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REPUBLIC OF KENYA

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THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT- THIRD SESSION

DEPARTMENTAL COMMITTEE ON HEALTH

THE NATIONAL ASSEMBLY PAPERS LAID		DAY.
DATE:	25 APR 2019	Thurs day
TABLED BY:	Member for Health Hon. Justice Kisumu	
CLERK-AT-THE-TABLE:	Wahneema Lubiano	

REPORT ON A PETITION BY THE KENYA MEDICAL PRACTITIONERS, PHARMACISTS AND DENTISTS UNION (KMPDU) AND BORESHA MAISHA ON ENACTMENT OF LEGISLATION TO PROVIDE FOR THE NATIONAL HEALTH REFERRAL AND TRAINING HOSPITALS AND ESTABLISHMENT OF HEALTH SERVICE COMMISSION

Published by:-
The Directorate of Committee Services
Clerk's Chambers
Parliament Buildings
NAIROBI

APRIL, 2019

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ABBREVIATIONS

COG	Council of Governors
HRH	Human Resources for Health
KMPDB	Kenya Medical Practitioners and Dentists Board
KMPDU	Kenya Medical Practitioners and Dentists Union
UHC	Universal Health Coverage

CHAIRPERSON'S FOREWORD

On Thursday, 21st February, 2019 the Hon. Speaker pursuant to Standing Order 225(2) (b) reported to the House a Petition by the Kenya Medical Practitioners', Pharmacists' and Dentist's Union and Boresha Maisha regarding enactment of legislation to provide for the National Health Referral and Training Hospitals and establishment of Health Service Commission.

Pursuant to Standing Order 227, the Petition was referred to the Departmental Committee on Health for its consideration. The Committee considered the prayers sought by the petitioner that, the National Assembly enacts legislation to;

- (i) Provide for a framework for transfer and reversal of the health function back to the National Government in terms of Article 187 of the Constitution;
- (ii) Provide for a legal framework for operations and regulation of national health referral hospitals, in addition to elevation and designation of the existing eleven (11) Level 5 hospitals into National Referral and Training Hospitals;
- (iii) Ring –fence Health funds at the County level; and
- (iv) Amend other relevant laws as contemplated in Article 252 of the Constitution, so as to assign functions and power to the proposed Health Service Commission.

On behalf of the Committee, and pursuant to Standing Order, 227(2), it is my pleasant honour to table before the House the Report of the Committee on the Petition by the Kenya Medical Practitioners', Pharmacists' and Dentist's Union and Boresha Maisha on the enactment of legislation to provide for the National Health Referral and Training Hospitals and establishment of Health Service Commission.

Signed.......... Date.....25/4/19.....

Hon. Sabina Chege, MP

Chairperson, Departmental Committee on Health

EXECUTIVE SUMMARY

The Committee was seized of the petition as referred to it by the House and in responding to the prayers by the Kenya Medical Practitioners', Pharmacists' and Dentist's Union and Boresha Maisha, held meeting with the petitioner, and sought views from the Ministry of Health and the Council of Governors (COG).

The petitioners prayed that the National Assembly enacts various pieces of legislation to provide for the transfer of the health function to National Government. They also sought to establish a legal framework for re-designation of national teaching and referral hospitals, as well as ring-fencing of health funds at county level hospitals. Finally, the petitioners sought for the establishment of a Health Services Commission for standardized administration of health personnel.

The Ministry supported the intention to reform the health sector through the prayers sought, including their own efforts to address the challenges through operationalization of the Health Act, 2017, among other strategies. The Council of Governors urged for full compliance of the Constitution as regards functions of either levels of government.

The Committee noted that the Petition was timely as the country had witnessed continuous deterioration of public health care characterised by limited medical personnel, poor hospital infrastructure and medical equipment, poor remuneration of medical works and limited funding of health facilities. The Committee appreciated the fact that there was an urgent need to relook at the country's healthcare holistically if the country was to address the problems in the sector. The Committee noted government's efforts to implement Universal Health Coverage (UHC) with a view to guarantee all Kenyans access to quality health care by the year 2022.

The Committee recommends that the Ministry expedites the process of operationalizing the Health Act 2017. Further, various Sections of the Health Act, 2017 and the Public Finance Management Act, 2012 be amended to provide for re-classification of national

referral and teaching hospitals, as well as provide for stiffer penalties to ring-fence funds meant for health purposes.

