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| <br><b>THE NATIONAL ASSEMBLY</b><br>REPUBLIC OF KENYA<br>PAPERS LAID |             |
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| <b>TABLED BY:</b> <i>Member, Health</i>   |             |
| <b>CLERK-AT THE-TABLE:</b> S. Kalama  |             |



Member, Health  
Hon. Gladwel Chemung'ot MP

*[Signature]*  
18/6/2020

THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT – FOURTH SESSION

DEPARTMENTAL COMMITTEE  
ON  
HEALTH

PARLIAMENT  
OF KENYA  
LIBRARY

REPORT  
ON  
THE CONSIDERATION OF THE CANCER PREVENTION (AMENDMENT) BILL, 2019

Published by:-

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## CHAIRPERSON'S FOREWORD

The Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65 was published on 17<sup>th</sup> September, 2019. Pursuant to Standing Order 127(1) the Bill was committed for consideration to the Departmental Committee on Health having been read a First Time on 2<sup>nd</sup> October, 2019.

The principal object of the Bill is to amend the Cancer Prevention and Control Act, 2012 to make provision for training of health cadres in the specialized field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.

Pursuant to the provisions of Article 118 of the Constitution of Kenya and Standing Order 127(3) of the National Assembly, the Committee through local daily newspapers of Monday, October 7, 2019 published an advertisement inviting the public to submit memoranda. Further, in a letter dated 5<sup>th</sup> March, 2020 the Committee invited individuals and institutions to make presentations on the Bill. The meeting was held on Thursday 12<sup>th</sup> March, 2020 in the Mini Chamber, County Hall, Parliament Buildings.

The Committee received memorandums from the following individuals and institutions-

1. The Ministry of Health and the National Cancer Institute of Kenya (NCI-Kenya);
2. Kenya National Chamber of Commerce & Industry (KNCCI);
3. Kenya Network of Cancer Organizations United Against Cancer (KENCO); and
4. Mr. David Makumi on behalf of Kenya Society of Haematology and Oncology (KESHO), Oncology Nurses Chapter Kenya;

The report is in two volumes. Volume 1 is the analysis of the public submissions on the Bill, written submission received from the public noting general comments in support or against the amendments and the list of the individuals and institutions that submitted their memoranda and participated in the public hearing meeting.

Volume two of the report contains adoption schedule, a copy of the newspaper advertisements of Monday, October 7, 2019 inviting the public to submit memoranda on the Bill and a letter inviting other stakeholders for public hearing meeting that was conducted on Thursday 12<sup>th</sup> March, 2020 and the minutes of the Committee sittings during the consideration of the Bill.

May I take this opportunity to thank and commend Committee Members for devotion and commitment to duty, the Speaker and the Clerk of the National Assembly for providing leadership and direction and finally the Committee secretariat for exemplary performance in the provision of technical and logistical support. The Committee is grateful to stakeholders who made submissions in relation to the Consideration of the Bill.

On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 127 (4), it is my pleasant privilege and duty to present the House a report of the Committee on its consideration of the **The Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65.**

**HON. SABINA CHEGE,  
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH**



## PART 1

### 1.0 PREFACE

#### 1.1 ESTABLISHMENT AND MANDATE OF THE COMMITTEE

01. The Departmental Committee on Health is established pursuant to the provisions of Standing Order No. 216 of the National Assembly and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. 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
02. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider, matters related to health, medical care and health insurance.
03. In executing its mandate, the Committee oversees the following government Ministries and departments;
  - a. Ministry of Health
  - b. Kenya Medical Supplies Authority
  - c. Kenyatta National Hospital
  - d. Moi Teaching and Referral Hospital (MTRH)
  - e. Kenya Medical Training College (KMTC)
  - f. National Hospital Insurance Fund (NHIF)
  - g. Kenya Medical Research Institute (KEMRI)
  - h. National Aids and Control Council (NACC) and
  - i. Kenyatta University Teaching, Referral & Research Hospital (KUTRRH).
  - j. Kenya Nuclear Regulatory Authority (KNRA)

## 1.2 COMMITTEE MEMBERSHIP

04. The Departmental Committee on Health was constituted by the House in December, 2017 and comprises of the following Members:-

Hon. Sabina Chege, MP (**Chairperson**)

County MP for Muranga County

**Jubilee Party**

Hon. Dr. Swarup Ranjan Mishra, MP (**Vice-Chairperson**) M.P

MP for Kesses Constituency

**Jubilee Party**

Hon. (Dr.) James Nyikal, MP for Seme Constituency

**ODM Party**

Hon. (Dr.) Eseli Simiyu, MP for Tongaren Constituency

**FORD-K**

Hon. (Dr.) James K. Murgor, MP for Keiyo North Constituency

**Jubilee Party**

Hon. Muriuki Njagagua, MP for Mbeere North Constituency

**Jubilee Party**

Hon. (Dr.) Mohamed Duale, MP for Daadab Constituency

**KANU Party**

Hon. Alfred Agoi Masadia, MP for Sabatia Constituency

**ANC Party**

Hon. Stephen Mule, MP for Matungulu Constituency

**WIPER Party**

Hon. David Ochieng', MP for Ugenya Constituency

**MDG Party**

Hon. Esther M. Passaris, MP for Nairobi County

**ODM Party**

Hon. Gladwell J. Cheruiyot, MP for Baringo County

**KANU Party**

Hon. Kipsengeret Koros, MP for Sigowet Constituency

**Independent Member**

Hon. Martin Peters Owino, MP for Ndhiwa Constituency

**ODM Party**

Hon. Mercy Wanjiku Gakuya, MP for Kasarani Constituency

**Jubilee Party**

Hon. Prof. Mohamud S. Mohamed, MP for Wajir South Constituency

**Jubilee Party**

Hon. Patrick Munene Ntwiga, MP for Chuka Igamba Ng'ombe Constituency

**Jubilee Party**

Hon. Tongoyo Gabriel Koshal, MP for Narok West Constituency

**CCM Party**

Hon. Zachary Kwenya Thuku, MP for Kinangop Constituency

**Jubilee Party**

**1.3 SECRETARIAT**

05. The Committee is facilitated by the following Secretariat:-

Mr Benjamin Magut  
**Senior Clerk Assistant/Team Leader**

Mr. Muyodi Meldaki Emmanuel  
**Clerk Assistant III**

Mr. Eric Kanyi  
**Fiscal Analyst**

Ms. Lynette A. Otieno  
**Legal Counsel I**


Ms. Winnie Kiziah  
**Media Officer**

Ms. Maureen Kweyu  
**Audio Officer**

**1.4 ACKNOWLEDGEMENTS**

06. The Committee is thankful to the Office of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its sittings. The Committee is also thankful to Members of the Committee and the Secretariat for their dedication and useful expertise and insights during the consideration of the Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65.

07. On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 127 (4), it is my pleasant privilege and duty to present the House a report of the Committee on its consideration of the Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65.

SIGNED ..... 

**HON. (HON. SABINA CHEGE, MP)**

**CHAIRPERSON DEPARTMENTAL COMMITTEE ON HEALTH**

DATE..... 17<sup>th</sup>, JUNE, 2020.....



## PART II

### **2.0 OVERVIEW OF THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2019, NATIONAL ASSEMBLY BILL NO. 65**

#### **2.1 ANALYSIS OF THE BILL**

08. The principal object of the Bill is to amend the Cancer Prevention and Control Act, 2012 to make provision for training of health cadres in the specialized field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.
09. The Bill Section 2 of the principal Act by introducing two new definitions “e-health” and “telemedicine”
10. It seeks to amend the Section 5 of the Principal Act by expanding the scope of the National Cancer Institute to promote to include and promote the use of ‘e-health’ and ‘telemedicine’ in treatment of cancer patients and to entrench the treatment of cancer patient as primary health
11. Finally, the bill seeks to amend the Section 31 of the Principal Act to make provisions for promoting the training of health cadres in specialized medical field of oncology.

