



Second Universal Health Coverage Conference in Nyeri

Kenya Vision 2030 delivery secretariat in partnership with Ministry of Health (MoH), Kenya Healthcare Federation (KHF), Amref Health Africa, Kenya Cardiac Society, Council of Governors, NCD Alliance Kenya, Kenyatta University and Nyeri county health department organized the second Universal Health Coverage Conference held at Green Hills Hotel, Nyeri County from 11th – 12th September 2018. The conference sought to address the non – communicable disease (NCD) challenge to the country and was appropriately themed “Universal Health Coverage for Sustainable Development - Transformative Solutions to Halt and Reverse the Non-Communicable Disease Epidemic”



Hon. Caroline Karugu, Deputy Governor Nyeri County, addressing the attendees during the second universal health coverage conference in Nyeri County

The conference was graced by several dignitaries: Her Excellency Dr. Carol Karugu, Deputy Governor, Nyeri County; His Excellency Prof. Peter Anyang' Nyong'o, Governor, Kisumu County; His Excellency Prof. Kivutha Kibwana, Governor, Makueni County; Dr. Julius Muia EBS, Principal Secretary, State Department for Planning; Dr. Racheal Kamau, CEC Health, Nyeri County.

Rev. Samuel Njenga of the Presbyterian Church of East Africa opened the conference with prayer and thereafter giving a brief address. He said that the church has a vital role to play in advocating for and sensitizing the people about good health.

Dr. Kamau welcomed participants and thanked the organizers for choosing Nyeri County to host the conference, adding that she looked forward to fruitful deliberations. “Nyeri County is facing a high burden of NCDs. We need to change our ways of practice and take up the challenge” she remarked. Thereafter Dr. Kibachio Mwangi, the Head of NCD unit at MoH highlighted the key objectives of

the conference which were: Understand the NCDs challenge; outline the role of private sector in addressing NCDs; outline the role of consumer organizations in protecting the public from sale of harmful products; and outline the role of government, civil society and the youth in addressing NCDs. Dr. Mwangi emphasised that NCDs are not purely a health agenda, but require a multi-sectoral approach incorporating sectors such as transport, education and agriculture particularly in prevention measures.

“We should put health first; unfortunately what are addressing is a result of our choices such as what we eat. Good health plays an important role in boosting the economy, reducing poverty, increasing education and boosting investment” Dr. Julius Muia said in his address to the conference. Preventive measures against NCDs took center stage in the deliberations. It was appreciated that more focus needs to move to prevention as we continue in disease management interventions.

The consensus on the way forward included creating awareness, education of the public and preventive measures against NCDs, adoption of a multi-sectoral approach, utilizing Public- Private Partnerships and supporting local pharmaceutical manufacturers to make medicines affordable and strengthening the supply chain. “Managing NCDs is very expensive. If we truly want to make UHC achievable, we need to address the issue of cost.

If we reduce costs we'll be able to expand the care. The biggest PPP opportunity in cost reduction is in supply chain", said Dr. Peter Kamunyo, Director, Kenya Healthcare Federation.

Further, there was consensus that community health volunteers (CHVs) should be officially entrenched in the health system. It was recognized that CHVs play a very critical role in NCD public sensitization. It was agreed that NHIF be strengthened, that it should cover preventive health checks and that it should ensure that the poor and vulnerable are covered. The country should strategize on addressing the poor availability, lack of affordability and inadequate resources as barriers to UHC. Young people should be informed and sensitized on NCDs so they can act as role models to their peers in NCDs prevention. NCD education should be incorporated in the school curriculum.



Professor Kibutha Kibwana, Governor speaking at a press briefing during the second Universal Health Coverage Conference in Nyeri County

A patient representative at the conference made an appeal to the health sector to address survivorship of NCDs, a phase of management that insurance doesn't cover. She highlighted that cancer patients are usually deserted by friends and family after diagnosis due to the burden of their disease on their loved ones.

"We are left alone. It's time for medics to inform us how we can survive after diagnosis of an NCD like cancer. This way trauma can reduce and a patient can accept the situation, love on themselves and even achieve their goals.

Medic East Africa holds the Sixth Healthcare Management Conference

The sixth annual Healthcare Management conference, organized by Medic East Africa, took place at Kenyatta International Conference Centre, Nairobi, Kenya from 25th to 27th September 2018. The conference had three different themes for each of the three days. The first day's theme was "From vision to Action – Reinforcing Healthcare Systems in East Africa, the second day was "The Role of Clinical Officers in the Implementation of Universal Health Coverage" and the third day's theme was "Quality and Access under Universal Health Coverage". The objective of the forum was to drive the region towards a health leadership infrastructure that is focused on performance and is held accountable for delivering on specific health system goals.

