai – Director, and Dr. Peter Kamunyo – Director.

There was a session on 'Critical Enablers for Optimising Health Sector Performance' where Dr. Amit Thakker – Chairman – KHF was part of " panel in this session. In his remarks, he highlighted that the private sector contributes a lot in the healthcare and will continue to advance the Health Sector in Financing; Innovations such as Telemedicine; Stakeholder engagement and healthcare service delivery. Sanda Ojiambo from Safaricom added that the Big 4 agenda provides great opportunities for transforming Business.



*Panel Discussion during the 5<sup>th</sup> Annual Devolution Conference - 2018*

There were booths where the attendees displayed their products and services. Moreover the KHF members who showcased the organization's products and services at the booths were; Management Science for Health, Pharm Access Foundation, AMREF and Philips.

The Devolution Conference was well attended and gave all the relevant stakeholders a platform to engage on important issues in relation to key sectors. KHF was able to engage with the government officials and showcase the importance of private sector contributions to the Kenyan health sector. The Deputy President Willam Ruto closed the meeting by appreciating the attendees for their unified effort towards Devolution. "I would like to pay tribute to all of you for your devotion to the success of Devolution.

Rest assured, you have a strong supporter of Devolution in this Administration. Let us all define our leadership through service, work, and delivery.

The Deputy President, Willam Ruto closed the meeting by appreciating the attendees for their unified effort towards Devolution. "I would like to pay tribute to all of you for your devotion to the success of Devolution. Rest assured, you have a strong supporter of Devolution in this administration.

Let us all define our leadership through service, work, and delivery. The magic of Devolution, after all, is in service delivery. That is what Kenya needs; that is what our people need. By the time this leadership term is over, we will be celebrating 60 years of self-rule. We are the ones with the power to ensure that we have something to show for that time."



*Principal Secretary for Health .Peter Tum addressing the attendees at the devolution conference*

### **Kenya Healthcare Federation (KHF) - Healthcare Financing Committee (HFC) outlines Framework on achieving Universal Healthcare Coverage (UHC).**

KHF Healthcare Financing Committee held a dinner meeting with Business Advocacy Fund (BAF) Technical Committee from the MSF meeting outcomes, to understand the position of MOH in relation to Healthcare Financing, Update on the BAF grant and discuss on how the UHC Subcommittee can provide assistance, understand KHF Position Paper on UHC updates and healthcare financing policy position paper.

Kenya Healthcare Federation together with the Ministry of Health and Kenya Private Sector Alliance (KEPSA) held their first Ministerial Stake Holder Forum on the 17<sup>th</sup> April 2018 where the following were outlined as the key areas to focus on; Health Regulations, Healthcare Financing, Supply Chain, E-Health and Technology, Public Private Partnerships, Human Resources and Quality & Standards.

The Permanent Secretary (PS) – Health, Mr. Peter Tum, in his opening remarks, acknowledged that engagement with the private sector is important due to the critical role it plays in all areas of Health, most importantly; policy development, Supply Chain of health commodities, service delivery in terms of facilities, employment of health workers, patient management, use of Technology, Research and specialized Training. He noted that only by synergising the public and private Sector can we achieve Universal Healthcare Coverage (UHC).





*Kenya Healthcare Federation (KHF)-Healthcare Financing Committee (HFC) during the meeting Business Advocacy Fund (BAF) Technical Committee*

Mr. Isaac Nzyoka (Chair - KHF Healthcare Financing Committee) expressed support of the government's agenda on UHC where he stated that there is need to strengthen the role of the private sector in terms of healthcare financing, because it has a lot to offer. Private Insurers have over 200 financial distribution centres in the country that can be very useful. He noted that one of the biggest challenges in UHC is reaching the entire Population. The Private Sector can achieve this through technology that can enrol members and manage overall process efficiency.

MOH's Agenda on UHC is that all persons in Kenya can use the essential services they need for their Health and their wellbeing through a single unified benefit package without the risk of financial hardship by the year 2023 through promoting efficiency in allocation and use of existing resources, equity in distribution of services and resources, regulation of medical health sector,

Insurance development of collaborative engagements with Private Medical Insurance Companies with a focus on Universal Health Coverage (UHC), Strengthening leadership and Governance within the Health sector for UHC, Quality people centered services, accountability, transparency and passive to strategic purchasing.

KHF supports Universal Health Coverage through: a mixed model of both private and public for provision of services, a mixed model of both Private and Public for provision of risk pooling schemes, an enabling environment for Public and Private financiers/insurers/scheme Providers and appropriate regulation to promote

It was agreed that the KHF -UHC committee would be dissolved and will continue with its agenda under the HCF committee.