#### **2.2 CONSIDERATION OF THE BILL (PUBLIC PARTICIPATION IN THE REVIEW OF THE BILL)**

##### **2.2.1 LEGAL PROVISION ON PUBLIC PARTICIPATION**

12. Article 118 (1) (b) of the Constitution of Kenya provides as follows –

*“Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees”*

13. Standing Order 127(3) provides as follows –

*“The Departmental Committee to which a Bill is committed shall facilitate public participation and shall take into account the views and recommendations of the public when the Committee makes its recommendation to the House”*

##### **2.2.2 METHODOLOGY USED BY THE COMMITTEE IN PUBLIC PARTICIPATION**

14. The Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65 was published on 17<sup>th</sup> September, 2019. Pursuant to Standing Order 127(1) the Bill was committed for consideration to the Departmental Committee on Health having been read a First Time on 2<sup>nd</sup> October, 2019.
15. Pursuant to the said provisions of the Constitution and Standing Orders, the Committee through local daily newspapers of Monday, October 7, 2019 published an advertisement inviting the public to submit memoranda. Further, in a letter dated 5<sup>th</sup> March, 2020 the Committee invited



individuals and institutions to make presentations on the Bill. The meeting was held on Thursday 12<sup>th</sup> March, 2020 in the Mini Chamber, County Hall, Parliament Buildings.

16. Volume 1 of the Bill as the contains the analysis of the public submissions on the Bill, written submission received from the public noting general comments in support or against the amendments and the list of the individuals and institutions that submitted their memoranda and participated in the public hearing meeting.
17. Volume 2 of the Bill contains adoption schedule, a copy of the newspaper advertisements of Monday, October 7, 2019 inviting the public to submit memoranda on the Bill and a letter inviting other stakeholders for public hearing meeting that was conducted on Thursday 12<sup>th</sup> March, 2020 and the minutes of the committee sittings during the consideration of the Bill.

### **3.0 PUBLIC PARTICIPATION/STAKEHOLDER CONSULTATION**

18. Following the call for memoranda from the public through the placement of adverts in the print media on **Monday, October 7, 2019**. The Committee also undertook stakeholder mapping where a number of stakeholders were requested through letters Ref: NA/DCS/HEALTH /2020/009 dated 5<sup>th</sup> March, 2020 to submit their views on the Bill. The Committee received memoranda from the following stakeholders:-

- 1) The National Cancer Institute of Kenya (NCI-Kenya);
- 2) Ministry of Health;
- 3) Kenya National Chamber of Commerce & Industry (KNCCI);
- 4) Kenya Network of Cancer Organizations United Against Cancer (KENCO); and
- 5) David Makumi on behalf of –
  - i. Kenya Society of Hematology and Oncology (KESHO);
  - ii. Oncology Nurses Chapter Kenya; and

### **3.1 THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)**

19. In their submissions the NCI proposed the following amendments:-

#### **Clause 3 section 5 –**

- (i) They supported addition of paragraph (ba). However they proposed use of the word “**management**” as opposed to “**treatment**”. Because management is a broad term that includes diagnosis, supportive care and treatment.
- (ii) They did not object to the proposed (bb). However are wary that about inclusion of cancer treatment in primary health care services. Cancer treatment is a specialized service requiring specialized health workers and equipment. Primary health care on the other hand largely involves preventive and promotive health services at the community, dispensary and health care centres; in relation to cancer care, this will involve addressing risk factors, awareness creation and education, screening, behavior change among others. Therefore, they proposed that the paragraph should read as follows-

“Promote cancer care as a component of primary healthcare.” In this case cancer care at primary health care will be largely supportive to treatment

including psychosocial support, nutritional support in addition to the preventive and promotive services offered at that level.

- (iii) Amend 5(b) by inserting the words “**inspection and accreditation of**” **immediately after the word “establishment”** to ensure that all facilities and institutions providing cancer care have satisfied the minimum standards set by the institute on a continuing basis.
- (iv) Amend 5(c) by inserting the words “**regulate**” immediately after the word “**secure**” to provide for the institute to regulate the provision of cancer diagnosis, treatment and rehabilitation services.

**Clause 4 section 31 – Insertion** of a new sub-section immediately after sub section (2)-

- (i)(3) The institute shall collaborate with the national government department responsible for public health to promote the training of medical oncologists, pediatric oncologists, radiation oncologists, therapy oncologists, oncology nurses, oncology physicists and other health care providers”.

#### **Justifications**

These amendment makes provision for promotion of training of health cadres in the specialized field of oncology.

#### **New Additional amendment**

- (i) Section 20 - Sub-clause (2) (a) be amended by deleting the word “preference” and substituting with “prevalence

#### **Justification**

Typographical error.

#### **New Additional amendment**

- (i) Section 21 – Sub-clause (2) (c) be deleted

#### **Justification**

The institute said that disclosure of names would help in reducing such duplication of cancer data. Considering that at times different cancer treatment modalities are usually not all available in the same hospital, there is a risk of the same cancer patient being reported as several different patients by several hospitals. Ethical approval is usually a pre-requisite to the establishment of the registry, so this will guard against any unauthorized sharing of patient data.

**Committee’s Comments:** The Committee agreed with the views of the union and resolved to maintain the status quo where ordinary bread will remain as a zero rated item. The proposed amendment in the Bill was therefore deleted.



### 3.2 MINISTRY OF HEALTH

20. The Ministry proposed comprehensive regional centers of excellence equivalent to level 5 or higher of the Kenya Essential Package for Health providing all the modalities of cancer treatment in selected referral hospitals; Kenyatta National Hospital, Moi Teaching & Referral Hospital; Nyeri, Nakuru, Coast General, Garissa, Kisumu & Kisii County Referral Hospitals.

21. Further, the Ministry proposed the following amendments

#### **Clause 2 section 2:-**

(i) The Ministry of Health proposed that Section 2 be further amended by inserting the following new definitions in their alphabetic sequence-

“cancer screening unit” means a unit at level 4 of the Kenya Essential package for health to provide prevention, screening, early detection, diagnosis and treatment of pre-cursor lesions;

“county director for Health” means the County director for health nominated by the Governor;

“e-health” means the use or electronic communication and information technology in the health sector; and

“telemedicine” means the provision of health care services and sharing of medical knowledge over distance using telecommunication and include consultative diagnostic and treatment services,

(ii) section be amended by deleting the definition of “county executive committee member”

#### **Clause 3 Section 5**

(i) It proposed that Clause 3 Section 5 of the principal Act is further amended-

(a) by deleting the word “vocational” in paragraphs (b) and (d);

(b) by inserting the following new paragraphs after the new paragraph (d)-

“(ea) encourage use of e-health and telemedicine for treatment of persons with cancer limited only in follow-ups after initial physical consultation with an oncologist;

(c) inserting the word “research” immediately after the word “planning” in paragraph (n)-  
(na) carry out periodical assessment and accreditation of the comprehensive regional cancer centers and service providers.

#### **Justification**

The amendments aim to give coherence and clarity in the Law and to encourage the use of e-health and telemedicine for treatment of persons with cancer limited only in follow ups after initial physical consultation with an oncologists.

## **New Additional amendment**

**Section 20** Sub-clause (2) (a) be amended by deleting the word “preference” and substituting with “prevalence”

### **Justification**

Typographical error.

## **3.3 KENYA NETWORK OF CANCER ORGANIZATIONS UNITED AGAINST CANCER (KENCO)**

22. In its submissions the KENCO proposed the following amendments

### **Clause 3 Section 5**

(i) Amend proposed (bb) to read as follows “Promote cancer prevention and **diagnosis** as a component of primary health care”

(ii) Add the following new paragraphs-

(bc) Ensure establishment of at least one cancer centre per county providing comprehensive cancer treatment services;

(bd) Strengthen and ensure functionality of cancer functionality of cancer referral systems.

