



Kenya Healthcare Federation sets foundation for Ethiopia Healthcare Federation establishment

The Ethiopian Private Health Sector organized a committee, to visit Kenya Healthcare Federation (KHF) on June 6th – 8th 2018, with the aim of meeting with the secretariat and member associations of Kenya Healthcare Federation as recommended by the World Bank consultant. The main objective was to interact with their experience and gain knowledge on how to organize and structure the anticipated Ethiopian Healthcare Federation that will be the voice of the Non State Actors (NSA) in the health sector. The Ethiopian team met with various KHF members including Kenyan Association of Pharmaceutical Industry (KAPI), Pharmaceutical Society of Kenya (PSK), National Nurses Association of Kenya (NNAK), Kenya Medical Women's Association (KEMWA) and Kenya Medical Association (KMA).



Pharmaceutical Society of Kenya meeting with the Ethiopian Delegates

Inside this Issue

- ❖ 7th East Africa Healthcare Federation
- ❖ County Stakeholder Engagement
- ❖ Upcoming Events

In the next Issues

- ❖ 2nd Universal Health Coverage Conference

KAPI was represented by Dr. William Mwatu, Dr. Francis M. Karanja and Dr. Eva Amwayi who introduced themselves to the Ethiopian delegation as one of the pioneer associations to be established in the pharmaceutical sector. It plays a great role in safe - guarding the interests of its members by getting involved in policy drafting and implementation.

It also has implemented a self-regulatory system within its member institutions which has played a key role in a fostering a close working relationship between its stakeholders and public sector.

It's financial sustainability is guaranteed through membership contributions, projects supported by partners such as; the World Bank, IFC, Netherlands

Embassy as well as Public – Private Partnership (PPP) programs in the sector. The association's membership is voluntary and open to institution in the pharmaceutical sector that subscribes to KAPI'S code of ethics.

The Pharmaceutical Society of Kenya (PSK) was represented by their CEO, Dr. Daniella Munene, Dr. Munene introduced the 58 year old organization to the Ethiopian delegates, informing them that PSK seeks to promote ethical practice and promote continuous professional development (CPD) amongst it's members. She went on to explain that PSK membership is drawn from members working in private, NGO and public sectors provided they are registered by regulator, the Pharmacy and Poisons Board.

The society provides CPD to members, requiring them to attain a certain number of CPD points annually for renewal of membership. PSK membership is in turn a mandatory requirement for annual licensure by the regulator .This constitutes a self – regulatory model which goes a long way in curbing malpractice and gives the society leverage in enforcing membership.

The National Nurses Association of Kenya (NNAK) was represented by their President, Mr. Alfred O. Obengo He informed the Ethiopia delegation that NNAK fifty years old and one of the strongest members of the KHF due to it's numbers.

The association functions in all 47 counties of the nation. At grass root level, the local branches of the association deals with the local county administrative organs. The national association has a seat at KHF where it presents the issues that are not solved at the county level. This is the key benefit cited by Mr. Obengo that NNAK has gained from being a member of KHF. He further elaborated that KHF has contributed a lot to the Universal Health Coverage (UHC) agenda of the country, as the government has identified private sector as missing link in UHC – realization. Other benefit of KHF membership as mentioned by Mr. Obengo are networking and – new business opportunities its members. NNAK also provides a CPD program to its members, who must demonstrate that they attained the minimum number of CPD points at the time of annual license renewal.



Kenya Medical Association together with Kenya Medical Women Association and Ethiopian Delegates

Dr. Christine Sadia, National Chair of Kenya Medical Women's Association (KEMWA) introduced her association to the Ethiopian team, informing them that the association has a strategy known as "From Womb to Tomb" that focuses on women, encouraging them to take care of themselves in the midst of their demanding dual roles of home makers and health professionals.

Seventh East Africa Healthcare Federation Conference

Ethiopia hosted the 7th annual East Africa Federation conference at Africa Union (AU) Headquarters in Addis Ababa from 9th to 10th July 2018. The conference is held annually and hosted in turns by EAHF members Kenya Healthcare Federation, Uganda Healthcare Federation, Rwanda Healthcare Federation, Burundi Healthcare Federation, Tanzania Private Health Sector and Ethiopia Private Health Facilities Employers Association. Last year's conference was hosted by Tanzania Private Health Sector in Dar-el Salaam Tanzania.