The conference brought together over 150 exhibitors from 18 countries. The first day conference was moderated by Dr. Amit N. Thakker, Chairman, Kenya Healthcare Federation. In his presentation, he emphasized that the key barrier to reinforcing healthcare systems in east Africa are; geographical and financial. Dr. Thakker informed the attendees that over 85% of Kenya population do not have any form of a cover and rely on out of pocket.-

The price of medications is usually very high and almost unaffordable. Patients get financially drained while trying to get medication",

said Elizabeth, a cancer survivor of nine years. Professor Nyong'o called on stakeholders to identify areas of inequity in health care, and strategize on how to fill the gaps. "Counties don't have a strong primary healthcare system, the aim of UHC is to strengthen primary healthcare" said Dr. Karugu, while Prof. Kibwana called upon all pilot counties to learn from each other as a way achieving UHC uniformly, further adding that CHVs will play a big role in rolling out UHC, particularly in educating communities.

The conference was well attended attracting 400 delegates drawn from both public and private health sectors. There was representation from national government, county governments, World Bank, the United Nations office in Kenya, Non-governmental organizations and youth organizations. KHF was represented by the chairman, Dr. Amit Thakker, directors Dr. Peter Kamunyo and Dr. Daniella Munene, Dr. Joy Mugambi, deputy Secretary General, Kenya Medical Association (all panelists), as well as several KHF members who attended as delegates. A number of KHF member organizations sponsored the event.

-50% of the population do not have an access to primary healthcare and this set back results from poverty. He called upon all healthcare workers in attendance to come out strongly in health advocacy because unfavorable health outcomes such as maternal mortality are increasingly becoming a daily occurrence. Dr. Thakker further urged the attendees to capitalize technology, which is in itself revolutionizing daily.

"We need to adopt auxiliary health workers and also strongly recognize community health workers for the big role they play in health. The ministry of health should have considered hiring the specialists that we don't have instead of employing what we already have because this doesn't help in filling the identified gaps in the workforce.

The BIG 4 Agenda is supposed to ensure creation of job opportunities and 5% of the jobs are expected to come from the health sector. Therefore I call upon the public and private health sector to operate in harmony to see great job creation and ensure good service delivery.” Dr. Amit Thakker, Chairman, Kenya Healthcare Federation.



Dr. Amit N. Thakker, chairman Kenya Healthcare Federation, speaking at the Reinforcing Healthcare Systems in East Africa, Medic East Africa Conference at KICC, Nairobi



Dr. Andrew Mulwa CEC-Health, Makueni County presenting on the achievements of Makueni County, during the Medic East Africa conference, KICC, Nairobi

Dr. Janet Muriuki, Deputy Chief of Party/ Technical Director – Intrahealth International was in attendance and said “We need to motivate the health workers, to help in reducing immigration. Assessing the reason for immigration, creating a favorable environment for them to work and giving them a good remuneration will also help in retaining the health workers.

However, there is low distribution of health workers where majority are concentrated in the urban areas. Question is, are we taking training where it is needed? Are the specialist deployed where they are needed? This should be the initial stage in gap analysis. Technology should be a vital tool in this. This is because it can display the gaps in the human resources and distribution of health workers and track the training of health workers i.e. who needs long term training and who needs short term training. Therefore it's important to deploy specialist where there is deficiency and not where there is a surplus.” She emphasized that the health sector needs to employ workers who are fit for purpose and-

Dr. Andrew Mulwa CEC-Health, Makueni County informed the attendees that some of the challenges in the county level towards achieving Universal Health Coverage are: lack of healthcare workers i.e. the recruitment and retention of human resources for health is very low.

This is because most of the specialists that are required in the counties, are mostly concentrated in the urban areas. Finance is an important factor affecting access to quality healthcare and is challenge because most of the population does not have a formal employment therefore cannot purchase or contribute to medical cover plans.

This leads to overreliance on out of pocket expenditure. He however added that recruitment and retention of the health workers should match the county's economical abilities.

-the health workers should ensure they are safe in their working environment. This would serve as one of the solutions for curbing immigration of health workers. According to world health organization (WHO), the ratio of health workers to the population per county should be 23:10,000 in Kenya whereas the current ratio is still low as we stand at 13:10,000. Dr. Muriuki noted that the counties with highest health workers deficiency are Isiolo and Wajir.

Ms. Faith Muigai, Regional Director, SafeCare, Pharm Access Foundation reiterated that there is need to need to shift attitude and create a good environment for patient care. We also have to change the narrative if we want to see good service delivery. However, she noted that there is poor or lack of infrastructure to enhance this. There is no independent body that checks the health workers performance thus there is no competition that would drive quality of service delivery.

Ms. Faith said that more health facilities should be accredited and the accreditation system need not be a pass or fail model but one of incremental growth. In conclusion, Ms. Faith mentioned that data is required to drive transparency and accountability,

that there is need to leverage on public private partnership so as to drive the quality agenda, and finally that there is need to invest in proactive and responsive versus reactive solutions.

Some of the major concerns that were raised from the audience were: there should be an assessment carried out on why there is poor distribution of health workers and even lots of immigration observed among the health workers and come up with a solution. There should also be a safe working environment for the health workers because some of the equipment and medication used exposes them to the dangers of contracting infections or even developing other health conditions. There was a recommendation that the health workers should be trained on disaster management even as we assess the training needs in the healthcare industry. Participants expressed unanimous consensus that there should be capacity building among the leaders to enhance accountability on financial management and on performance of healthcare workers. The policies created should also speak to each other.