There was a consensus reached on a KHF provisional position in relation to health financing which will be strengthened through the BAF desk based research. BAF will be included in the monthly agenda for the HCF committee so that the committee can give feedback and advice to guide this advocacy initiative.

### **Kenya Healthcare Federation (KHF) - Public Private Partnership (PPP) Contrives on 2018 Framework.**

Kenya Healthcare Federation (KHF) PPP committee held their first meeting for the year 2018, on 7<sup>th</sup> March 2018 to contrive on 2018 framework. The meeting was chaired by Mr. Anthony Okoth –PPP Committee Chair. In his opening remarks, he emphasised that the main mandate for the committee is to flag in KHF discussions to the Ministry of Health (MOH) through various existing platforms. "This year, the committee is looking at making the PPP engagements more interactive and productive with the new MOH leadership in place" Mr. Anthony Okoth –PPP Committee chair.



*PPP Committee members during the meeting*

In the previous year – 2017, the committee, had developed a framework with the MOH and planned for a retreat to review and implement the framework. Some of the key areas to focus on were; building a strong relationship with the PPP unit in the MoH, engage with Kenya Coordination Mechanism (KCM)/Global fund, partnership with the Nation Media Group towards publications of weekly healthcare articles.

This year, the committee will engage the national government in a retreat to implement the following PPPs that were selected in the year 2017; Supply chain towards local manufacturing, healthcare financing and business models for the underserved.

Key engagements with the county governments on the PPP priority areas agreed in the County Stakeholder Forum including Human Capital, Healthcare Financing and Quality & Standards will be scaled up this year in a bid to improve policies and procurements processes in the counties. This will ensure the counties fully understand the PPP act hence be linked with the supplies. PPP will also leverage on the PPP finding in treasury. 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. In ensuring the implementation of Health Act 2017, this Committee will work closely with MoH by participating in the MOH Organizational Structure and Duties of National Government.

The meeting was well attended by KHF committee members namely; PS Kenya, Amref Health Africa, PSK, Lancet Kenya, CHS, Infospective, Health store EA, Karen Hospital and KHF secretariat.

## Health Regulations and Quality Standards Committee (HR&QS) engagement with Kenya Accreditation Service (KENAS)

In order to ensure delivery of quality and affordable Healthcare, a Healthcare Organization should be assessed and qualify for certification and accreditation. There has been a misunderstanding between accreditation and certification of an organization. Most Kenyans are not very sure on where to go for specific healthcare services, because once a health centre bears an accreditation or certification label only, does it indicate that it's fully qualified to offer specific services? HR&QS Committee aims to clarify this while ensuring that Health services offered are of good quality as recommended.



*HR&QS committee members during the meeting*

This first committee meeting was graced by Ms Doris Mueni – Deputy Director KENAS, who clarify on the functions of the two bodies as; accreditation ensures that an organization is competent to perform specific functions in a reliable, credible and accurate, manner, while certification means compliance with a standard or specification. There are major benefits of Accreditation such as quality improvement in internal operations, safeguard credibility of results from conformity assessment activities and improved market image. Doris further clarified that KENAS does not accredit hospitals directly, but accredits certifiers of Hospitals e.g. Pharm Access offers certifications through the Safe Care Programme, KENAS also does a conformity assessment test to vouch for competence on specific departments in different facilities thus do not accredit all departments.

The following are some of the KENAS accredited facilities; 32 Medical laboratories (Government, Private, FBOs),

45 Testing and Calibration Laboratories, 7 Inspection bodies and 3 Certification bodies. KENAS also accredits these models to offer certification services as an assurance for quality and patient safety.

There has been a lot of engagements going on between Ministry of Health (MoH), Kenya Bureau of Standards (KEBS) and Kenya Accreditation Service (KENAS) to see how to adopt Kenya Quality Model for Health (KQMH) as a national standards for Quality and Patients safety. Doris clarified that National Hospital Insurance Fund (NHIF) certification is supported by the Medical board and Pharmacy and Poisons Board (PPB), using the KQMH standard and It's best if certification is done by Independent bodies since NHIF certification is for rebates. Moreover, NHIF is not accredited by KENAS but can be certified by law.

A close out program on joint inspection was done on 26<sup>th</sup> February 2018 where a total of 2138 facilities both Public and Private were visited and inspected for the last one year during pilot phase. The Lessons learnt from this exercise, will inform Universal Healthcare Coverage.

Patient perspective on quality will be incorporated in the next document to be developed. It was however noted that more inspectors will be needed and trained for the national roll out.

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. This committee will represent the private sector on, Legislation & Regulations and Promotion & Advancement of Public Health/Lactation Stations.

The meeting was well attended by committee members namely; HUQAS, AAR Healthcare, Health Store EA, PSK and KENAS.