1.0 PREFACE

1.1 Establishment and Mandate of the Committee

Mr. Speaker Sir,

Article 124 of the Constitution provides for the establishment of Committees by Parliament. The Departmental Committee on Health is established pursuant to the provisions of Standing Order No. 216 of the National Assembly. The mandate and functions of the Committee are;

- a) Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments;*
- b) Study the programme and policy objectives of the Ministries and departments and the effectiveness of the implementation;*
- c) Study and review all legislation referred to it;*
- d) Study, assess and analyze the relative success of the Ministries and departments as measured by the results obtained as compared with its stated objectives;*
- e) Investigate and inquire into all matters relating to the assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House;*
- f) Vet and report on all appointments where the constitution or any law requires the National Assembly to approve, except those under Standing Order 204;*
- fa) Examine treaties, agreements and conventions;*
- g) Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
- h) Consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
- i) Examine any questions raised by Members on a matter within its mandate.*

1.2 Oversight

The Committee is mandated to cover the functions of the Ministry of Health in accordance with the Fourth Schedule of the Constitution. This includes semi-autonomous agencies and regulatory bodies that fall under the Ministry.

1.3 Committee Membership

The Committee comprises the following Honourable Members:

	NAME	POLITICAL PARTY	CONSTITUENCY/ COUNTY
1	Hon. Sabina Chege, MP – Chairperson	Jubilee	Murang'a
2	Hon. Swarup Ranjan Mishra, MP – Vice Chairperson	Jubilee	Kesses
3	Hon. (Dr.) Eseli Simiyu, MP	Ford Kenya	Tongaren
4	Hon. (Dr.) James Nyikal, MP	ODM	Seme
5	Hon. Alfred Agoi Masadia, MP	ANC	Sabatia
6	Hon. (Dr.) James Kipkosgei Murgor, MP	Jubilee	Keiyo North
7	Hon. Muriuki Njagagua, MP	Jubilee	Mbeere North
8	Hon. (Dr.) Mohamed Dahir Duale, MP	KANU	Daadab
9	Hon. Stephen Mule, MP	Wiper Democratic Movement	Matungulu
10	Hon. Esther M. Passaris, MP	ODM	Nairobi
11	Hon. Gladwell Jesire Cheruiyot	KANU	Baringo
12	Hon. Kipsengeret Koros, MP	Independent	Sigowet-soin
13	Hon. Martin Peters Owino, MP	ODM	Ndhiwa
14	Hon. Mercy Wanjiku Gakuya, MP	Jubilee	Kasarani
15	Hon. Prof. Mohamud Sheikh	Jubilee	Wajir South

	Mohamed, MP		
16	Hon. Patrick Munene Ntwiga, MP	Jubilee	Chuka Igamba Ng'ombe
17	Hon. Tongoyo Gabriel Koshal, MP	Chama Cha Mashinani	Narok West
18	Hon. Zachary Kwenya Thuku, MP	Jubilee	Kinangop

1.4 Secretariat

The Committee is supported by the following members of the Secretariat;

- | | | |
|--------------------------------|---|----------------------------|
| 1. Mr. Victor Weke | - | Clerk Assistant I |
| 2. Mr. Muyodi Meldaki Emmanuel | - | Clerk Assistant III |
| 3. Mr. Ahmed Hassan Odhowa | - | Principal Research Officer |
| 4. Ms. Lynette Otieno | - | Legal Counsel I |
| 5. Mr. Eric Kanyi | - | Fiscal Analyst |
| 6. Ms. Winnie Kiziah | - | Media Officer |