### **Clause 4 Section 31**

(i) Amend the proposed the new subsection (3) as follows-

(3) The Institute shall collaborate with the national government department responsible for public health to promote the training of medical oncologists, pediatric oncologists, radiation/clinical oncologists, radio therapy technologists, oncology nurses, oncology physicians, oncology pharmacists, surgical oncologists, palliative care nurses/physicians, nuclear medicine physicians/technologists, cancer registrars and other cancer health care providers”

## **3.4 DAVID MAKUMI (KESHO, KENCO & Oncology Nurses Chapter Kenya)**

23. In his submissions Mr. David Makumi on behalf of (KESHO, KENCO & Oncology Nurses Chapter Kenya) proposed amendments to the following clauses:

### **Clause 2 Section 2**

(i) Additional amendment to amend definition of person with cancer-

“person with cancer” means a person diagnosed with cancer including a child.

### **Committee’s Comment:**

Person includes also children no need for amendment.



### Clause 3 Section 5

- (i) Amend (ba) as follows “The use of e-health and telemedicine of persons with cancer should be limited to follow-up after the initial physical consultation with an oncologist. The same should be utilized for multi-disciplinary tumor boards or case conference”
- (ii)(bb)-Treatment of persons with cancer **should only be done** in specialized cancer treatment centres. Primary healthcare should provide cancer prevention programs, screening, psychosocial support and palliatives care.

### 3.5 KENYA NATIONAL CHAMBER OF COMMERCE & INDUSTRY

24. While submitting, The Kenya National Chamber of Commerce & industry noted the that :-

- (i) Any legislation towards the improvement of health, moreover among oncology patients is a long overdue concern. The oncology field has one of the fewest doctors to patient ratios, and the training of oncology specialists is welcome. The private health sector is a critical stakeholder in fighting cancer and the government should incorporate it in the training specialists.
- (ii) E-health and telemedicine will address shortages of healthcare providers as specialists can offer services to more patients with technology. Patients in remote locations can be able to access health services. There will be improved health outcomes as patients can access timely diagnosis and treatment. There will be a reduction in the cost of healthcare since remote monitoring will reduce costly hospital visits.
- (iii) Rural health workers will receive continuing medical education as well as direct consultations with specialists. Many of the telemedicine and e-health applications, for example, vital sign monitors ensure the patient participates actively in their management. Information on cancer prevention can be readily availed to the population through technology. A reduction in the need for long-distance travel in search of medical services will contribute significantly in the reduction of carbon emissions.
- (iv) Telemedicine should be extended to cover other areas of medicine as well. The doctor remains a critical player in patient diagnosis and treatment. Regulations should be put in place to ensure that medico legal aspects are well covered.

#### **4.0 COMMITTEE OBSERVATIONS**

25. The Committee having considered the Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65 and the submissions from the stakeholders makes the following observations.

- i) Telemedicine and e-health will help bridge the geographical barriers to accessing timely management of cancer. This will also override the limited infrastructure and resources available in the country.
- ii) Combating the disease at the primary levels will increase public awareness, early diagnosis and reduce the incidence of mortality.
- iii) The Bill will prioritize capacity building to address the existing gap in health workers trained in the field of oncology.

**5.0 COMMITTEE RECOMMENDATIONS**

26. Upon considering The Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65 and the submissions from the stakeholders the Committee recommends the following amendments.

**CLAUSE 3**

**THAT** Clause 3 of the Bill be amended in the proposed new paragraph (ba) by deleting the word “treatment” and substituting therefor the word “management”.

**Justification**

Use of the word management is a broad term that includes diagnosis, supportive care and treatment.

**CLAUSE 4**

**THAT** Clause 4 of the Bill be amended in the proposed new subsection (3) by deleting the words “of medical oncologist” and substituting therefor the words “in oncology”.

**Justification**

Use of the word “medical oncologist” is restrictive, and subsequently, the appropriate term is oncology as it covers the subject matter.

SIGNED  .....

**HON. SABINA CHEGE, MP**

**CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH**

DATE 17<sup>TH</sup>, JUNE, 2020.

OVERVIEW OF THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2019, NATIONAL ASSEMBLY BILL NO. 65

The table below contrasts the various sections of the Bill with the stakeholder's comments

| CLAUSE | SECTION | PRINCIPAL ACT   | SUMMARY AMENDMENT  | STAKEHOLDER COMMENTS  | COMMENTS  |
|--------|---------|---|--|---|---|
| 2.     | 2       | “person with cancer” means a person diagnosed as having cancer. | <p>The amendment to section 2 of the Act seeks to insert the following new definitions-</p> <p>“e-health” means the combined use of electronic communication and information technology in the health sector;</p> <p>“telemedicine” means the provision of health care services and sharing of medical knowledge over distance using telecommunications and it includes consultative, diagnostic and treatment services.</p> | <p><b>1. THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)</b><br/>They have no objection to the proposed inclusion of definitions of e-health and telemedicine.</p> <p><b>2. DAVID MAKUMI (KESHO, KENCO &amp; Oncology Nurses Chapter Kenya)</b><br/>Additional amendment to amend definition of person with cancer-<br/>“person with cancer” means a person diagnosed with cancer including a child</p> <p><b>3. MINISTRY OF HEALTH</b><br/>Section 2 be further amended by inserting the following new definitions in their alphabetic sequence-</p> <p>“cancer screening unit” means a unit at level 4 of the Kenya Essential package for health to provide prevention, screening, early</p> | <p>Person includes also children no need for amendment.</p> |



|   |   |  |   |   |
|---|---|--|---|---|
|   |   |  | <p>detection, diagnosis and treatment of pre-cursor conditions;</p> <p>“county director for Health” means the County director for health nominated by the Governor;</p> <p>“e-health” means the use of electronic communication and information technology in the health sector; and</p> <p>“telemedicine” means the provision of health care services and sharing of medical knowledge over distance using telecommunication and include consultative diagnostic and treatment services,</p> <p>(b)section be amended by deleting the definition of “county executive committee member”;</p> | <p>“county director for Health” means the County director for health nominated by the Governor;</p> <p>“e-health” means the use of electronic communication and information technology in the health sector; and</p> <p>“telemedicine” means the provision of health care services and sharing of medical knowledge over distance using telecommunication and include consultative diagnostic and treatment services,</p> <p>(b)section be amended by deleting the definition of “county executive committee member”;</p> |
| 3 | 5 | <p><b>Functions of the Institute.</b></p> <p>5. The functions of the institute shall be to-</p> <p>(a) advise the Cabinet Secretary on matters relating to the treatment</p> | <p>Insertion of two new paragraphs immediately after paragraph (b)</p> <p>(ba) promote the use of e-health and telemedicine for the prevention and treatment of persons with cancer;</p> <p>(bb) promote treatment of persons with cancer as a component of primary health care.</p>  | <p><b>1. THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)</b></p> <p>(i) They support addition of paragraph (ba). However they propose use of the word “<b>management</b>” as opposed to “<b>treatment</b>”. Because management is a broad term that</p> <p>The amendment expands the functions of the institute to include the promotion of use of e-health and telemedicine in treatment of cancer patients and entrenchment of treatment of cancer patients as primary care.</p>                                     |

and care of persons with cancer and to advise on the relative priorities to be given to the implementation of specific measures;

(b) encourage and secure the establishment of hospitals, vocational treatment and care centres and other institutions for the welfare and treatment of persons with cancer in all counties of the Republic;

(c) encourage and secure provision of diagnostic, treatment, rehabilitation and other medical care to persons with cancer in those institutions ;

(d) co-ordinate services provided in Kenya for the welfare and treatment of persons with cancer and to implement

includes diagnosis, supportive care and treatment.

(ii) They do not object to the proposed (bb). However are wary that about inclusion of cancer treatment in primary health care services. Cancer treatment is a specialized service requiring specialized health workers and equipment. Primary health care on the other hand largely involves preventive and promotive health services at the community, dispensary and health care centres; in relation to cancer care, this will involve addressing risk factors, awareness creation and education, screening, behavior change among others.

The institute therefore proposes that the paragraph should read as follows-

“Promote cancer care as a component of primary healthcare.”

In this case cancer care at primary health care will be largely supportive to treatment including psychosocial support, nutritional support in addition to the preventive and promotive services offered at that level.