## HEALTH THOUGHTS





# Celebrating our members achievements

## Emedica holds the First Kenya – Poland eHealth Summit

eHealth is an electronic channel for seeking, finding and understanding health information from electronic sources, hence apply the knowledge obtained in solving health issues. Moreover, eHealth provide a better platform for patients data entry and recording. In Kenya eHealth has fundamentally shifted the way patients' information is accessed and shared across health system. This technology advancement has improved Healthcare delivery in Kenya.



*Kenya Healthcare Federation well represented in the eHealth summit panel discussion*

eMedica held the 1<sup>st</sup> Kenya – Poland eHealth summit on 20<sup>th</sup> March 2018 to scrutinize on partnership which will also be a good learning ground for ehealth strengthening. In this light, Poland, who is undergoing a digital transformation in healthcare and faces many similar challenges can be an interesting partner for Kenya – not only on the government level to exchange regulatory experience, but also on a medical and business level to establish valuable business links and scientific cooperation between the countries.

However, full implementation of eHealth in Kenya has encountered challenges like; eHealth standards, ICT capacity, eLegislation, eHealth infrastructure, Security& privacy issues and Technical Organization. In order to tackle this challenges, there should be advancement in infrastructure and education/awareness.



*Kenya Healthcare Federation Team during the eHealth summit*

From the business and medical standpoint, there is a huge potential to utilize Polish Technologies and experience in many e-Health initiatives in Kenya. Polish and Kenyan entrepreneurs will encounter a very fertile ground for collaboration in the implementation of their innovative e-health solutions. The summit aimed at engaging both sides to help them establish valuable links between each other that would lead to many successful common ventures.

## Kenya Medical Association (KMA) at 50 years

Kenya Medical Association (KMA) is a voluntary membership organization open to all medical and dental practitioners, registered in Kenya. KMA was founded in 1968 and currently has close to 3000 members. The Association main objective is to champion the welfare of doctors and quality healthcare for all through continuous professional development and advocacy.



*L-R Dr Kitulu – KMA chair, Prof. Kama Rogo IFC, World Bank and Dr. Stella Bosire CEO – KMA*

At 50 years, KMA prides itself to have transcended the set objectives as follows; tremendous growth in promoting the practice of medicine in Kenya, upholding high standards of medical ethics and conduct, supporting continuing professional development (CPD) through periodic publications, seminars and scientific conferences and liaising with medical associations around the world.

KMA was proud to host its 46th Annual Conference and celebrate its 50th anniversary from 18<sup>th</sup> – 21<sup>st</sup> April 2018 at Nyali Sun Africa Beach Hotel & SPA in Mombasa.

The official opening ceremony was conducted by Dr. Peter Cherutich representing Health CS Mrs. Sicily Kariuki on 19th April 2018



*Cake cutting session to mark 50 years*

The theme of the conference was "Healthcare Financing Towards Universal Health Coverage" this brought together 365 delegates from 5 African countries and representation from world Medical Association and students both local & International. The conference was closed on a dinner celebration to mark 50<sup>th</sup> Anniversary



*KMA Team with the Delegates during the conference*



## Kenya Healthcare Federation (KHF) holds it's second Members meeting at Four Point Hotel by Sheraton - Hurlingham

Kenya Healthcare Federation held its second members meeting on 22 march 2018, at Four Points Hotel by Sheraton in Hurlingham. The meeting was chaired by Dr. Amit Thakker -Chairman KHF, in his opening remarks, he advised the members to pay key attention on various presentations so as to obtain the 'HOW' to unlock partnership with the Counties. This is because counties have been allocated Ksh.191Million and 88% of it is allocated to Healthcare. He further emphasized that each county is to present a Business Case for Healthcare which should be used by the year 2020 and tripled thereafter.



*Dr. Amit Thakker addressing the KHF members during the Bi-Annual meeting.*

The meeting majorly focused on updating the members on the Kenya Coordination Mechanism (KCM) progress with the Global Fund (GF). GF has been working with KCM, whose mandate is to mobilize funds from the GF for HIV/AIDS, Tuberculosis & Malaria programmes & to coordinate and evaluate implementation of the global fund grants. HIV /AIDS, Tuberculosis (TB), and Malaria are three major global public health threats that undermine development in many –countries worldwide.

Close to five million people die every year of these illnesses with substantial humanitarian, economic and social impact.

GF as a financial institution, provides support to countries in response to these three diseases. However, it's main purpose is to increase resources to fight these diseases and to direct those resources to areas of greatest need.

GF granted Kenya towards fighting these diseases or bring them under control. From this grant, the 2017 – 2022 strategy was drafted which will majorly focus on maximizing impact against HIV/AIDS, TB and Malaria, build resilient and sustainable systems for Health, promote & protect human rights & gender equality and mobilize increased resources.