Kenya Healthcare Federation Directors receiving the EAHF Emblem to host the 8th EAHF Conference

Membership is open to all healthcare professionals. Their members are also members of their parent Kenya Medical Association(KMA). KEMWA has a program that supports their members to go back to school to further their education.

Dr. Jacqueline Kitulu, President, Kenya Medical Association (KMA), welcomed the Ethiopians and explained that KMA has a very strong voice in KHF as it is also represented in the Board of Directors. The Ethiopian delegates were later invited for a dinner meeting by COSMOS Pharmaceuticals where, Dr. Dawit Moges expressed his gratitude for the warm welcome and hospitality given by KHF Secretariat. In addition, he applauded the advocacy work being done by different Healthcare Associations in Kenya saying, "As a pioneer in the region KHF has accomplished lots of impressive deeds that should be taken as exemplary and should be considered to be installed in ours. The Ministerial Stakeholder Forum" and the "Presidential Round Table" could be the first milestone that should be given emphasis while drawing the roadmap of the long journey of Ethiopia Healthcare Federation. Openness to all health associations for membership and revenue generation through projects can also be emulated" He concluded.

The theme of the EAHF conference was "Revolutionizing Healthcare through Digital Technology in Africa", with the objectives as; to enhance the progress of healthcare in the region through technological advancements, to bring private sector stakeholders and policymakers under one roof to discuss means to achieve health and health related sustainable development goals and to engage in high level discussions on public private partnerships (PPP). The conference was graced by His Excellency Dr. Amir Aman, Minister of Health for Ethiopia, and senior officials from the World Bank and the African Development Bank.

In attendance were multi-lateral and bi-lateral development partners, such as USAID, CDC, international development organizations, and international institutions including the AU. From the private sector, international investors, CEOs, as well as medical directors of hospitals and medical universities were in attendance.

In his opening remarks, the conference director Dr. Dawit Moges, of Sister Akelesia Memorial General Hospital said “The primary goal for this conference is to bring together global leaders, policy makers, health professionals and investors as well as friends and partners of healthcare from around the world in an open dialogue, under one roof to discuss the issues facing the sector and to develop possible strategies on how the private sector can become aware and more engaged in initiatives taking place in public – private partnerships (PPP).

In her welcome address, the president of The East Africa Healthcare Federation, Ms. Zelealem Fisheha noted that “Access to good health is a right for all; each and every one of us wants to live in good health and healthy conditions; but it is a right that a lot of citizens in East Africa still cannot enjoy today. Ms. Fisheha expressed that “Using digitization, we will push through a paradigm shift in healthcare. From being expensive, reactive, and system – oriented, we make healthcare abundant, proactive and patient focused”.

Kenya Healthcare Federation (KHF), Chairman Dr. Amit Thakker thanked the private health sector team in Ethiopia for hosting them and for the great advocacy role they are doing. “The biggest challenge in achieving equitable healthcare across our continent is the lack of information sharing between all stakeholders. High quality of knowledge exchange about all healthcare requirements and activities is the first step towards strengthening the quality of policies and regulations that form the bed rock of robust national programs. Hence it is critical to focus on dialogue and strong partnerships between the government and private sector at the national, regional and continental level.” Said Dr. Thakker. The two-day conference brought together over 400 participants as well as a number local and international exhibitors.

access to quality and affordable healthcare, without financial strain, for all their people. Different counties have identified different financing models.

Nationally, the national hospital insurance fund (NHIF) has been positioned as the main financier for universal health coverage (UHC). This is a good initiative, but there are fears of overburdening of NHIF and that the poor & marginalized may be left out. This has resulted in various that will cover the poor, the old people and marginalized.