2.0 INTRODUCTION

2.1 Legal framework for petitions

1. Article 37 of the Constitution provides that, *'every person has the right, peaceably and unarmed, to assemble, to demonstrate, to picket, and to present petitions to public authorities.'* Article 119(1) of the Constitution further provides that, *'every person has a right to petition Parliament to consider any matter within its authority, including to enact, amend or repeal any legislation.'*
2. Petition to Parliament Act provides that;
'Upon presentation of a petition to the House, the Speaker refers it to the relevant Committee for consideration, and reporting. After referral the Committee invites the Petitioner (s) to appear before it and prosecute the petition; and the authority responsible for matters relating to the subject matter of the Petition to respond in writing or through oral representations.'
3. The National Assembly Standing Orders require that a Committee, to which a petition is committed to, responds to a Petitioner within sixty days (60) days through a report tabled in the House.
4. The Petition by the Kenya Medical Practitioners', Pharmacists' and Dentist's Union and Boresha Maisha regarding enactment of legislation to provide for the National Health Referral and Training Hospitals and establishment of Health Service Commission was conveyed to the House On Thursday, 21st February, 2019 by the Speaker of the National Assembly. The House, pursuant to National Assembly Standing Order No 227 referred the Petition to the Departmental Committee on Health for preparation of the Report and reporting within 60 days as set out in National Assembly Standing order No 227(2).
5. The Petitioners wished to draw to the attention of the House the provisions of the Constitution of Kenya which confers upon the National Government with the functions relating to the National Referral Health Facilities and Health Policy. Further that Article 43(1) of the Constitution guarantees the right of every person to the highest attainable standard of health.

6. The state of healthcare of many Kenyans remains deplorable and that the health system is facing numerous challenges including inadequate medical personnel, poor remuneration, impoverished hospital infrastructure, inadequate medical equipment and funding.
7. The petitioner's prayed that the National Assembly enacts legislation to;
 - i. Provide for a framework for transfer and reversal of the health function back to the National Government in terms of Article 187 of the Constitution;
 - ii. Provide for a legal framework for operations and regulation of national health referral hospitals, in addition to elevation and designation of the existing eleven (11) Level 5 hospitals into National Referral and Training Hospital;
 - iii. Ring -fence Health funds at the County level; and
 - iv. Amend other relevant laws as contemplated in Article 252 of the Constitution, so as to assign functions and power to the proposed Health Service Commission.

19. Countries in Central Europe i.e. Norway, Sweden, Spain were once reported as the best examples for decentralization of healthcare. However, in 2002, they recentralized on the basis that smaller units achieved worse health outcomes.
20. Establishment of Health Service Commission in Kenya would be beneficial to the public/patients, national/County government and the health workers as it would lead to levelling the quality of health care services, increase access and reduce the cost of healthcare, strengthen and ensure consistency of healthcare services/ standards, improved accountability and Human Resource Management System (HRM), Better work satisfaction, career growth and improved prospects, assured and beneficial employment.

3.2 Submission by the Ministry of Health

In a letter dated 12th April, 2019, the Principal Secretary, Ministry of Health Mrs. Susan Mochache, CBS submitted the following in response to the prayers;

Transfer of Health functions

21. On transferring the health function back to the National Government, the Ministry submitted that it requires actualizing Article 187 of the Constitution, preceded by adequate consultations, collaboration, development of legal mechanisms and phased implementation. The Ministry had no objections in working with counties that wished to transfer any of their health functions to the national government.

Legal framework

22. On the second prayer to create a legal framework for operation and regulation of national health referral hospitals, the Ministry recognized this need and had developed a concept note for the establishment of an oversight body for this purpose, awaiting Cabinet approval. This body would seek to improve governance, leadership, administration and growth of the hospitals.

Re-designation of level five hospitals

23. On the re-designation of the existing level five hospitals to national referral and training hospitals, the Ministry stated that it had identified certain health facilities to be revamped into centres of excellence for specific interventions. The re-designation of county hospitals to level 5 status would require the application of Article 187. The Ministry was already in talks with Nyeri County to re-designate the Othaya National Referral Hospital.

Funding Health Facilities

24. The ministry supported the direct remittance of public funds meant for health services directly to the health facilities. The Ministry supported the re-establishment of health facility management committees for improved governance at the local level.

25. Finally the Ministry submitted that in efforts to mitigate prevailing challenges in the health sector, they were pursuing operationalization of the Health Act through establishment of the Kenya Health Professionals Oversight Authority and the Kenya Human Resource Advisory Council to realize ethical practices and harmony in the sector. Further, the Ministry has held consultations with a wide range of stakeholders, conduct regular capacity building for specialists, regular joint inspection of health facilities, monitoring of adherence to agreed norms and standards for HRH and infrastructure, financial support through UHC and other grants and programmes and recommendation to classify health as an essential service in the labour laws to minimize industrial action.

3.3 Submission from the Council of Governors (COG)

26. In a letter dated 9th April, 2019 the Council of Governors (COG) noted that they were aware that the health function was devolved save for the referral facilities and according to the 4th schedule of the Constitution which had assigned the functions to the two levels of government.