The 6th annual Healthcare Management conference was a success bringing together a wide representation of stakeholders. The presenters provided key insights into the challenges and opportunities in the healthcare industry while the audience contributed engaging and thoughtful questions and remarks. If these ideas were implemented, we would expect to see the healthcare industry change for the good of all Kenyans! We look forward to the next conference

Annual Africa Health Business Symposium 2018 focuses on achieving Universal Health Coverage (UHC) in Africa

Africa has recorded a high increase in health expenditure over the last two decades with an associated increase in out-of-pocket expenditure for primary healthcare services. Access to quality healthcare plays a key role in achieving sustainable development goals (SDGs) and boosting economic growth. Integration of UHC as a goal in the national health strategies of African countries is becoming increasingly critical as the continent continues to bear the highest disease burden, an increasing population and lack of a strong health workforce to meet healthcare demands.

Africa Health Business Limited held the 3rd Africa Health Business Symposium dubbed AHBSIII at Hyatt Regency Hotel in Johannesburg , South Africa from 8th - 9th October 2018. The two day conference was themed “Achieving UHC in Africa: Stronger Together.” The conference brought together more than 300 delegates from over 50 countries, majority being African.



Dr. Pakishe Aaron Motsoaledi, Minister of Health South Africa speaking during the opening ceremony of the third Africa Health Business Symposium in South Africa

A major expectation for the attendees was learning from various countries' experiences in implementing UHC and the various policies and financing -

-mechanisms required for UHC to be achieved. The South Africa minister for health Dr. Pakishe Aaron Motsoaledi opened the conference by welcoming the attendees to South Africa.

He further thanked the AHBS team for choosing South Africa to be the host country for the third annual Africa Health Business Symposium. In his opening remarks, he said “The concept of achieving Universal Health Coverage by 2022 is important. We should aim at reducing the burden on health systems in Africa”.



Her Excellency Amira Elfadil Mohammed, Commissioner for Social Affairs African Union speaking during the third Africa Health Business Symposium

H.E. Amira Elfadil, Commissioner for Social Affairs, African Union, said the public sector must work in unity with the private sector and commit to improving health outcomes for all, not just the middle, upper – middle and elite classes that the private sector mainly serves. “Universal Health Coverage, will help us narrow gross inequalities among people who require access to quality healthcare and affordable medicines.”

“Implementing Universal Health Coverage is only possible when we train local skills and bring in the right medical equipment. The private sector is well positioned to launch such initiatives through Public – Private Partnerships or tailored agreements” Dr. Mohamed El Sahili, CEO Medland Health Services.

Dr. Amit N. Thakker, emphasised that quality should be the foundation and basis of UHC. "Quality is the right treatment for the right person at the right time. The private sector has the opportunity to provide care more cost- effectively", said Dr. Thakker, the chairman of Kenya Healthcare Federation (KHF).



Dr. Amit N. Thakker, chairman Kenya Healthcare Federation addressing the attendees at AHBSIII Conference in South Africa

There was an emphasis on strengthening public-private partnerships for achieving UHC. Intra Health CEO, Mr. Pape Gaye, emphasised that leveraging PPP in Africa can help achieve UHC especially establishing the right human resource capacity.

Key pointers discussed as a way forward were: PPPs, human resources for health, as well as quality and affordable medicines. There was unanimous agreement that African governments should consider working through PPPs to strengthen health literacy and health systems to increase access to quality health services and improve on financial protection schemes.

UHC can be achieved through learning from experiences of countries that have successfully implemented or are in the processes of successful implementation of UHC. Learning and adopting evolving innovations will give better ideas of effective healthcare models that are tailored to each country's needs. Diversified approaches will create the road map to significantly expand the number of people covered by risk pooling arrangements, with substantial benefits to health care, optimizing resource use, maximizing results and "leaving no one behind."

Dr. Toda Takao, Vice President, human security and global health - Japan International Cooperation Agency (JICA) - spoke of his own country's post-World War II experience in implementing UHC. He said that it was the key economic driver to the country's recovery from devastation by the conflict. Takao emphasized these three points: UHC is a nation-building issue, UHC is a pre-condition to economic growth and UHC must involve all stakeholders in the process or it will neither be achieved nor sustained.

Kenya Healthcare Federation was proud to partner with Africa Health Business Limited (a KHF Member) in making the event a success. KHF was represented the chairman Dr. Amit Thakker and two directors namely: Dr. Daniella Munene and Dr. Anastacia Nyalita. There were other KHF members who attended and exhibited at the event, including Corvus Health, IntraHealth International, Amref Health, General Electric and PharmaAccess Foundation.



Dr. Toda Takao, Vice President, human security and global health - Japan International Cooperation Agency (JICA) in a breakfast meeting with Dr. Amit N. Thakker, chairman Kenya Healthcare Federation

In his closing remarks, Dr. Thakker applauded the conference as remarkable, fruitful and very informative.

"We celebrate three key successes borne out of the symposium: Meaningful interaction and engagement with dignitaries, tangible progress on unification of the private sector in South Africa under a federation with good will from the Department of Health, and a commitment from the private health sector to support African Union to achieve Agenda 63.