“To reach the Ministry of Health (MOH) aspirations of achieving UHC by 2022, there is need for greater innovation and ‘business unusual.’ It is essential that we ensure that coverage or affordable healthcare for the poor are part of the agenda and that the poor are not left out.” Dr. Amit Thakker, Kenya Healthcare Federation Chairman, said in one CSF. Dr. Thakker further recommended that NHIF should be reformed to be more responsive to counties needs and that private medical

The Role of Private Health Sector in Achieving Universal Health Coverage

The healthcare finance committee held a dinner meeting at Pride Inn Hotel in Westlands on 13th August 2018 to discuss finance advocacy progress that the committee has made towards achieving universal health coverage(UHC). The meeting was chaired by the committee chair Dr. Isaac Nzyoka. This was also the first meeting under the directorship of the new elected Board Director, Dr. Walter Obita. The healthcare finance committee has been mandated to oversee the UHC advocacy agenda at Kenya Healthcare Federation, while reflecting and amplifying the voice of the private sector. The committee has been able to hold county health stakeholders forums (CSF) in five counties.



Kenya Healthcare Federation Chairman, Dr. Amit Thakker, speaking during an engagement with Health Benefits Advisory Panel held at Sarova PanAfric Hotel

The focal areas of the CSF engagements were: educating counties on different financing schemes, social/private empowering counties on healthcare financing opportunities they have i.e. private insurance, macro insurance and public insurance, encouraging innovations e.g. Makueni care and Kitui care and bringing together the public and private stakeholders in healthcare financing. County health departments have been evaluating financing models that ensure equitable

insurance schemes should also be reformed to create a more enabling environment that encourages innovation. Moreover, he said “NHIF should only focus on growth once it has the capacity to ensure that it can handle increased coverage.” There was positive feedback from the counties on the CSF engagements, saying they benefited from the forum in terms of thinking about healthcare financing options for their population. They realized that they cannot solely rely on NHIF to deliver Universal Health Coverage, however the county should implement their own favorable models that will include the poor and the old people without financial strain. In parallel, the Benefits Advisory Panel, set up by the Health Cabinet Secretary Mrs. Sicily Kariuki, to come up with costs and packages for UHC, invited KHF for a stakeholder engagement to discuss on the benefits packages and costs. It was noted that NHIF was not clear on how the poor will be covered. Dr. Amit Thakker requested the panel to share the benefits and cost packages with KHF team so that they can evaluate for any gaps and further advise on what should be done in order to improve it.

Strengthening Health Workforce in Kenya

The KHF Human Resource for Health (HRH) Committee held a breakfast meeting at KHF offices on 16th of August 2018 to discuss on the committee progress in advocating for adequate human resources in the health sector, recruitment and retention of human capital and how to get the neglected cadres recognized.



Human Resource for Health committee during the quarterly meeting at Kenya Healthcare Federation Offices

The meeting was chaired by the committee's vice Chair, Dr. Joyce Sionik. The committee has had several engagements with the Ministry of Health (MoH) to discuss on how to get the neglected cadres recognized. In last year's meetings with MoH, the primary agenda for the committee was to identify the neglected specialized cadres and those that need more attention in terms of regulation and standardization in order to bring them to a good quality assurance level. Thereafter, a partnership formed between Amref Health Africa, Kenya Healthcare Federation and Malteser International to strategize on how these cadres can be strengthened.

The Identified cadres were, health records and information officers, emergency care professionals and community health workers. The discussions have been very fruitful, with outputs such as the current effort by emergency medical technicians to form a professional association.

KHF identifies gaps within the public health sector and advocates for improvement or restructuring, including through Public Private Partnerships (PPP). For example, there is a problem in recruitment and retention HRH in the public sector. The committee will be holding a workshop that will address neglected specialized cadres, recruitment and retention strategies, Innovations (Corvus Health) and setting up objectives and terms of reference for the committee. It was agreed that in the workshop, there will be a representative from MoH HR unit.

Mr. Kennedy Auma and Dr. Joyce Sionik were re-elected as the committee chairperson and vice chairperson respectively. This was the first meeting under the directorship of the elected KHF vice chair Dr. Elizabeth Wala and Ms. Faith Muigai.

Health Jokes



MOMENTS THROUGH THE LENS



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China- Kenya Pharmaceutical Trade and Investment Forum

The China Chamber of Commerce for Import and Export of Medicines & Health Products (CCCMHPIE), held a trade and investment forum together with the Ministry of Health Kenya and the private health sector in Kenya on the 30th of August 2018 at the Laico Regency Hotel in Nairobi.