27. The COG noted that the petition's proposals were misguided since it purported to reverse county functions assigned by the Constitution. They requested the Committee to note the Constitutional provisions as they reviewed the petition.

4.0 COMMITTEE OBSERVATIONS

The Committee made the following observations from evidence adduced in meetings, that;

1. Pursuant to the provisions of Article 186(1), the functions and powers of the National Government and the County Governments are set out in the Fourth Schedule. In relation to health, section 23 of Part 1 of the Fourth Schedule and section 2 of Part 2 of the Fourth Schedule provide that National Referral Health facilities are a mandate of the National Government, while county health services including in particular county health facilities and pharmacies are a mandate of the County Government respectively.

Article 187 on the transfer of functions and powers between levels of government of the Constitution provides that-

187. (1) A function or power of government at one level may be transferred to a government at the other level by agreement between the governments if—

(a) the function or power would be more effectively performed or exercised by the receiving government; and

(b) the transfer of the function or power is not prohibited by the legislation under which it is to be performed or exercised.

(2) If a function or power is transferred from a government at one level to a government at the other level—

(a) arrangements shall be put in place to ensure that the resources necessary for the performance of the function or exercise of the power are transferred; and

(b) constitutional responsibility for the performance of the function or exercise of the power shall remain with the government to which it is assigned by the Fourth Schedule.

In this regard a transfer of a function assigned by the Constitution, can only be transferred by agreement by the two levels of government if the conditions under Article 187(1) (a) and (b) of the Constitution are met. Further this transfer of function does not diminish the constitutional responsibility for the performance of the function or exercise of the power as it shall remain with the government to which it is assigned by the Fourth Schedule.

2. The Committee noted that Section of 15(1)(k) of the Health Act, 2017 provides for duties of national government as follows-

*(1) The national government ministry responsible for health shall—
... (k) set guidelines for the designation of referral health facilities;*

Further, Section 24 of the Health Act, 2017 provides for a retention of service provision as follows-

24. Without prejudice to the distribution of health functions and services between the national and county levels of government as set out in Fourth Schedule of the Constitution, the national Government shall manage and be responsible for—

(a) any public health institution classified as a national referral facility under this Act;

It further noted from the foregoing that a framework for the operation and regulation of national health referral hospitals was already in existence in the Health Act, 2017 which has only been in force since 7th July, 2017 and that what remained was for the Ministry of Health together with other relevant state agencies to expedite

the process of operationalizing the Health Act 2017 including making of guidelines on referral hospitals under the Health Act, 2017.

3. Classification of levels of health care is provided for under section 25 of the Health Act, 2017 as follows-

25. (1) The technical classification of levels of health care shall be as set out in the First Schedule.

(2) Subsection (1) shall not apply to a health facility under the management of a county government at the commencement of this Act.

Pursuant to section 25 (2) of the Health Act, 2017 all health facilities that were under the management of a county government at the commencement of the Act are not subject to the classification under subsection (1) and may not be upgraded to National Referral and Training Hospital unless subsection (2) is deleted.

4. On the establishment of the Health Service Commission, the Committee observed that Chapter Fifteen of the Constitution provides for Commissions and Independent offices which are listed in Article 248(2) and (3) of the Constitution. Article 255 of the Constitution provides that

255. (1) A proposed amendment to this Constitution shall be enacted in accordance with Article 256 or 257, and approved in accordance with clause (2) by a referendum, if the amendment relates to any of the following matters—

... (g) the independence of the Judiciary and the commissions and independent offices to which Chapter Fifteen applies;

(h) the functions of Parliament;

(i) the objects, principles and structure of devolved government; or ...

Therefore in order to establish an additional independent commission in terms of Chapter Fifteen an amendment would be required in accordance with Articles 256 or

257 of the Constitution, and approved in accordance with Article 255(2) by a referendum.

5. The Committee also observed that Article 235 of the Constitution provides for staffing of county governments—

235. (1) A county government is responsible, within a framework of uniform norms and standards prescribed by an Act of Parliament, for—

(a) establishing and abolishing offices in its public service;

(b) appointing persons to hold or act in those offices, and confirming appointments; and

(c) exercising disciplinary control over and removing persons holding or acting in those offices.