Conference attendees during the B2B session in Hyatt Regency hotel in Johannesburg

Many delegates visited a General Electric (GE) medical innovation center that features the latest high-tech ultra sound scanners, infant incubators and other ultra modern medical equipment. GE considers this center as part of a solution toward African development by fostering home-grown solutions.

This includes an education and training center where expert healthcare providers train rural, community-level healthcare workers who are usually mostly untrained in the use of new technological advancements. There was unanimous agreement that the next AHBS (AHBSIV) will be held in Ethiopia.

MOMENTS THROUGH THE LENS



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Setting the pace for affordability of quality medicines

Med source Group Limited Kenya, was launched on 11th October 2018 at Villa Rosa Kempinsky Hotel in Westlands. This is the first organization of its kind in Kenya – ‘a group purchasing organization’ dedicated to improve the availability and affordability of quality medicines and related supplies for the people of Kenya as well as assist members to build sustainable businesses and provide services they can use to grow and prosper. MedSource Group leverages the combined purchasing power of its members to negotiate favorable contract pricing from suppliers and offers members access to a broad catalogue of quality products from prequalified distributors and manufacturers.



CEO, MedSource Group Limited, Dr. Peter Kamunyo together with Ms. Marian W. Wentworth, CEO Management Science for Health and invited guest during the launch at Villa Rosa Kempinsky Hotel in Nairobi

This launch brought together different leaders from the pharmaceutical industry representing both public and private sector who saluted the entrance of Medsource group into the market, as a much needed solution to various problems ailing the health sector.

Dr. Fred Siyoi, Chief Pharmacist and registrar -Pharmacy and poisons Board, welcomed Medsource group to the market. He reiterated that “The presence of Medsource group will contribute to the achievement of Universal Health Coverage through reducing the cost of medication The government welcomes the important role played by all health stakeholders and. Medsource Group’s role cannot be overemphasized. According to the sustainable development goals 2030 set by the United Nations, goal 3 states that; ensure healthy lives and promote well being of all at all times. under the big four agenda set by his Excellency President Uhuru Kenyatta for his second term.

Affordability of quality medicine is one of the challenges faced towards enhancing access to affordable and quality care.

“Even as the world is making great strides at improving health outcomes, even in low – resource countries, access to medicines continues to be a challenge. MedSource Group also presents an innovative way for Management Science for Health, to create private – sector opportunities to help deliver quality health services and products to more people. We are happy to add this novel approach to the range of other work that we have done over the years and we hope this venture in Kenya is just the beginning of similar work throughout Africa” Marian W. Wentworth, CEO Management Science for Health.

“The MedSource Group platform will be valuable to stakeholders such as pharmacies, hospitals/clinics, distributors, manufacturers and especially patients. Our main focus is and will always be to improve accessibility and availability of affordable, quality medicines and laboratory and health supplies for healthcare providers and people from all walks of life.” Dr. Douglas Keene, MedSource Group Chairman and Management Science for Health vice president for the pharmaceuticals and health. Dr. Peter Kamunyo, Medsource Group CEO, expressed his optimism that the organization will fill the gaps in the availability and affordability of quality assured life- saving medicines, including those used to manage non – communicable diseases. “Many families are struggling to continuously provide medication, especially to handle non – communicable diseases such as cancer, hypertension and diabetes among others. Through Medsource Group, healthcare providers will be able to procure the medicines their clients need at more affordable prices.” Dr. Peter Kamunyo, Medsource Group CEO.

The organization’s membership is open to pharmacies of all sizes, hospitals & hospital groups, institutions, in-house clinics, dispensaries, clinical laboratories, and health networks. Based in Nairobi, it is a fully owned subsidiary of Management Sciences for Health (MSH), a global nonprofit organization based in the United States.



MedSource Group Limited, CEO, Dr. Peter Kamunyo (right), Kenya Association of Pharmaceutical Industry Chair, Dr. Anastacia Nyalita (second right) Director, Metropolitan Hospital, Dr. K Gakombe (centre) and secretary general Kenya Medical Association(KMA) Dr. Simon Kigundu during a panel discussion at the MedSource group launch

Key membership benefits, in addition to the MedSource electronic platform to access price agreements, order and pay for their quality-assured medical supplies directly to the distributors includes; training support for business skills, pharmacy practices, and inventory management, facilitating access to credit, IT solutions and data analytics for improved integration and tracking of business transactions including purchasing and inventory management

Ninth Ministerial Stakeholder Forum

The Ministry of Health (MOH) held the ninth ministerial stakeholders forum on 23rd October 2018 at the MOH, Afya Annex building. The meeting was chaired by Dr. Jackson Kioko, Director of Medical Services (DMS) and co-chaired by Dr. Amit Thakker, chairman, Kenya Healthcare Federation (KHF). This forum brought together different health stakeholders including Christian Health Associations of Kenya (CHAK), Nursing Council of Kenya, Kenya Medical Practitioners and Dentist Board (KMPDB) and Kenya Private Sector Alliance (KEPSA), to discuss emerging issues in the private health sector, the progress made since the eighth MSF and the way forward.