Public and Private Health sector stakeholders during China – Kenya Pharmaceutical Trade and Investment Forum

The main aim of the forum was to establish and maintain a good relationship between Kenyan and Chinese healthcare sectors and further explore investment opportunities in the Kenyan pharmaceutical industry. This forum was sponsored by UKAID and brought together participants from Ministry of Health Kenya, Pharmacy and Poisons Board Kenya, the Kenya Healthcare Federation, the Kenya Chamber of Commerce, the Economic & Commercial Counsellor's Office at the Embassy of the People's Republic of China, and the China Africa Friendship Association. Ms. Guo Xiaodan deputy secretary of sub-chamber, department of pharmaceutical, CCCMHPIE, opened the forum by welcoming the guests. In her opening speech, she reiterated that she's extremely happy to

visit Kenya and establish a lasting relationship between Kenyan and Chinese healthcare sectors.

CCCMHPIE was established in May in 1989. It is the most internationalized and influential healthcare industry association in China the key areas of responsibility include: policy and industry coordination, conferences and training, exhibitions registration, consulting, market surveys and analysis reports in traditional Chinese medicines, pharmaceuticals, medical devices & dressings, biopharmaceuticals and functional cosmetics.

In his speech, Mr. Tan Shengcai, head of the Chinese healthcare delegation gave a background of Kenya – China relationship especially in investment. He emphasized that Kenya has been contracting China in building and construction particularly in road construction. There is need to have deeper engagement especially in the healthcare industry. He invited the Chinese healthcare delegates to evaluate the Kenyan market and see possible investment opportunities in the pharmaceutical industry.

Dr. Amit Thakker, Chairman, Kenya Healthcare Federation welcomed the China healthcare delegation to Kenya. In his speech,

he informed the attendees that the investment forum is very timely since it touches on two pillars of the BIG 4 Agenda i.e. Manufacturing and Affordable Healthcare for all. He however emphasized that there is need to bridge the gaps in healthcare drivers, such as Human Resource for Health, Healthcare financing healthcare and ICT and Mobile Health.



Dr. Amit Thakker, Chairman – Kenya Healthcare Federation speaking during the China – Kenya Pharmaceutical Trade & Investment Forum

efficacy and quality for all drugs, chemical substances and medical devices locally manufactured, imported, exported, distributed, sold, or used, to ensure the protection of the consumer as envisaged by the laws regulating drugs in Kenya.

There was a B2B session thereafter conducted by CCCMHPIE where the China delegation had an impactful engagement with the Kenyan health sector, both private and public.

The China delegation touched on business opportunities and engagements that can be established between Kenya and China. The Chinese team visited Kenya Medical Supplies Authority (KEMSA) thereafter.

The Pharmacy and Poisons Board was clear on their regulatory role in the practice of Pharmacy and the Manufacture and Trade in drugs and poisons. The Board aims to implement the appropriate regulatory measures to achieve the highest standards of safety,

Effective supply chain will establish a strong road map to achieving Universal Health Coverage

Quality and affordable medicines is key in achieving Universal Health Coverage. However in Kenya the prices of medication is very high thus putting patients with Non Communicable Diseases especially Diabetes and Hypertension in financial hardship and others are not able to keep up with the medication leading to more complications.



Supply chain committee meeting at Kenya Healthcare Federation offices during the quarterly meeting

It has also been noted that there is importation of illicit drugs and the government should be very keen in curbing this. How can the private sector contribute in improving the quality of medication and ensuring the medication is affordable?

Kenya Healthcare Federation (KHF) supply chain committee held its quarterly meeting on 28th August 2018 at KHF offices. The meeting was chaired by the committee chair Dr. William Mwatu. Supply chain falls in two of the president's BIG 4 Agenda that is manufacturing and affordable healthcare. The supply chain committee has been pushing for the support of local manufacturers this makes the medicines affordable.

"What are the reasons that support parallel importation and what are the impact? One of the major reason is to make profit but this has a negative impact on patients safety" Dr. Peter Kamunyo, Director Kenya Healthcare Federation.

"When it comes to the supply of medication, the private sector should use Public Private Partnership (PPP) as a channel to advocate for the pharmaceutical regulatory to operate within the law." Dr. Anastacia Nyalita, Director.