(iii) Amend 5(b) by inserting the words “inspection and

programmes for vocational guidance and counseling;  
 (e) collect, analyze and disseminate all data useful in the prevention, diagnosis and treatment of cancer;  
 (f) collaborate with international institutions for the purpose of collecting for the Register and cataloging, storing and disseminating the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country;  
 (g) establish and support the large scale production or distribution of specialized biological materials and other therapeutic substances for research and set standards of safety

accreditation of” immediately after the word “establishment” to ensure that all facilities and institutions providing cancer care have satisfied the minimum standards set by the institute on a continuing basis.

(iv) Amend 5(c) by inserting the words “ regulate” immediately after the word “secure” to provide for the institute to regulate the provision of cancer diagnosis, treatment and rehabilitation services.

**2. KENYA NETWORK OF CANCER ORGANIZATIONS UNITED AGAINST CANCER (KENCO);**

(iii) Amend proposed (bb) to read as follows  
 “Promote cancer prevention and **diagnosis** as a component of primary health care”

(iv) Add the following new paragraphs-

(bc) Ensure establishment of at least one cancer centre per county providing comprehensive cancer treatment services;

(bd) Strengthen and ensure functionality of cancer



and care for persons using such materials;

(h) ensure that accurate figures of persons with cancer are obtained in the country for purposes of planning;

(i) provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with cancer, including those controlled and managed by the government

(j) encourage and secure the care of persons with cancer within their communities and social environment;

(k) establish and support measures that seek to eradicate conditions that

functionality of cancer referral systems.

**3. DAVID MAKUMI (KESHO, KENCO & Oncology Nurses Chapter Kenya)**

(i) (ba)-The use of e-health and telemedicine of persons with cancer should be limited to follow-up after the initial physical consultation with an oncologist. The same should be utilized for multi-disciplinary tumour boards or case conference

(ii) (bb)-Treatment of persons with cancer **should only be done** in specialized cancer treatment centres. Primary healthcare should provide cancer prevention programs, screening, psychosocial support and palliatives care.

Add paragraph reading

(a)“to provide for e-health and Telemedicine infrastructure in all cancer treatment centres.

(b)oncology training using telemedicine and e-health should include significant oncology practical component”

**Additional Amendments**

(iii)Delete the word “vocational” in paragraph (b) and (d);



cause and aggravate the spread of cancer.  
(l) recommend measures to prevent discrimination against persons with cancer;  
(m) generally to carry out measures for public information on the rights of persons with cancer and the provisions of this Act; and  
(n) encourage and participate in the provision of training on cancer prevention and control.

(iv) In (h) add "research" immediately after the word "planning";  
(v) Amend (k) to read "Identify cancer research priorities and support conduct of research and translation of findings into appropriate policies in all aspects of cancer control including but not limited to prevention, screening, treatment and palliative care";  
(vi) Amend section 5(b) by inserting the words "inspection and accreditation of" immediately after the word "establishment" to ensure that all facilities and institutions providing cancer care have satisfied the minimum standards set by the institute on a continuing basis.

(v) Amend 5(c) by inserting the words "regulate" immediately after the word "secure" to provide for the institute to regulate the provision of cancer diagnosis, treatment and rehabilitation services.

#### 4. MINISTRY OF HEALTH

Section 5 of the principal Act is further amended-

(a) by deleting the word "vocational" in paragraphs (b) and (d);

(b) by inserting the following new paragraphs after the new paragraph (d)-

|                  |           |  |  |   |   |
|------------------|-----------|--|--|---|---|
|                  |           |  |  | <p>“(ea) encourage use of e-health and telemedicine for treatment of persons with cancer limited only in follow-ups after initial physical consultation with an oncologist;</p> <p>(c) inserting the word “research” immediately after the word “planning” in paragraph (n)-</p> <p>(na) carry out periodical assessment and accreditation of the comprehensive regional cancer centers and service providers.</p> <p><b>Justification</b><br/>The amendments aim to give coherence and clarity in the Law and to encourage the use of e-health and telemedicine for treatment of persons with cancer limited only in follow ups after initial physical consultation with an oncologists.</p> |   |
| <p><b>4.</b></p> | <p>31</p> | <p><b>Cancer prevention and control to form part of health care.</b></p> <p><b>31.</b> (1) The institute shall liaise with the national government department responsible for public health to</p> | <p>Insertion of a new sub-section immediately after sub section (2)-</p> <p>(3) The institute shall collaborate with the national government department responsible for public health to promote the training of medical oncologists, pediatric oncologists, radiation oncologists, therapy oncologists, oncology nurses, oncology physicians and other health care providers”</p> | <p><b>1. THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)</b><br/>They support the amendment.</p> <p><b>2. KENYA NETWORK OF CANCER ORGANIZATIONS UNITED AGAINST CANCER (KENCO);</b></p>   | <p>The amendment makes provision for promotion of training of health cadres in the specialized field of oncology.</p> |

ensure that education and information dissemination on the prevention and treatment of cancer and the care of persons with cancer including palliative care, shall form part of health care services by healthcare providers.

(2) For the purposes of subsection (1), the national government department responsible for public health in collaboration with the institute shall provide training for the healthcare providers to acquire skills for proper information dissemination and education on cancer prevention and control and palliative care.

Amend the proposed the new subsection (3) as follows-

(3) The institute shall collaborate with the national government department responsible for public health to promote the training of medical oncologists, pediatric oncologists, radiation/**clinical oncologists, radio therapy technologists,** oncology nurses, **oncology physicians, oncology pharmacists, surgical oncologists, palliative care nurses/physicians, nuclear medicine physicians/technologists, cancer registrars and other cancer health care providers”.**

**3. DAVID MAKUMI (KESHO, KENCO & Oncology Nurses Chapter Kenya)**

Amend the proposed the new subsection (3) as follows-

(3) The institute shall collaborate with the national government, universities, middle level colleges and the private sector to promote the training of medical oncologists, radiation oncologists, gynaecological oncologists, surgical oncologists pediatric oncologists, haemato oncologists therapy oncologists, oncology nurses, oncology pharmacists, physicians and other oncology professionals.”



**New  
Addition  
al  
amendm  
ent**

20

**Cancer Register.**  
20.(1) The institute shall cause to be kept and maintained a national cancer register containing the particulars specified under subsection (2).  
(2) The Register shall contain particulars on-  
(a) the incidence, preference, trends, type and geographical location of which due notification has been given pursuant to section 21;  
(b) institutions, associations and organizations, including those controlled and managed by the national, and county governments, that provide care and treatment services

(i) b-clause (2) (a) be amended by deleting the word “preference” and substituting with “prevalence”

**1. THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)**

Prevalence is the correct term for measuring disease burden.

**2. DAVID MAKUMI (KESHO, KENCO & Oncology Nurses Chapter Kenya)**

Prevalence is the correct term for measuring disease burden.

**3. MINISTRY OF HEALTH**

(a) Deleting the word “preference” and substituting therefor with the word “prevalence” in paragraph (a) of subsection (1) in section 20 of the principal Act

(b) by deleting clause 5 of the Bill.

**Justification**

Section 20(1)(a) of the principal Act contains a mere typographical error.

Subject to standing Order 133(5) on unreasonably expanding the subject matter of the Bill.



|  |           |   |                                 |  |  |
|--|-----------|---|---------------------------------|--|--|
| <p><b>New Addition al amendm ent</b></p> | <p>21</p> | <p><b>Notification to Institute.</b><br/><b>21.</b> (1) Every medical institution shall, as soon as reasonably</p>  | <p>Delete subsection (2)(c)</p> | <p><b>THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)</b><br/>Disclosure of names would help in reducing such duplication of cancer data.</p> |  |
|  |           | <p>for persons with cancer; and<br/><br/>(c) such other matters as the Board may prescribe.<br/><br/>(3) All particulars under sub-section (1) and changes in such particulars shall be entered in the Register by the Chief Executive Officer as soon as is practicable after receiving notification thereof.<br/><br/>(4) The Chief Executive Officer may supply a copy of any entry in the Register upon payment of such fee as the Board may prescribe.</p> |                                 |  |  |

practical after making a diagnosis of cancer on a person, deliver a notification to the institute for purposes of section 20(2)(a).