Dr. Amit Thakker, Chairman, Kenya Healthcare Federation and Dr. Jackson Kioko Director of Medical Services Kenya During the ninth Ministerial Stakeholder Forum at the ministry of health Afya Annex building

In his opening remarks, Dr. Kioko thanked the private health sector team led by their chairman Dr. Thakker for their great efforts in advocacy and strengthening the partnership between the private sector and MOH. The DMS noted that MOH and the counties may not be able to provide 100% of the services therefore are very grateful for the contribution of the private sector. "Both public and private health sector should ensure that quality is at the core of delivering health services. We also need to train the health workers in having a good mind set, right attitude and good etiquette", said Dr. Kioko. He further added that the human resource norms and standards need to be reviewed because they do not reflect the reality on the ground.

Dr. Thakker in his opening remarks thanked all the attendees for making the time to attend the forum and discuss Kenya's health agenda. He emphasized that public - private dialogue is a two way engagement and PPP cannot be left to one party alone. Dr. Thakker assured indicated that KHF's presentation on the role of the private sector will be shared with MOH ahead of Presidential Round Table (PRT). In the previous MSF, there were major issues that were discussed with much progress made including: Health Regulations - control of the cost of healthcare - it was agreed that implementation of the Health ACT 2017, including the Kenya health professional oversight authority will contribute towards control of healthcare costs; Regulation of doctor's charges - It was agreed in the previous MSF meeting that KHF should be involved in the process of making Kenya quality model for health (KQMH) the minimum standards certifying tool in Kenya.

quality model for health (KQMH) the minimum standards certifying tool in Kenya. Ms. Faith Muigai, regional director- Pharm Access foundation informed the attendees that AMREF has been an implementing partner and will share an official report soonest. Dr. Kioko reiterated that quality and standards is a vital area to focus on for UHC. "When it comes to matters of quality and standards, we are looking at collaborations", said Dr. Kioko. Dr. Thakker suggested that the assessment starts with the areas providing low quality, then progress to areas providing high quality. KMPDB announced a joint inspection of health facilities, and requested KHF to send representatives to join the inspection team and give their input, to which KHF obliged.



The ministry of Health and the private sector during the ninth Ministerial Stakeholder Forum at the Afya Annex building

Healthcare financing is very key in achieving UHC and the private sector is a major contributing partner. Dr. Kioko requested the private sector to present a well-structured action plan on the role of the private sector. Dr. Thakker informed the DMS that the role of the private sector has not been clearly defined particularly in healthcare financing, because the role of NHIF vis-a-vis private health insurance is unclear. Dr. Thakker reported that KHF has visited seven counties to assess their healthcare financing needs and existing models. "The urgency of the counties is now. They have already modelled their own schemes and the big question is where does MOH see the role of the county schemes fitting. It is important that a risk pooling structure be clearly defined so that the private sector can engage", added Dr. Thakker.

Dr. Kioko responded by saying that MOH is supporting the county financing schemes. "Although issues of sustainability and acceptability of the county medical schemes have been raised, we need to look at them positively and allow them to continue, as we look into how we can support them to be more cost effective" Dr. Kioko added. He further explained that the choice of pilot counties for UHC roll out was based on the need to cover the vulnerable first then the less vulnerable,

and that the pilot will be a learning phase which will be monitored to determine which partners need to be brought on board.

Commenting on county managed schemes, Mr. Elkana Onguti of MOH however cautioned that too many pools end up in excessive administrative spend. Dr. Thakker then suggested to MOH to implement a regulatory authority that will regulate the schemes.

In matters of supply chain, KHF requested that regulations for appropriate control of parallel imports should be implemented. Dr. Siyoi, CEO, Pharmacy and Poisons Board (PPB) reported that regulations have indeed been drafted and are due to be gazetted in a few days. Ms. Faith Muigai, regional Director, Pharm Access Foundation emphasized that when looking at strengthening quality and standards, supply chain should also be strengthened. Mr. Onguti, reported that a legal framework has identified some gaps in supply chain though the discussions have not been finalized.

On price control of medicines, Dr. Siyoi reported that a task force has been formed that is looking at price reduction strategies, and he will give a report on this once the task force completes their report. The issue of coding of medicines was raised by Dr. Peter Kamunyo, CEO, Medsource Group. Dr. Kioko invited KHF to prepare and present a proposal to MOH on coding. Dr. Daniella Munene, CEO, Pharmaceutical Society of Kenya (PSK), suggested that Kenya should select the global language of ATC codes as used by PPB to register medicines. Dr. Munene will work closely with PPB on this, to propose a workable coding system for medicines.

Second International Conference on Maternal, Newborn and Child Health in Africa

Kenya proudly hosted the second international conference on maternal, newborn and child health in Africa themed “Maintaining momentum and focus towards ending preventable maternal and child deaths by 2030 – Sustainable path towards Africa’s Transformation.” The conference was held at the Safari Park Hotel in Nairobi from 29th October to 31st October 2018. This conference that brought together different health stakeholders from across Africa and was opened by the first lady, H.E Mrs. Margret Kenyatta, republic of Kenya.