There was a consensus on developing a unique identifier and best coding mechanism, for example each drug pack should contain original details so that when a patient uses the code to search on the details of the pack, they should be able to get them. "Therefore the supply chain should use PPP as a channel to advocate for this." Dr. William Mwatu Supply Chain Committee Chair.

Recently, the Pharmacy and Poison Board (PPB) of Kenya made a bold decision to address what maybe the local pharmaceutical industry's most controversial issue, 'Parallel Importation of pharmaceutical products. There has been few attempts made to tackle this but not be successful, however PPB hopes that the current attempt will be successful through considering all important aspects in order to build a consensus among all interested parties in coming up with a policy position that is not only widely acceptable but also addresses most of the contentious issues once and for all.

The key issues to consider is create more incentives towards local manufacturing, change perspective and strategize on how to marketing for local products. A consideration should be put on what percentage off is to be given to the local manufacturer to give value addition. The main aim of reducing the cost is to increase on accessibility and not maximize profit. The committee will be pushing for implementation of the guideline draft act by pharmacy and poisons Board (PPB) Dr. William Mwatu was re-elected as the committee chair and Mr. Chris Masila was elected as the committee vice Chair.

Achieving Universal Health Coverage in the Counties

Kenya Healthcare Federation held county Stakeholder engagement forums in Uasin Gishu County, Kisumu and Isiolo County. Dr. Bola Tafawa, a retired KHF Director, conducted the forum at Uasin Gishu County. Where she introduced Kenya Healthcare Federation to the attendees, in her opening remarks, she said "The BIG FOUR Agenda has helped Kenyans think on how to get the country back to business" She informed the attendees that, in order to achieve Universal Health Coverage, quality healthcare should be accessible and affordable without financial strains. It was noted that Uasin Gishu County has 80% of the population living in the informal sector, the poverty index is at 48% and 5% of the population is over 70 years of age. However, the percentage increase in private hospitals is higher than public hospitals which shows that the private hospitals are gaining more from NHIF. "Can we devolve Universal Health Coverage?

Is it possible to start at the county level rather than at NHIF level and how can we be more innovative?" Dr. Bola Tafawa. The discussion was divided into three parts as follows: Bucket A – Focus on the 12% who can pay but are not paying (find out whether they are willing to pay and not able to pay or they are able to pay but don't want to pay.), Bucket B – pool the poor, Bucket C – pooling from the rich to the poor.

“People need to understand that Universal Health Coverage is not free and we need to look internally and think about whether we have the resources to pay. The schemes must look at prevention because we cannot afford to treat all the people. It is known that the best athletes come from this area, why do we not give more priority to encourage this? let us not think about NHIF only but also think about what model will work. People run away from the public sector because they feel like they are not getting the services they need and we need to address that.” Dr. Sitinei, JHPEGO.



Dr. Bola Tafawa, Former Director at Kenya Healthcare Federation conducting the county stakeholder engagement forum in Uasin Gishu County

“In the context of Universal Health Coverage, there is more of healthcare financing and it is well noted that NHIF focuses on curative and this may be a burden to NHIF, therefore, as a county we need to push for preventive care as we think of a model in Uasin Gishu and consider what is legal.” Maurice Oduor – Moi University.

“We need to be clear what we mean by Universal Health Coverage. I am representing healthcare financing in the County members. We know that UHC agenda is rolling out and in Uasin Gishu we have done assessments of facilities so that we are able to provide the minimum care. We have identified the gaps and now we just want to fill in.

The steering committee is designing a package and we are thinking about what the minimum package should be.” Ms. Everlyne Rotich Health CEC – Uasin Gishu County. Ms. Rotich further encouraged the attendees to consider the innovation to put in place in order to provide preventive care in Uasin Gishu County which should also be equitable and accessible.

The Deputy Governor, reassured the attendees that they are going to solve a lot of problems and save lives so as to achieve UHC. He further noted that the cost of treatment is part of the reason why people slide into poverty.