(2) A notification under subsection (1) shall-

(a) be in such form as may be prescribed ;

(b) specify the type and geographical location of persons with the cancer;

(c) not disclose the name of the person with cancer unless with the consent of the person

Considering that at times different cancer treatment modalities are usually not all available in the same hospital there is a risk of the same cancer patient being reported as several different patients by several hospitals.

Ethical approval is usually a prerequisite to establishment of the registry so this will guard against any unauthorized sharing of patient data.

or his guardian where such person is a minor;

(d) be given not later than sixty days after the diagnosis.

(3) Any person who contravenes the provision of this section commits an offence.



THE NATIONAL ASSEMBLY



DEPARTMENTAL COMMITTEE ON HEALTH  
ATTENDANCE SCHEDULE

Date: 27/5/2020

Venue: Committee Room 4

Time Started: 2:00pm

Time Ended: 3:00pm

Adoption of the Report on Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65

|     | NAME  | SIGNATURE |
|-----|---|-----------|
| 1.  | Hon. Sabina Chege, MP – <b>Chairperson</b>              |           |
| 2.  | Hon. Swarup Ranjan Mishra, MP – <b>Vice-Chairperson</b> |           |
| 3.  | Hon. (Dr.) Eseli Simiyu, MP                             |           |
| 4.  | Hon. (Dr.) James Nyikal, MP                             |           |
| 5.  | Hon. Alfred Agoi Masadia, MP                            |           |
| 6.  | Hon. (Dr.) James Kipkosgei Murgor, MP                   |           |
| 7.  | Hon. Muriuki Njagagua, MP                               |           |
| 8.  | Hon. (Dr.) Mohamed Dahir Duale, MP                      |           |
| 9.  | Hon. Stephen Mule, MP                                   |           |
| 10. | Hon. David Ochieng', MP                                 |           |
| 11. | Hon. Prof. Mohamud Sheikh Mohamed, MP                   |           |
| 12. | Hon. Martin Peters Owino, MP                            |           |
| 13. | Hon. Gladwell Jesire Cheruiyot, MP                      |           |
| 14. | Hon. Esther M. Passaris, MP                             |           |
| 15. | Hon. Kipsengeret Koros, MP                              |           |
| 16. | Hon. Mercy Wanjiku Gakuya, MP                           |           |
| 17. | Hon. Patrick Munene Ntwiga, MP                          |           |
| 18. | Hon. Tongoyo Gabriel Koshal, MP                         |           |
| 19. | Hon. Zachary Kwenya Thuku, MP                           |           |

**MINUTES OF THE TWENTY-SEVENTH SITTING (27<sup>TH</sup>) OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN THE COMMITTEE ROOM 4, CONTINENTAL HOUSE ON WEDNESDAY 27<sup>TH</sup> MAY, 2020 AT 2.00 PM.**

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**PRESENT**

1. **The Hon. Sabina Chege, MP** - **Chairperson**
2. The Hon. Muriuki Njagagua, MP
3. The Hon. Stephen Mule, MP
4. The Hon. Martin Peters Owino, MP
5. The Hon. Esther M. Passaris, MP
6. The Hon. Tongoyo Gabriel Koshal, MP
7. The Hon. Kipsengeret Koros, MP
8. The Hon. Gladwell Jesire Cheruiyot, MP
9. The Hon. Mercy Wanjiku Gakuya, MP

**ABSENT WITH APOLOGY**

1. **The Hon. Dr Swarup Ranjan Mishra, MP** - **Vice-Chairperson**
2. The Hon. Dr Eseli Simiyu, MP
3. The Hon. Dr James Nyikal, MP
4. The Hon. Dr James Kipkosgei Murgor, MP
5. The Hon. Dr Mohamed Dahir Duale, MP
6. The Hon. Alfred Agoi Masadia, MP
7. The Hon. David Ochieng', MP
8. The Hon. Prof Mohamud Sheikh Mohamed, MP
9. The Hon. Patrick Munene Ntwiga, MP
10. The Hon. Zachary Kwenya Thuku, MP

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

- |                    |   |                     |
|--------------------|---|---------------------|
| 1. Benjamin Magut  | - | Clerk Assistant I   |
| 2. Muyodi Emmanuel | - | Clerk Assistant III |
| 3. Lynette Otieno  | - | Legal Counsel I     |

**MIN. NO.NA/DC.H/2020105: PRELIMINARIES**

The Chairperson called the meeting to order at 2.17 PM and said a prayer. After that, the meeting proceeded to business.

**MIN. NO.NA/DC.H/2020/106:            CONSIDERATION AND ADOPTION OF THE REPORTS ON BILLS**

**A. The Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65.**

The Committee considered and adopted the report on **The Cancer Prevention and Control (Amendment) Bill, 2019, National Assembly Bill No. 65.** after being proposed by the Hon. Muriuki Njagagua, MP and seconded by Hon. Stephen Mule, MP.

**B. The Health (Amendment) Bill, 2019, National Assembly Bill No. 64 of 2019**

The Committee considered and adopted the report on **The Health (Amendment) Bill, 2019, National Assembly Bill No. 64 of 2019** after being proposed by the Hon. Stephen Mule, MP and seconded by Hon. Muriuki Njagagua, MP.

**MIN. NO.NA/DC.H/2020/107:            MEETING WITH HON. MARTIN PETERS OWINO, MP ON THE COMMUNITY HEALTH WORKERS, BILL 2018**

Hon. Martin Peters Owino, MP appeared before the Committee to expound on and vouch for his legislative proposal.

He said that the principal object of the Bill was to provide a legislative framework to make provision for the training, registration and licensing of community health workers; to regulate their practice; to provide for the establishment, powers and functions of the Community Health Workers Council of Kenya.

He said that CHWs play a critical role in the health sector and that the Bill would ensure that they are well structured, supervised and monitored.


Also, the Bill would ensure that CHWs are remunerated with a package commensurate to their efforts, and hence reduce the high rate of CHWs attrition currently witnessed in the health sector.

**Committee's way forward**

The Committee resolved to support the publishing of the Bill.

**MIN. NO.NA/DC.H/2020/108:            ADJOURNMENT**

There being no other business, the meeting adjourned at 3.21 PM.

Sign.......... Date.....17<sup>TH</sup> JUNE 2020.....

(Chairperson)



**MINUTES OF THE FOURTEENTH SITTING (14<sup>TH</sup>) OF THE DEPARTMENTAL  
COMMITTEE ON HEALTH HELD IN THE MINI CHAMBER, 1<sup>ST</sup> FLOOR,  
PARLIAMENT BUILDINGS ON THURSDAY 12<sup>TH</sup> MARCH, 2020 AT 9.30 AM**

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**PRESENT**

1. **The Hon. Sabina Chege, MP** - Chairperson
2. The Hon. Dr Eseli Simiyu, MP
3. The Hon. Dr James Nyikal, MP
4. The Hon. Dr James Kipkosgei Murgor, MP
5. The Hon. Muriuki Njagagua, MP
6. The Hon. Dr Mohamed Dahir Duale, MP
7. The Hon. Stephen Mule, MP
8. The Hon. David Ochieng', MP
9. The Hon. Prof Mohamud Sheikh Mohamed, MP
10. The Hon. Martin Peters Owino, MP
11. The Hon. Gladwell Jesire Cheruiyot, MP
12. The Hon. Esther M. Passaris, MP
13. The Hon. Kipsengeret Koros, MP
14. The Hon. Tongoyo Gabriel Koshal, MP
15. The Hon. Zachary Kwenya Thuku, MP

**ABSENT WITH APOLOGY**

1. **The Hon. Dr Swarup Ranjan Mishra, MP** – Vice-Chairperson
2. The Hon. Alfred Agoi Masadia, MP
3. The Hon. Patrick Munene Ntwiga, MP
4. The Hon. Mercy Wanjiku Gakuya, MP

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

1. Muyodi Emmanuel – Clerk Assistant III
2. Lynette Otieno - Legal Counsel

**STAKEHOLDERS**

**MIN. NO.NA/DC.H/2020/58**

**PRELIMINARIES**

The Chairperson called the meeting to order at 9.20 AM and said a prayer. After that, the meeting proceeded to business.