(2) Clause (1) shall not apply to any office or position subject to the Teachers Service Commission

It further noted that health and education are a shared function between the two levels of government, however as regards the human resource aspect of education, Article 235(2) of the Constitution excluded offices or positions subject to the Teachers Service Commission. In this regard if an independent commission were to be established a similar provision would have to be effected in Article 235 to exclude health workers from regulation by county governments. This provision would similarly be subject to the provision of Article 255 of the Constitution.

6. Article 189(2) of the Constitution provides that Government at each level shall cooperate in the performance of functions and exercise of powers and, for that purpose, may set up joint committees and joint authorities. Whereas Article 191(2) and (3) provides that

(2) National legislation prevails over county legislation if—

(a) the national legislation applies uniformly throughout Kenya and any of the conditions specified in clause (3) is satisfied; or

(b) the national legislation is aimed at preventing unreasonable action by a county that—

(i) is prejudicial to the economic, health or security interests of Kenya or another county; or

(ii) impedes the implementation of national economic policy.

(3) The following are the conditions referred to in clause (2) (a)—

(a) the national legislation provides for a matter that cannot be regulated effectively by legislation enacted by the individual counties;

(b) the national legislation provides for a matter that, to be dealt with effectively, requires uniformity across the nation, and the national legislation provides that uniformity by establishing—

(i) norms and standards; or

(ii) national policies;...

While Article 189 (2) that provides for setting up of joint committees and joint authorities and further Article 191 that allows national legislation to prevail for purposes of setting uniform norms and standards, the Committee notes that Section 30 of the Health Act, 2017 established the Kenya Health Human Resource Advisory Council. The purpose of the Council is to among other things address issues of uniform norms and standards of health care professionals. Therefore there is need for the Ministry of Health to expedite the process of operationalizing the Health Act, 2017 so that the Kenya Health Human Resource Advisory Council is established.

7. On the issue concerning the Ring-fencing of Health Funds at the county level, the Committee observed that, Section 87 of the Health Act, 2017 provides that-

(a) (1) The National Treasury shall, facilitate the opening and maintenance of bank accounts by the county treasuries, for purposes of operationalizing disbursements of conditional grants, donation and any other monies

designated for health as may be prescribed, in accordance with the provisions of the Constitution and the Public Finance Management Act (No. 18 of 2012).

(2) Funds identified and designated for health in subsection (1) shall not be appropriated for any other purpose

Therefore in that regard Funds identified and designated for health cannot be appropriated for other purposes.

(b) Further, Section 148 of the Public Finance Management Act, 2012 provides for designation of accounting officers for county government entities by the County Executive Committee member for finance-

148. (1) A County Executive Committee member for finance shall, except as otherwise provided by law, in writing designate accounting officers to be responsible for managing the finances of the county government entities as is specified in the designation.

(2) Except as otherwise stated in other legislation, the person responsible for the administration of a county government entity, shall be the accounting officer responsible for managing the finances of that entity.

(3) A County Executive Committee member for finance shall ensure that each county government entity has an accounting officer in accordance with Article 226 of the Constitution.

(4) The Clerk to the county assembly shall be the accounting officer of the county assembly.

(5) A county government may, in order to promote efficient use of the county resources, adopt, subject to approval by the county assembly, a centralised county financial management service.

(c) And in relation to that, Section 157 of the Public Finance Management Act, 2012 provides for designation of receivers of county government revenue by the County Executive Committee member for finance-

157. (1) The County Executive Committee member for finance shall, in writing, designate persons to be responsible for collecting, receiving and accounting for such county government revenue as the County Executive Committee member for finance may specify in their letters of designation.

(3) A receiver of county government revenue is responsible to the County Executive Committee member for finance for ensuring that the revenue for which the receiver is responsible is collected or recovered, and is accounted for.

Therefore in this regard unless sections 148 and 157 of the Public Finance Management Act, 2012 is amended, a County Executive Committee Member for finance is responsible for designating in writing accounting officers to be responsible for managing and receiving the finances of the county government entities including county health facilities.

(d) However the Committee noted that Section 154 of the Public Finance Management Act, 2012 limits the power of accounting officer to reallocate appropriated funds as follows-

(1) An accounting officer shall not authorise the transfer of an amount that is appropriated—

(a) for transfer to another county government entity or person;

(b) for capital expenditure except to defray other capital expenditure; or

(c) for wages to non-wage expenditures.