KHF further held a county stakeholder engagement forum, in Isiolo County, Hon. Isaack Abduba Fayo, leader of majority and member of health committee, informed the attendees that Ksh.220Million has been given to the counties health sector. The Deputy Governor, Dr. Abdi Issa informed the attendees on the importance of strengthening primary healthcare and decongest the hospitals so as to increase accessibility. Isiolo County has 38,000 households of which only 22% have a cover the only coverage is 22% of the population. The biggest challenge is the poor. There are 200,000 patients waived every month at the referral hospital.

If Makueni care is to be adopted, 500Ksh cannot guarantee quality healthcare. However, National Hospital Insurance Fund(NHIF) is a challenge because 80% of People in Isiolo county do not have a formal employment therefore, subsidization is important.

Dr. Amit Thakker, Chairman, Kenya Healthcare Federation challenged the county health stakeholders, come up with strategies that will allow better healthcare he emphasized that they should capitalize on county stakeholder forum and Public – Private Partnership(PPP). “Remember that if you improve healthcare then there will be economic development and you will be able to improve quality” Eddine “If frontier counties development council (FCDC) are facing the same issues on supply chain then maybe they can do group purchasing for the nine counties. Private sector would support this since the interventions would have an immediate impact” Dr. Daniella Munene, Director, Kenya Healthcare Federation.

A fruitful county stakeholder engagement was observed in Kisumu County. From a survey that has been carried out by the county in partnership with Pharm Access and world Bank, there are 160,000 households in Kisumu. 30% of the populations is unable to pay and the county government is planning to cater for the 30%. From a gap analysis and economic survey carried out in 2017, 10% of the population are from the formal settlements and are able to pay. 20% are from the informal settlement and may be struggling to pay.

Dr. Thakker, advised the county health stakeholders to come up with a better financing model that will also put the poor into consideration. Some of his concerns were; if a person is on low income and is able to pay for year one, what happens to the same person for the second year if they are not able to pay? Therefore, in order to roll out Universal Health Coverage, The finance model should be affordable and sustainable throughout. He further advised them to have different levels for example, 1000 – 3,000Ksh or start with what they can afford. Dr. Amit assured the attendees of full support from the private sector such as giving technical advice, actual support, banking model and others who will come in.

The Deputy Governor thanked Kenya Healthcare Federation team, under the leadership of the chairman Dr. Amit Thakker, for organizing the meeting. In his remarks he said “ This meeting has come at the right time, we have learnt a lot and from this meeting and our programs are on course and have been enriched as a result of the engagement. Dr. Mathew Ochieng Owili.

The role of Information Communication and Technology in achieving Universal Health Coverage

Information, Communication and Technology plays a big role towards achieving universal health coverage (UHC). Basing the foundation on Primary Healthcare to achieve universal health coverage, ICT plays an important role in supporting, enhancing and accelerating the education on primary health care. Though It's an effective means of developing workforce capacity, It helps to recruit and retain professionals and It is cost-saving. It facilitates social and collaborative learning which has great impact on patient outcomes, brings contextualized care to where it's needed and It improves the quality of care by facilitating access to evidence-based medicine and reflective learning.



ICT and Mobile Health Committee meeting at Kenya Healthcare Federation office during the quarterly meetings

The ICT and Mobile Health Committee held it's quarterly meeting at Kenya Healthcare Federation offices on 23rd August 2018, to contrive on how ICT can contribute towards achieving Universal Health Coverage. The meeting was chaired by the committee chair, Mr. Mark Achola.

Mr. Joel Lehmann from infospective research, presented on the data exchange and information exchange that the data exchange framework subcommittee has been working on. The main purpose of health data and information exchange is: Private-to-private information exchange - for more cost-effective delivery of quality service through continuity of care/

managed care, prevention of fraud, better equipment utilization rates,

Industry benchmarks and indicators for business intelligence and advocacy with government which can also help for the design of viable reimbursement mechanisms and value-based care approaches and simplified private-to-public data submission which will reduce the cost of compliance with mandatory requirement and contribute to public health goals and health security (e.g. surveillance).

The data exchange framework subcommittee will; Help create the required political environment through: Identifying quick-wins and no go areas, Collaborating with industry leaders, Provide a trusted environment of common (rather than particular) interest, Help facilitate technology adaptation, Set up a demo-case of improved information exchange, Develop easy-to-understand documentation of government policies and investment scenarios and Support the development and adaptation of industry-wide standards.