The first lady, H.E Mrs. Margret Kenyatta together with Mrs. Sicily Kariuki, Cabinet secretary Ministry of Health in a panel during the second conference on Maternal, Newborn and Child Health in Africa

In her opening remarks, she welcomed delegates and guests from different nationalities and further applauded the ministry of Health and the African Union Commission for the efforts made towards a reduction

of Maternal and child mortality. “57% of maternal mortality happens in Africa of which 6,000 happens in Kenya. Kenya demands affordable and safe maternal health services. Let us applaud the role and efforts made by the community health workers and skilled health workers.” H.E Mrs. Margret Kenyatta. She further said that the conference is very timely and looks forward to its fruitfulness as Kenya has prioritized affordable health as one of the big four agenda.

“This conference has come at a point where there is a lot of issues happening to the women and children. However, We need to work together to bring out the health Agenda to fruition, this will see the achievement of sustainable development goal and further achieve the transformative goal in Africa.” Her Excellency Amira Elfadil Mohammed, Commissioner for Social Affairs African Union. The conference was also graced by the Cabinet Secretary for Health Mrs. Sicily Kariuki, Principal Secretary for foreign affairs Mr. Macharia Kamau and first ladies’ from different counties across the country.

Call for partnerships was key as discussed and reiterated by majority of the key speakers. This was a call to work together and combine efforts and ideas among the Ministry of Health and associated Ministries, private health sector and Non-Governmental Organizations, so as give a solution not only to lower Maternal and child mortality, but also to end it.

In her remarks, the Cabinet Secretary for health Mrs. Sicily Kariuki, applauded the county governments for their efforts in reducing the maternal and child mortality especially fighting against early child marriage thus encouraging education to girl child. She thanked the first lady Mrs. Margaret Kenyatta for her effort in improving accessibility to maternal health services through beyond zero initiatives.

“I urge county governments to continue in improving maternal and child health. We need to intensify efforts to keep girls in school. We are glad that the government has prioritized women, children and adolescent health.” Mrs. Sicily Kariuki Cabinet Secretary for Health. “Everything that drives peace between each other, between nations and organizations, is based on how we treat each other. This begins at the family level. We need to invest in good health for the mother and child and this should start at the community level.” Mr. Macharia Kamau, Principal Secretary for Ministry of foreign affairs. “According to a research carried out in March 2018, majority of Kenyans support devolution in health this is very encouraging and gives hopes of a collaboration towards achieving affordable health.



Mr. Macharia Kamau, Principal Secretary for Ministry of foreign affairs, speaking during the second conference on Maternal, Newborn and child health in Africa

Counties have plans of improving nutrition as one of the solution towards ending maternal mortality, however, there are challenges to achieving this and we must collaborate” Dr. Mohammed Kuti, Governor, Isiolo County.

Dr. Amit N. Thakker, Chairman, Kenya Healthcare Federation represented the private health sector on a panel discussion on ‘What Africa needs to stay on track towards ending preventable maternal ,newborn and child death by 2030.’ “We believe that a woman is at the centre of the family, community and above all at the centre of economic growth in Africa” Dr. Amit N. Thakker, Chairman, Kenya Healthcare Federation. Dr. Thakker further informed the attendees that the private sector will focus on four -- areas including; Supply chain-this will ensure the support local manufacturers through which there will be a reduction of cost of medicines once implemented. Innovations and Technology – the private sector is ready to provide innovations and technology this has been done in India, Kenya and South Africa ranking third.

The challenge facing this is how to get the innovations to the market. Human Resources for Health – there is need to recognize the role of the auxiliary health workers and community health workers, in this the private health sector will also concentrate on capacity building.

-represented in the panel discussion by Dr. Jaqueline Kitulu, director – Kenya Healthcare Federation Ms. Ivy Syovata – Philips East Africa, Dr. Peter Kamunyo, director – Kenya Healthcare Federation and Dr. Walter Obita ,director – Kenya Healthcare Federation.

Major areas that were highlighted in the discussions were; Strengthening of the human resource especially in the area of capacity building, map out the distribution of health workers especially the specialists, identify the areas in need of health workers, training the health workers on how to handle equipment, role out financing models that is affordable and that covers the under privileged, training on emergency care should be carried out on the health workers. It was noted that there is less family planning facilities and supplies therefore supporting local manufacturers of drugs will see a reduction on the cost thus making the supplies more affordable.

“We need a central mechanism to map out numbers and distribution of all health workers both public and private .This is the only way that then we can plan as a country to recruit,train and retain a motivated workforce that can equitably be distributed leveraging on all workers in all sectors to provide the much needed quality healthcare to the public. -A health service commission is such a body.” Dr. Jacqueline Kitulu, Director, Kenya Healthcare Federation.

There was a unanimous agreement from different nationalities that the private sector, should partner with the ministry of health in sharing best practices, best innovations and technology and share best evidence based research. “We need to agree on partnerships through this there will be support on innovations and technology. for example maternal death prevention technology that can be used by the midwives.