**MIN. NO. NA/DC.H/2020/59:**

**ADOPTION OF AGENDA**

The Committee adopted the agenda as hereunder after being proposed by Hon. Esther M. Passaris, MP and seconded by Hon. Stephen Mule, MP.

**AGENDA**

1. Prayers
2. Adoption of the Agenda
3. **Substantive Agenda**

**The public hearing on the Cancer Prevention and Control (Amendment) Bill, 2019**

**MIN. NO.NA/DC.H/2020/60:**

**PUBLIC HEARING ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2019**

The Committee received memorandums from the following individuals and institutions-

1. The National Cancer Institute of Kenya (NCI-Kenya);
2. Ministry of Health;
3. Kenya National Chamber of Commerce & Industry (KNCCI);
4. Kenya Network of Cancer Organizations United Against Cancer (KENCO); and
5. David Makumi on behalf of –
  - (i) Kenya Society of Haematology and Oncology (KESHO);
  - (ii) Oncology Nurses Chapter Kenya; and
  - (iii) Kenya Network of Cancer Organizations United Against Cancer (KENCO)

The individuals mentioned above and institutions presented their memorandums as follows:

**1. THE NATIONAL CANCER INSTITUTE OF KENYA (NCI-Kenya)**

**Clause 2 section 2** - They had no objection to the proposed inclusion of definitions of e-health and telemedicine.

**Clause 3 section 5 –**

- (i) They supported addition of paragraph (ba). However they proposed use of the word "**management**" as opposed to "**treatment**". Because management is a broad term that includes diagnosis, supportive care and treatment.
- (ii) They did not object to the proposed (bb). However are wary that about inclusion of cancer treatment in primary health care services. Cancer treatment is a specialized service requiring specialized health workers and equipment. Primary health care on the other hand largely involves preventive and promotive health services at the community, dispensary and health care centres; in relation to cancer care, this will involve addressing risk factors, awareness creation and education, screening, behavior change among others.

The institute therefore proposed that the paragraph should read as follows-

"Promote cancer care as a component of primary healthcare." In this case cancer care at primary health care will be largely supportive to treatment including psychosocial support, nutritional support in addition to the preventive and promotive services offered at that level.

- (iii) Amend 5(b) by inserting the words "inspection and accreditation of" immediately after the word "establishment" to ensure that all facilities and institutions providing cancer care have satisfied the minimum standards set by the institute on a continuing basis.
- (iv) Amend 5(c) by inserting the words "regulate" immediately after the word "secure" to provide for the institute to regulate the provision of cancer diagnosis, treatment and rehabilitation services.

**Clause 4 section 31 –** Insertion of a new sub-section immediately after sub section (2)-

(3) The institute shall collaborate with the national government department responsible for public health to promote the training of medical oncologists, pediatric oncologists, radiation oncologists, therapy oncologists, oncology nurses, oncology physicists and other health care providers"

**Justification**

The amendment makes provision for promotion of training of health cadres in the specialized field of oncology.



**New Additional amendment** Section 20 - Sub-clause (2) (a) be amended by deleting the word "preference" and substituting with "prevalence"

**Justification**

Section 20(1)(a) of the principal Act contains a mere typographical error.

**New Additional amendment** 21 - Delete subsection (2)(c)

The institute said that disclosure of names would help in reducing such duplication of cancer data. Considering that at times different cancer treatment modalities are usually not all available in the same hospital, there is a risk of the same cancer patient being reported as several different patients by several hospitals.

Ethical approval is usually a pre-requisite to the establishment of the registry, so this will guard against any unauthorized sharing of patient data.

**2. MINISTRY OF HEALTH**

**Clause 2 section 2 :-**

**The Ministry of Health proposed that** Section 2 be further amended by inserting the following new definitions in their alphabetic sequence-

"cancer screening unit" means a unit at level 4 of the Kenya Essential package for health to provide prevention, screening, early detection, diagnosis and treatment of pre-cursor lesions;

"county director for Health" means the County director for health nominated by the Governor;

"e-health" means the use o electronic communication and information technology in the health sector; and

"telemedicine" means the provision of health care services and sharing of medical knowledge over distance using telecommunication and include consultative diagnostic and treatment services,

(b)section be amended by deleting the definition of "county executive committee member"

### **Clause 3 Section 5**

**The Ministry of Health proposed that** Clause 3 Section 5 of the principal Act is further amended-

(a) by deleting the word "vocational" in paragraphs (b) and (d);

(b) by inserting the following new paragraphs after the new paragraph (d)-

"(ea) encourage use of e-health and telemedicine for treatment of persons with cancer limited only in follow-ups after initial physical consultation with an oncologist;

(c) inserting the word "research" immediately after the word "planning" in paragraph (n)- (na) carry out periodical assessment and accreditation of the comprehensive regional cancer centers and service providers.

### **Justification**

The amendments aim to give coherence and clarity in the Law and to encourage the use of e-health and telemedicine for treatment of persons with cancer limited only in follow ups after initial physical consultation with an oncologists.

### **New Additional amendment Section 20**

(i) Sub-clause (2) (a) be amended by deleting the word "preference" and substituting with "prevalence"

### **Ministry of Health proposed**

(a) Deleting the word "preference" and substituting therefor with the word "prevalence" in paragraph (a) of subsection (1) in section 20 of the principal Act

(b) by deleting clause 5 of the Bill.

### **Justification**

Section 20(1)(a) of the principal Act contains a mere typographical error.

### **3. KENYA NETWORK OF CANCER ORGANIZATIONS UNITED AGAINST CANCER (KENCO);**

The Kenya Network of Cancer Organizations united against cancer proposed as follows on the following clauses:

### **Clause 3 Section 5**

(i) Amend proposed (bb) to read as follows "Promote cancer prevention and **diagnosis** as a component of primary health care"

(ii) Add the following new paragraphs-

(bc) Ensure establishment of at least one cancer centre per county providing comprehensive cancer treatment services;

(bd) Strengthen and ensure functionality of cancer referral systems.

### **Clause 4 Section 31**

Amend the proposed the new subsection (3) as follows-

(3) The institute shall collaborate with the national government department responsible for public health to promote the training of medical oncologists, pediatric oncologists, radiation/clinical oncologists, radio therapy technologists, oncology nurses, oncology physicians, oncology pharmacists, surgical oncologists, palliative care nurses/physicians, nuclear medicine physicians/technologists, cancer registrars and other cancer health care providers"

#### **4. DAVID MAKUMI (KESHO, KENCO & Oncology Nurses Chapter Kenya)**

**David Makumi on behalf of(KESHO, KENCO & Oncology Nurses Chapter Kenya) proposed as follows on the following clauses:**

### **Clause 2 Section 2**

Additional amendment to amend definition of person with cancer- "person with cancer" means a person diagnosed with cancer including a child.

**Committee's Comment:** Person also includes children no need for amendment.

### **Clause 3 Section 5**

(i) (ba)-The use of e-health and telemedicine of persons with cancer should be limited to follow-up after the initial physical consultation with an oncologist. The same should be utilized for multi-disciplinary tumour boards or case conference



- (ii) (bb)-Treatment of persons with cancer **should only be done** in specialized cancer treatment centres. Primary healthcare should provide cancer prevention programs, screening, psychosocial support and palliatives care.

Add paragraph reading

- (a) "to provide for e-health and Telemedicine infrastructure in all cancer treatment centres.
- (b)oncology training using telemedicine and e-health should include significant oncology practical component"

***Additional Amendments***

- (iii) Delete the word "vocational" in paragraph (b) and (d);
- (iv) In (h) add "research" immediately after the word "planning";
- (v) Amend (k) to read "Identify cancer research priorities and support conduct of research and translation of findings into appropriate policies in all aspects of cancer control including but not limited to prevention, screening, treatment and palliative care";
- (vi) Amend section 5(b) by inserting the words "inspection and accreditation of" immediately after the word "establishment" to ensure that all facilities and institutions providing cancer care have satisfied the minimum standards set by the institute on a continuing basis.
- (vii) Amend 5(c) by inserting the words "regulate" immediately after the word "secure" to provide for the institute to regulate the provision of cancer diagnosis, treatment and rehabilitation services.