The subcommittee outlined a road map towards enhancing the health data and information exchange as follows; Make the case for private sector data exchange among industry leaders, including demonstration of analytics and high-level meeting, Practical documentation of current policies, standards, and investment scenarios (cost/benefit for individual companies) and Industry information meeting on current regulation and self-regulation, concrete steps required, benefits & costs for information exchange and Small-scale, fully functional information exchange with a selected number of providers/payers.

There was a suggestion that ICT committee needs to present key issues during the ministerial stakeholder forum(MSF) to this effect a public – private partnership sub - committee (PPP) was formed so as to present any ICT issues and advocacy during the MSF meetings. There was an election conducted for the new committee leaders and Dr. Tooroti Mwirigi was elected as the chair and Ms. Serah Mohammed Vice Chair. This was the first meeting under the directorship of newly elected Director, Dr. Daniella Munene.

The Private Health Sector to support Health Benefit Advisory Panel

As a way to expand access to higher quality health services and achieve Universal Health Coverage (UHC) the government of Kenya is looking at public private partnership (PPP) so as to leverage capital, managerial capacity and knowhow from the private sector. The government of Kenya is also increasingly promoting PPPs as a means to unlock financing and expertise in vision 2030. Important strides have been made in order to build the necessary regulatory frameworks and support systems that can facilitate PPPs to add value to the health sector.

Kenya Healthcare Federation (KHF) through Public Private Partnership (PPP) committee identified the gaps within the public health sector and advocates on how to fill the gaps. During the presidential round table(PRT) and ministerial stakeholder forum(MSF). The PPP committee held its quarterly meeting at Kenya Healthcare Federation offices on 23rd August 2018. The meeting was chaired by the committee director, Dr. Jaqueline Kitulu.

The committee has held several engagements with the ministry of health(MOH) through Ministerial Stake holder Forum. During the eighth MSF, the health cabinet secretary, Mrs. Sicily Kariuki, who chaired the meeting, emphasized on Universal Health Coverage as big task that the ministry is looking at and requires a lot of time and resources, of which cannot get from the government alone. “With lots of requirement in terms of time and resources therefore, this is where the dialogue around Public – Private Partnership (PPP) is important and we should consider the future of PPPs in this sector. It is important that there is one side from the private sector.” Mrs. Sicily Kariuki Health CS.



Public – Private Partnership committee meeting at Kenya Healthcare Federation offices

The ministry of health established a Benefits Advisory Panel that was tasked with coming up with costs and packages. The private sector was invited for a stakeholder engagement role.

Kenya Healthcare Federation Fourth Bimonthly Members Meeting

Kenya Healthcare Federation(KHF) held it's fourth bi-monthly members meeting on 29th August 2018, at Pride Inn Hotel in Westlands. This was the first meeting after the new Board of Directors and committee chairs and vice chairs were elected to serve for a term of three years. The meeting was sponsored by Lufthansa Group Airlines.



Mr. Tobias Ernst, Regional Sales Director, Lufthansa Group Airline, speaking at the KHF Bi-monthly members meeting

Dr. Amit Thakker – Chairman Kenya Healthcare Federation concurred with the CS where he emphasized that Inclusiveness is important as Ministerial Stakeholder Forum is made the epitome of Non-State Actors.

The benefit Advisory Panel invited Kenya Healthcare Federation that represents the private health sector for a stakeholder breakfast meeting at Sarova Panafric hotel on 3rd August 2018 to discuss more on the benefit package. It was noted that National Health Insurance Fund(NHIF) may be overburdened and cannot be relied on as the key financier for Universal Health Coverage however, the poor may not be covered. There was a consensus that the benefits advisory panel should share the package with the private sector, in order to identify the gaps hence have discussions on how to fill the gaps.

KHF has held five county stakeholder engagements i.e. Kirinyaga, Makueni, Isiolo, Uasindegishu and Kisumu to assess the financing models that have been established, identify the gaps hence advice on how to fill the gaps. There was a consensus on reviewing the PPP ACT and the committee should also ensure the PPP retreat should be planned this is because the health CS Mrs. Sicily Kariuki assured of her readiness to attend the retreat. There were elections carried out for the new committee chair and vice chair where Mr. Antony Okoth was re-elected to be the Committee chair and Dr.Christine Sadia as the vice chair.