Far right Dr. Jackson Kioko, Director for medical services, second right Dr. Ademola Olajide, UNFPA representative to Kenya, far left Dr. Amit N. Thakker, chairman Kenya Healthcare Federation and second left Prof. Khama Rogo, Health Lead of the Health in Africa Initiative, World Bank

“Majority of maternal mortality happens at the health facilities, and less has been done in educating people on the reproductive health a major concentration paid on the uterus. This should be at the core of discussion. Majority of maternal deaths occurs as a result of three delays including; delay in decision to seek care, delay in reaching care and delay in receiving adequate health care. However, in order to address maternal mortality, we need a strong health workforce, sufficient equipment and supplies, order and accountability.” Prof. Khama Rogo, Lead Health Sector Specialist, World Bank.

Ms. Faith Muigai, Director, Kenya Healthcare Federation moderated the panel session on ‘the role of private sector in advancing Reproductive, Maternal, Newborn and Child Health(RMNCH) Agenda’ Kenya Healthcare Federation was well-



Kenya Healthcare Federation Board of Directors and members speaking in a panel during the second International Conference on Maternal, Newborn and Child Health in Africa

Philips East Africa have come up with mobile obstetrics monitoring, a technology that can be used by community health volunteers once trained.” Ms. Ivy Syovata, Philips East Africa.

Basing the discussion on best practice and successes observed in Zambia, Malawi and Liberia a major solution that was discussed in a parallel session on strengthening community platforms for primary health care, was ‘Trust’ primary health care has been successful in the three countries through the efforts by the community health workers. They are trusted with health advocacy, communication and sensitization, they are trusted with handling health technology and medical equipment such as blood pressure machines.

The fourth Speakers round table

Kenya Private Sector Alliance (KEPSA) held the fourth speakers round table meeting at Leisure Lodge, Diani, Ukunda, on the 5th October 2018. The Speaker's Roundtable (SRT) happened between the National Assembly and the Kenya Private Sector Alliance (KEPSA) and is one of the high level Public – Private Dialogue (PPDs) that was formed and formalized under the 10th Parliament. In her opening remarks, Ms. Carole Kariuki, KEPSA CEO, thanked the speaker and members of the National Assembly for the engagement with the private sector. She noted that KEPSA makes efforts to meet parliamentarians once elected, to enable them understand the private sector and continue engaging through parliamentary departmental committees to provide input into key policies and legislations.



Members of the National Assembly led by the Speaker Hon. Justin Muturi and the private sector at Leisure Lodge Diani on 5th October 2018

Ms. Kariuki further noted the government's focus on the Big 4 Agenda and emphasized on the need to work together to achieve the ambitious plan in the shortest time possible. She called for a change in tact and a need to reimagine Kenya through legislative partnership. She added that to spur manufacturing competitiveness, some of the underlying impediments that need to be resolved include; reducing energy costs, curbing proliferation of illicit trade and cheap imports, removal of IDF (Import Declaration Form Levy) and RDF (Railway Development Levy) on industrial input and machinery as well as enhancing prompt payments to suppliers. Through partnership with the National Assembly, she expressed optimism of achievement of the Big 4 Agenda the Speakers' Round Table, under the leadership of the Speaker Hon. Justin Muturi, had some key areas of focus ranging from policy to revenue management to engagement with the private sector engagement.

To note a few, the agenda included outlining recommendations and strategy for the conclusion of the list of policies, laws and regulations in the areas of revenue generation, debt management and effective taxation. They also sought to enhance the quality of policy and governance to facilitate a conducive business environment to create jobs and wealth in order to bring inclusive prosperity. Further, the Speakers' Roundtable aimed to increase uptake and adoption by parliament of key private sector recommendations on the legislative agenda as identified by private sector and to increase coordination between the legislature and private sector on legislative agenda needed to drive the Big Four development agenda and to unlock private sector investments.

The National Assembly Speaker Hon. Justin Muturi applauded the crucial role played by the private sector in the economy as the engine of growth, creating jobs, paying taxes and providing essential goods and services. He said that interactive planning and decision making processes would be needed to support the private sector participation in development and foster partnerships strategies that combine skills, resources and ideas to stimulate the economy, enabling it to respond innovatively to national and global economic changes.



Speaker of the National Assembly, Hon. Justin Muturi, speaking during the Speaker's Round Table

The speaker noted KEPSA's continued provision of a unified voice for the private sector and maintaining focused efforts to create impact on wealth creation and social economic development. On the other hand, the SRT would provide an opportunity to highlight the key issues affecting public and private relationship and give the National Assembly a chance to identify areas of intervention to create an enabling environment for private sector development and increased investment. It would also act to enhance oversight of the executive to ensure all budgetary proposals are scrutinized and implemented as approved with ensure integrity, ethical values and the rule of law as well as promoting action-based best practices like corporate social responsibility, conservation and protection through prudent use of the country's natural resources. During the breakout sessions, there were major discussions on universal health coverage (UHC) conducted by Hon. Sabina Chege, the chairperson of the Health Parliamentary Departmental Committee. Kenya Healthcare Federation was represented by Mr. Anthony Jaccodul, Vice Chair of the Health Regulations, Quality and Standards Committee. In his remarks he said that provision of universal health care in Kenya will not only accelerate progress towards vision 2030, but will also lead to realization of Sustainable Development Goal 3 of ensuring healthy lives and promotion of well-being for all the ages.