(2) An accounting officer for a county government entity may reallocate funds between programs, or between Sub-Votes, in the budget for a financial year, but only if—

(a) provisions made in the budget of a program or Sub-Vote are available and are unlikely to be used;

(b) a request for the reallocation has been made to the County Treasury explaining the reasons for the reallocation and the County Treasury has approved the request; and

(c) the total of all reallocations made to or from a program or Sub-Vote does not exceed ten percent of the total expenditure approved for that program or Sub-Vote for that year.

(3) Regulations approved by the county assembly may prescribe requirements for the reallocation of funds within Sub-votes or programs.

(e) Further the Committee noted that Section 196 of the Public Finance Management Act, 2012 provides for Offences by public officers as follows-

196. (1) A public officer shall not spend public money otherwise than authorized by the Constitution, an Act of Parliament or County legislation.

(2) A public officer shall not raise revenues other than in accordance with the Constitution, an Act of Parliament or an Act of a County Assembly.

(3) A public officer shall not enter into any obligation that has financial implications for the national government budget or a county government budget unless the obligation is authorised by the Constitution, an Act of Parliament or an Act of a County Assembly.

(4) A public officer shall not borrow money, issue a guarantee, indemnity or security or enter into any other transaction that binds or may bind the

national government entity or a county government entity to any future financial obligation, unless the borrowing, guarantee, indemnity, security or other transaction is authorised by this Act or by any other written law and, in the case of loans or guarantees, is within the limits provided under this Act.

(5) A public officer shall not direct another public officer to do an act that constitutes a contravention of, or a failure to comply with, this Act, the Constitution or any other written law.

(6) A public officer who contravenes this section commits an offence and on conviction is liable to a term of imprisonment not exceeding two years or to a fine not exceeding one million shillings, or to both.

(7) Where a national government entity or a county government entity—

(a) engages in an action that it is prohibited from doing by this Act; or

(b) fails to comply with an obligation imposed on it by this Act, a public officer who assisted or facilitated the act, or who was a party to, or contributed to, the failure, commits an offence and on conviction is liable to a term of imprisonment not exceeding two years or to a fine not exceeding one million shillings, or to both in addition to provisions under Article 226(5) of the Constitution.

In view of Section 196 of the Public Finance Management Act, 2012 read together with Section 187 of the Health Act, 2017 the issue concerning the ring fencing of health funds had been addressed. However the committee noted that these provisions may further be strengthened by amending Section 87 of the Health Act, 2017 to provide for strict penalties against an accounting officer who appropriates funds designated for health for other purposes and further amending the Public Finance Management Act, 2012 to specifically provide for ring-fencing of health funds.

5.0 COMMITTEE RECOMMENDATIONS

From the foregoing, the Committee makes the following recommendations;

1. As per the first prayer: *“to provide for a framework for transfer and reversal of the health function back to the National Government in terms of Article 187 of the Constitution”*

That, pursuant to section 15 (1)(k) of the Health Act, 2017, the Cabinet Secretary should within three months set up guidelines for the designation of referral health facilities.

2. As per the second prayer: *“to provide for a legal framework for operations and regulation of national health referral hospitals, in addition to elevation and designation of the existing eleven (11) Level 5 hospitals into National Referral and Training Hospital”*

That, section 25 of the Health Act, 2017 be amended by deleting subsection (2) which provides that all health facilities that were under the management of a county government at the commencement of the Act are not subject to the classification under sub-section 25(1) and may not be upgraded to National Referral and Training Hospitals in order to allow for upgrading of level 5 hospitals to level 6 in consultations with the two levels of governments.


3. As per the third prayer: *“to ring-fence Health funds at the County level”*
 - a. That Section 87 of the Health Act, 2017 be amended by inserting a new subsection to provide for strong penalties against an accounting officer who appropriates funds designated for health for other purposes;
 - b. The Public Finance Management Act, 2012 be amended in similar terms as Section 87 of Health Act, 2017 to provide that funds identified and designated

for health shall not be appropriated for other purposes;

c. The Ministry of Health to further revert to the defunct Facility Improvement Fund for each public health institution with its own account and management committee.

4. As per the fourth prayer: *“to amend other relevant laws as contemplated in Article 252 of the Constitution, so as to assign functions and power to the proposed Health Service Commission.”*

That, pursuant to section 30 of the Health Act, 2017 the Ministry of Health should within three months establish the Kenya Health Human Resource Advisory Council.

Signed  Date 25/4/19
Hon. Sabina Chege, MP
Chairperson, Departmental Committee on Health