The federation chairman Dr. Amit Thakker started off the meeting by welcoming the members and invited guests, particularly extending a warm welcome to new members.

Mr. Tobias Ernst, Regional sales Director, Lufthansa Group Airlines, thanked the federation chair, Board of Directors and the entire KHF membership for the good relationship that was established between KHF and Lufthansa Group Airlines. He said he was looking forward to working together in enhancing quality and better healthcare to Kenyans. Mr. Tobias further emphasized that health & medical products are a niche business for Lufthansa Group Airlines, which offers high impact, customer focused professional medical services.

“Lufthansa sees the importance and need to offer a state-of-the-art medical portfolio to our customers. As the world’s population is getting older, people seek healthcare abroad and might need to get back to their home country when injured during vacation or seek intensive care abroad.” Mr. Ernst said.

He then extended an invitation to medical doctors within KHF to register as “doctors on board” with Lufthansa Airline.

The meeting was also graced by Book Aid International whose mission is to enhance access to quality health information through donations of books hence making education more affordable and accessible.

Northern Nomadic Disabled Persons Organization (NONDO), Isiolo County were also present and made a presentation. They announced that they would host a conference from 27th – 29th September 2018 during which there would be a desert wheel race to fund-raise for 100 children from nomadic, arid and semi-arid counties who need corrective surgery.

There were updates from KHF committees on the progress they’ve made in terms of advocacy. The healthcare financing committee has held five county stakeholder engagement forums on healthcare financing. The counties engaged were Kisumu, Kirinyaga, Uasindegishu, Makueni and Isiolo. The county health teams reported that the forums were beneficial in guiding them to carefully consider affordable financing models that will be tailor made for the needs of their counties and that will enable all their residents access quality healthcare without financial strain.

The public – private partnership (PPP) committee has been playing a key role in the Presidential Round Table (PRT), the Ministerial Stakeholders Forum (MSF) and the Ministry of Health (MoH). Some of the issues the committee has been handling are identifying gaps in the public health sector, proposing solutions and pushing for implementation. There is an ambitious task ahead to achieve Universal Health Coverage (UHC) whose requirements in terms of time and resources cannot come from the government alone. Therefore, the dialogue around Public Private Partnership (PPP) is important. It was reported that the private health sector through KHF had been invited to participate in the stakeholder engagement with the Health Benefits Advisory Panel established by MoH.

There is a problem in recruitment and retention of human resources for health (HRH) and this needs to be addressed by the public health sector in consultation with private health sector. The public health sector needs to source and retain human capital, develop specialized cadres and address neglected cadres. The HRH committee has been advocating for innovative models as part of the solution and advising the sector accordingly through various forums available such as conferences, MSF, Council of Governors (COG) and county engagements.



Dr. Amit Thakker, Chairman, Kenya Healthcare Federation addressing the attendees during the bi-monthly members meeting at Prideinn Hotel in Westlands

The health regulations & quality standards and supply chain committees have been advocating for quality and safe healthcare, stressing that the focus on affordable healthcare should not distract the country from ensuring quality health services.

Quality accreditation of health institutions is one way to ensure safe care of patients. Non-communicable diseases (NCDs) are a growing concern in our country. People living with NCDs are particularly subjected to financial strain as their treatment is often life long.

Seeing as NCD patient care is mostly through medication, the supply chain committee recognizes that the cost of medicines in Kenya needs to be addressed.

The committee advocates for support of local manufacturers of pharmaceutical products, which will lower the cost of medication.

Committees have carried out elections of officials for a new term. Dr. Torooti Mwirigi and Ms. Serah Mohamed have been elected as chair and vice chair respectively in the ICT & Mobile Health committee. Mr. Kennedy Auma remains chair of HRH Committee, with Dr. Joyce Sitonik as vice chair. Mr. Antony Okoth is the chair of PPP Committee with Dr. Christine Sadia as the vice chair. Ms. Millicent Olulo is the chair of the Health Regulations & Quality Standards committee with Mr. Antony Jaccodul as vice chair. Dr. William Mwatu remains chair of the Supply Chain committee with Mr. Chris Masila elected as vice chair.