**Further general comments**

**A. MINISTRY OF HEALTH**

**The Ministry proposed further amendments to the Act as follows-**

The ministry proposed comprehensive regional centers of excellence equivalent to level 5 or higher of the Kenya Essential Package for Health providing all the modalities of cancer treatment in selected referral hospitals; Kenyatta National Hospital, Moi Teaching & Referral Hospital; Nyeri, Nakuru, Coast General, Garissa, Kisumu & Kisii County Referral Hospitals.

**B. KENYA NATIONAL CHAMBER OF COMMERCE & INDUSTRY**

**The Kenya National Chamber of Commerce & industry proposed further amendments to the Act as follows-**

- (a) Any legislation towards the improvement of health, moreover among oncology patients is a long overdue concern. The oncology field has one of the fewest doctors to patient ratios, and the training of oncology specialists is welcome. The private health sector is a critical stakeholder in fighting cancer and the government should incorporate it in the training specialists.
- (b) E-health and telemedicine will address shortages of healthcare providers as specialists can offer services to more patients with technology. Patients in remote locations can be able to access health services. There will be improved health outcomes as patients can access timely diagnosis and treatment. There will be a reduction in the cost of healthcare since remote monitoring will reduce costly hospital visits.
- (c) Rural health workers will receive continuing medical education as well as direct consultations with specialists. Many of the telemedicine and e-health applications, for example, vital sign monitors ensure the patient participates actively in their management. Information on cancer prevention can be readily availed to the population through technology. A reduction in the need for long-distance travel in search of medical services will contribute significantly in the reduction of carbon emissions.
- (d) Telemedicine should be extended to cover other areas of medicine as well. The doctor remains a critical player in patient diagnosis and treatment. Regulations should be put in place to ensure that medicolegal aspects are well covered.

**MIN. NO.NA/DC.H/2020/61:**

**ADJOURNMENT**

There being no other business, the meeting adjourned at 12.41 PM.

Sign.......... Date.....17TH, JUNE, 2020.....

**(Chairperson)**



NEWS GENERAL

REPORT ON SAFETY DELAYED

# Kebs put on the spot over sugar seized from Kwale

House team wants resampling, testing done

SHARAN OMAR  
@TheStarKenya

MPS have given the Kenya Bureau of Standards 14 days to resample and determine the safety of the sugar impounded at the Kenya International Sugar Company in Kwale.

More than 8,900 sacks of sugar were confiscated last year over allegations that they were illegally imported and harmful to consumers. The National Assembly Committee on Trade, Industries and Cooperatives said the delay to file the sugar reports has cost more than 2,400 jobs because of negligence by some few individuals in government.

"The company has closed, destroying livelihoods of thousands just because somebody in a public office has failed to do his work," chairman Kanini Kega said. He spoke on Saturday in Msamb-

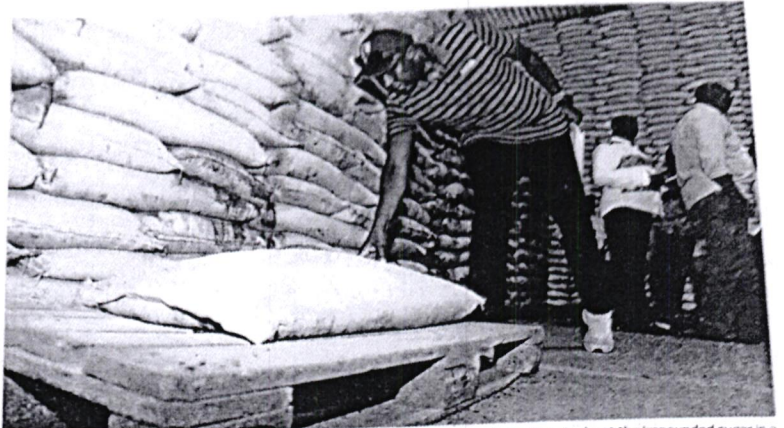
went where the committee inspected go-downs holding condemned sugar and edible oils. Kega said investors have incurred losses and several businesses have collapsed because of Kebs' ineffectiveness.

Kisumu general manager Pamela Ogada said the business has highly suffered since their sugar was seized. She said they cannot cater for expenses because their only source of income has been paralysed.

Ogada appealed to the government to intervene. She said time is limited, adding that the impounded sugar will have expired by December, hence resulting in huge losses.

Kega accused Kebs of defying a court order that directed it to resample the sugar. "I don't understand why a government agency could disobey a court order. This is bad."

He said Kebs' arrogance might burden the national government in



National Assembly Committee on Trade, Industries and Cooperatives chairman Kanini Kega looks at the impounded sugar in a Mombasa warehouse on Saturday. (JOHN CHEGOSI)

recompensing the affected companies for accrued losses. The Kieni lawmaker said the sugar was domestically manufactured and not imported as alleged. "This product comes from within. It has actually been extracted from the sugarcane seen around the place."

Kega said once the sugar is found unsafe for use, it should be destroyed immediately so it is not smuggled

into the market. The committee blamed the multiagency team that looked into the sugar problem for dragging the case and urged President Uhuru Kenyatta to dismantle it to ease executions of orders.

Kega said a lot of time is wasted through prolonged consultations that the board has to consider. The multiagency team comprises Kebs, the Directorate of Criminal Investi-

gations, the Kenya Revenue Authority and the Anti-Counterfeit Agency, among others. He said the team has outlived its mandate and should be dissolved so each department works freely on its own.

"I believe the multiagency team, for now, has done its duties and it is time the group was split for each and every sector to operate alone to be held liable on an individual basis."

REPUBLIC OF KENYA



**NATIONAL ASSEMBLY**  
TWELFTH PARLIAMENT – THIRD SESSION

In the matters of consideration by the National Assembly:-

1. The Mental Health (Amendment) Bill (Senate Bill No. 32 of 2018)
2. The Radiographers Bill (National Assembly Bill No. 47 of 2019)
3. The Health (Amendment) Bill (National Assembly Bill No. 64 of 2019)
4. The Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No. 65 of 2019)

**SUBMISSION OF MEMORANDA**

Article 118(1)(b) of the Constitution provides that, "Parliament shall facilitate public participation and involvement in the legislative and of Parliament and its Committees". Further, the National Assembly Standing Order 127(3) provides that, "the Departmental Committee to which a Bill is committed shall facilitate public participation and take into account the views and recommendations of the public when the Committee makes its report to the House".

1. The Mental Health (Amendment) Bill (Senate Bill No. 32 of 2018) proposes to impose obligations on each level of government to address the issue of accessibility to mental health services including care, treatment and rehabilitation of persons with mental illness. It also proposes to incorporate within the membership of Kenya Mental Health Board representation of the county governments. The Bill further seeks to revise the membership of the Kenya Mental Health Board from the current fourteen executive members to nine in order to make the workings of the Council more efficient and representative.

2. The Radiographers Bill (National Assembly Bill No. 47 of 2019) principal object is to provide a legislative framework for the training, registration and licensing of radiographers, so as to regulate their practice.

3. The Health (Amendment) Bill (National Assembly Bill No. 64 of 2019) seeks to amend the Health Act No. 21 of 2017 to introduce a new section which provides for the development of policy guidelines to regulate the referral of patients to health institutions both within and outside the country.

4. The Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No. of 2019) seeks to amend the Cancer Prevention and Control Act, 2012 to make provision for training of health cadres in the specialised medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.

The above mentioned Bills have undergone First reading and are now committed to the Departmental Committee on Health for consideration and thereafter report to the House.

Pursuant to Article 118(1)(b) and Standing Order 127(3), the Committee invites interested members of the public to submit any presentations they may have on the four Bills. The presentations may be forwarded to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to [clerk@parliament.go.ke](mailto:clerk@parliament.go.ke); to be received on or before Monday, 14th October, 2019 at 5.00 pm.