Kenya has made great effort towards fighting these diseases. In that, The Ministry of Health (MOH) has prioritized the fight against, these diseases and remarkably, has continued to meet its obligation of GF co – financing requirement of 20% more to this, patients are able to access diagnostic treatment & prevention services and commodities for these diseases at no cost. The National Government has allocated Ksh. 10.2 Billion to support intervention of these diseases in Kenya for the year 2018 – 2021.

KHF Committees updated the members on their progress where they presented their progress since laying down the strategy during their 1st meeting of the year. The Human Resource for Health (HRH) Committee emphasised on strengthening the HRH because “Strong workforce will be the driving power to achieving quality and affordable Healthcare” Kennedy Auma - KHF – HRH -

Committee Chair. However, the committee will focus on Harmonizing and recognizing professional bodies in Kenya, Outline clear schemes of services, for both standardization and staffing norms, for development and approval stages for all the cadres, Work with Multi Stakeholder Partnership to acquire data on specialized/neglected cadres (not recognised by ministry) focussing on Emergency Medical Care (EMC), Health Records and Information Officers (HRIOs), Community Health Volunteers (CHVs) and Develop a good relationship with the Council of Governors (COG)



*KHF Members during the Bi-Annual Members Meeting*

The ICT and Mobile Health Committee will majorly focus on ensuring that Healthcare ICT space is an enabling environment for solutions, Understanding regulation i.e. educate stakeholders, create awareness of the existing regulations and share available data, Engage the regulators, associations, insurers, providers and suppliers, Analyse e-Health strategy policy guidelines by MOH - ICT unit and participate in the Health Act 2017 implementation process. More to that, the committee will make access to information easier, Increase access to health using ICT and approaching the MOH as an organized group representing the private sector voice.



The Public Private Partnership (PPP) Committee will prioritize identifying suitable PPP models, Engagement in PPP Act to understand indepth what PPP entails and pursue an Engagement with County Health Government.

The Healthcare Financing Committee (HFC) will major on Universal Health Coverage, Capacity building and Payer provider relationship. The committee will ensure that under Universal Health Coverage, All people and communities have access to quality essential Healthcare services that is affordable without financial strain.

The supply chain will venture more effort on pushing the support of Local Pharmaceutical Manufacturers. “Non Communicable Diseases are on the rise and majority of the patients are not able to keep up with the medication because they are costly Kenya has capacity to produce good quality medicine but still imports more than 80% of medicine at high prices. This imports are of sub-standard quality. Local manufacturing is one of the presidents big 4 Agenda and this local medicine will be 5 times cheaper than imported medicine and of better quality. However, Public hospitals import branded instead of generic products yet Local Manufacturing is the solution to make medicine cheaper in Kenya.” Rolando Sateke – CEO Cosmos.

The Health Regulations and Quality Standards Committee (HRQS) emphasised that there has been a misunderstanding between accreditation and certification of an organization. Kenya Healthcare Federation aims to clarify this while ensuring that Health services offered are of good quality as recommended. Through Doris from Kenya National Accreditation Service(KENAS), HRQS was able to clarify on the functions of the two bodies as; accreditation ensures that an organization is competent to perform specific functions in a reliable, credible and accurate manner, while certification means compliance with a standard or specification.

There are major benefits of Accreditation such as quality improvement in internal operations, safeguard credibility of results from conformity assessment activities and improved market image.

There was a joint agreement on improving and strengthening insurance especially NHIF to ensure all citizens are covered irrespective of their geographical location and financial status. Moreover, members suggested that there should be equal distribution of medial specialist in all 47 counties, this is because many specialist doctors are concentrated in Nairobi County hence the patients have to travel to Nairobi to seek specialist medical attention and better medical investigation such as X-rays and Laboratory.

Many patients are not able to access specialised medical attention because the medical specialist are concentrated within Nairobi. This becomes strainous because they have to travel and incur a lot of expenses moreover, there are less medical equipment for X-rays and Laboratory, this forces the patients to travel to Nairobi for better diagnosis.

The meeting was well attended by 77 members, who included KHF member, CECs and Development partners.



## Vision

An enabling environment that supports quality affordable healthcare for all



## Mission

To champion constructive Public Private Partnerships for better healthcare by networking, engaging, representing and through win-win situations.



## Core Values

- Compassionate
- Inclusive
- Consensus-building
- Low-ego leadership
- Innovative

## Main Objective

- Promote strategic public-private partnerships.
- Works towards achieving national access to quality healthcare.
- Dedicated to engaging the government and all relevant stakeholders.
- Maximizing the contribution of the private sector.
- Provides alternative solutions to issues facing the health sector.

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