There is therefore need for a whole systems' approach in the delivery of UHC. Mr. Jaccodul also presented KHF's position statement on which includes;- UHC should be implemented and

monitored basing on quality indicators that can be measured by accredited Health Standards for Quality, Facilities to adopt both nationally and international accepted patient safety and quality standards e.g. Kenya Quality Model for Health (KQMH), Safecare, Joint Commission International (JCI), The sole government agency handling quality that is KENAS needs to be brought on board to ensure quality of care conversation does not get lost, KENAS would accredit conformity assessment bodies to implement various standards available in the industry, This would also provide a space for continuous quality Improvement, National Hospital Insurance Fund(NHIF)restructuring regulations to various sections of the Health Act 2017 should be drafted and guidelines adopted to ensure this moves in tandem with UHC.

The discussions were rich, informed, and resulted in several recommendations. There is need for a holistic approach to Universal Health Coverage. In addition to financing , we should focus on human capital, better health infrastructure, value chain efficiency, lower cost of medical equipment, standards for health services delivery and enhanced access to quality healthcare, policy on harmonization of pricing of health services to be developed and a review of work schedules in public hospitals to tackle the problem of shortages. There would also be need to evaluate of the Managed Equipment Service Program by the MOH to establish reasons why some of the critical equipment are lying idle and that the NHIF coverage in schools should be standardized to cover all students in both public and private schools including issuance of the NHIF card.

The Hospital referral system should be strengthened to the lower tier county run hospitals to reduce burden on Kenyatta National Hospital and Moi Teaching and Referral Hospital. It's important to strengthen the private sector for curative healthcare while public sector focus on preventive and promote health services. A health summit for all the health leaders including the Health Parliamentary Departmental Committee, Governors, County Executive Members and the private sector was proposed. The legislative recommended the fast tracking of the Health Laws Amendment Bill 2018, by the house business Committee to the committee of the whole house. This bill will promote local manufacturing of pharmaceuticals and medical equipment to tackle influx of illicit trade in Kenya.

National Hospital Insurance Fund (NHIF) Bill to be brought to Parliament soonest so as to address governance issues i.e. separate accreditation and financing role of NHIF, Issues of quality management should be assigned to Kenya National Accreditation Service (KENAS) to accredit healthcare facilities and Ministry of Health MOH to oversight policy, Ministry of Health to fully operationalize the Health Act, Review Insurance Regulatory Act to increase uptake of private insurance in addition to the National Hospital Insurance Fund (NHIF) and Finance Committee to review the public finance management Act to ensure that health finances are ring-fenced exclusively for health services only and avert diversion.

Kenya Healthcare Federation(KHF) contrives on enhancing the eHealth Policy

The ICT and mobile health committee held it's quarterly meeting on 9th October 2018 at KHF Board Room to discuss the ministry of health (MoH) eHealth policy document being discussed as the key agenda. On eHealth policy, document that is being reviewed by the committee. From the document, the issues of data exchange is addressed mainly under "health infrastructure" and not under "health information," the Policy does not specify or make a proposition about which of the 10 different 'orientations' of the eHealth policy is most relevant to the private sector, and where the industry is expected/invited to be involved and provide support, Kenya Health Architecture; It is not quite clear who the target users of the document are, with regards to the private sector,-

-a challenge in the private sector is the issue that emerging technology often remains unregulated (e.g. MyDawa experience).



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

The Health Information Interagency Committee (ICC) is the highest committee in charge of coordinating health information related issues at the Ministry of Health and involving partners. For private sector players (health service providers, medical insurance providers, IT providers and others), more specific and strict regulation "with teeth" may be required.

The policy documents presented appear relatively vague and high-level, and as such do not provide clear guidance or binding rules for the private sector, The engagement of the government with the private sector (with regards to health information and data exchange) should be more systematic; communication with individual companies – who do not have a mandate to share information with others – or with the top-level leadership of KHF alone may not lead to the desired outcome of a broad-level dissemination of messages and a two-way communication with broad representation from the various private health sub-sectors. There is an interest of private sector players to participate/provide input in the development of indicators in the national health information systems, so that issues that affect the private sector more can also be captured and reported. The current practice appears to be that indicators for the national health information system are discussed by the government and international partners without involvement of private sector.

The committee is also reviewing two documents namely: Standards and guidelines for mHEALTH, the WHO classification of digital health systems (2018) and the standards and guidelines for Electronic Medical Record Systems in Kenya (2010).The committee has also formed a PPP subcommittee who held their first meeting on 6th September 2018 at HUAWEI Technologies to outline PPP issues within ICT health sector. This subcommittee has also met Mr. Anthony Okoth, Chair of KHF's main PPP committee to align the KHF's PPP agenda for onward presentation to Ministerial Stakeholder Forum and Presidential Round Table.