Copies of the Bills may be downloaded from Parliamentary website:  
<http://www.parliament.go.ke/the-national-assembly/house-business/bills>

MICHAEL R. SIALAI, EBS  
CLERK OF THE NATIONAL ASSEMBLY

REPUBLIC OF KENYA



**NATIONAL ASSEMBLY**  
TWELFTH PARLIAMENT – THIRD SESSION

In the matters of consideration by the National Assembly:-

1. The Constitution of Kenya (Amendment) Bill (National Assembly Bill No. 60 of 2019)
2. The Public Fundraising Appeals Bill, (National Assembly Bill No. 66 of 2019)

**SUBMISSION OF MEMORANDA**

Article 118(1)(b) of the Constitution provides that, "Parliament shall facilitate public participation and involvement in the legislative and of Parliament and its Committees". Further, the National Assembly Standing Order 127(3) provides that, "the Departmental Committee to which a Bill is committed shall facilitate public participation and take into account the views and recommendations of the public when the Committee makes its report to the House".

The Constitution of Kenya (Amendment) Bill, 2019 seeks to amend the Constitution of Kenya in order to enforce the principle of separation of powers so as to allow Parliament and County Assemblies to discharge their functions on matters under consideration or being proceeded with by Parliament, County Assemblies or any of their committees in line with international practice where Courts only intervene after Parliament has executed its mandate.

The Public Fundraising Appeals Bill, 2019 seeks to regulate public collections or harambees; to repeal the Public Collections Act and in its place have a more robust legal architecture in addressing pertinent issues in public collections. Further, it seeks to provide a framework for transparency and accountability in the conduct of fundraising appeals, avail proper safeguards to curb corruption that arises in voluntary collections with a view to ensuring that organizers of public fundraisings account for the monies raised.

The above mentioned Bills have undergone First Reading pursuant to Standing Order 127(3) and stands committed to the Select Committee on National Cohesion & Equal Opportunity for consideration and thereafter report to the House.

Pursuant to the provisions of Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee invites members of the Public to submit representations they may have on the said Bills. The representations may be forwarded to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to [clerk@parliament.go.ke](mailto:clerk@parliament.go.ke); to be received on or before Monday, 14th October, 2019 at 5.00 pm.

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MICHAEL R. SIALAI, EBS  
CLERK OF THE NATIONAL ASSEMBLY



REPUBLIC OF KENYA



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NATIONAL ASSEMBLY

NA/DCS/HEALTH/CORR/2020/017

5<sup>th</sup> March, 2020

**Ms. Susan Mochache, CBS**  
Principal Secretary  
Ministry of Health  
Afya House  
**NAIROBI**

**Dr. Alfred Karagu**  
Executive Director  
National Cancer Institute of Kenya  
Afya House  
**NAIROBI**

**The Executive Director**  
Kenya Cancer Association  
Nurses Complex KNH  
Kenyatta National Hospital  
**NAIROBI**

**Mr. Stephen Mutoro**  
Secretary General  
Consumer Federation of Kenya COFEK  
ehema Place, Block F Suite No.45  
Ngong Road  
**NAIROBI**

**Dr. Abdi Mohamed**  
Chairman  
Kenya Association of Private Hospital (KAPH)  
KTDA Plaza Moi Avenue 7<sup>th</sup> floor IRC Centre  
**NAIROBI**

**Dr. Erick Ruto**  
Chairman  
Reale Hospital & Clinics  
Elgon View Estate, Nyerere Rd  
**ELDORET**

Dear

**REF: PUBLIC HEARINGS ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2019 AND THE HEALTH (AMENDMENT) BILL, 2019**

The Departmental Committee on Health is constituted under Standing Order 216 and is mandated to inter-alia "study and review programs and all legislation referred to it."

Article 118(1)(b) of the Constitution requires parliament to facilitate public participation and involvement in the legislation and other business of Parliament and its Committees. In addition Standing Order 127(3) of the National Assembly requires a Committee to which a Bill is committed to facilitate public participation and take into account the views and recommendations of the public when it makes its report to the House.

Pursuant to the provisions of S.O. 127, The Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No.65 of 2019) and the Health (Amendment) Bill (National Assembly Bill No.64 of 2019) have been committed to the Committee on Health for consideration and thereafter submission of a report to the House.

**The Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No.65 of 2019)** seeks to amend the Cancer Prevention and Control Act, 2012 to make provision for the training of health cadres in the specialized medical field of oncology, to include cancer treatment as part of provision of primary healthcare and to incorporate the use of e-health and telemedicine.

**The Health (Amendment) Bill (National Assembly Bill No. 64 of 2019)**, seeks to amend the Health Act No. 21 of 2017 to introduce a section which provides for the development of policies and guidelines to regulate the referrals of patients to health institutions both within and outside the country.

Therefore, this is to inform you that the Departmental Committee on Health will hold public hearings on **Thursday, 12<sup>th</sup> March 2020** in the **Mini Chamber 1<sup>st</sup> Floor, County Hall Parliament Buildings** at **10:00am** to seek public views on the above mentioned Bill.

This is therefore to invite your organization to make representations if any on the stated bill. Our liaison officer for this purpose is Mr. Benjamin Magut, who may be reached on telephone No. 0712974966 and email [bmagut@parliament.go.ke](mailto:bmagut@parliament.go.ke) or [bemack2@gmail.com](mailto:bemack2@gmail.com).

Yours faithfully,



**EREMIAH W. NDOMBI**  
**CLERK OF THE NATIONAL ASSEMBLY**





DEPARTMENTAL COMMITTEE ON HEALTH

Date: 12/3/20

Venue: New Chamber

Time Started: 10:00 AM

Time Ended: 4:00 PM

Agenda: Agenda: Public Hearings on the Cancer Prevention and Control (Amendment) Bill, 2019 and the Health (Amendment) Bill, 2019

| NO. | NAME                | INSTITUTION                            | DESIGNATION                    | TEL NO      | SIGNATURE |
|-----|---------------------|--|--------------------------------|-------------|-----------|
|     | DR JIMOTHY OLUKENYI | KENYA ASSOCIATION OF PRIVATE HOSPITALS | Secretary, General             | 0721307354  |           |
|     | GRACE KIPYAKWAI     | KNCCI                                  | Health sector committee member | 072333842   |           |
|     | DR ASTO K. ERUKI    | Kwesi/Bwala health center              | Chamber vice president         | 072293370   |           |
|     | DR NEZAM ODHAMS     | PHARMACEUTICALS CENTER                 | Coord, natn, members           | 0722757288  |           |
|     | Reuben Wadewaga     | KNCCI                                  | member                         | 0718687707  |           |
|     | Sigu Thurgelme      | KNCCI                                  | family & SME Devt              | 0727940817  |           |
|     | KITHAOA NJUGUNA     | KANCCI                                 | Chamber Secretary              | 0722966913  |           |
|     | Family Odhams       | KNCCI                                  | Program manager                | 07011647301 |           |





DEPARTMENTAL COMMITTEE ON HEALTH

Date: 12/3/2019

Venue: Mwalimu Nyeri

Time Started: 10:00 AM

Time Ended: 4:00 PM

Agenda: Agenda: Public Hearings on the Cancer Prevention and Control (Amendment) Bill, 2019 and the Health (Amendment) Bill, 2019

| NO. | NAME                | INSTITUTION                                 | DESIGNATION          | TEL NO      | SIGNATURE |
|-----|---------------------|---|----------------------|-------------|-----------|
|     | DR. MARGRETH KARUKU | NATIONAL INSTITUTE OF CANCER RESEARCH KENYA | K.C. CEO             | 0720849417  |           |
|     | DR. HANNAH KAGIRI   | NATIONAL CANCER INSTITUTE - K               | POLICY Planning      | 07220849358 |           |
|     | DR. MARI TUMUNYI    | ICAP  | MANAGER              | 0732-01207  |           |
|     | DR. GEORGE O. RAE   | ICAP  | MEMBER EXECUTIVE COM | 07222704951 |           |
|     | HARRISON ANDOKO     | KENCO                                       | Programs             | 0703570761  |           |
|     |                     |   |                      |             |           |
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