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KENYA NATIONAL ASSEMBLY	

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DEPARTMENTAL COMMITTEE ON HEALTH

TWELFTH PARLIAMENT-FOURTH SESSION

REPORT

ON

THE CONSIDERATION OF THE KENYA NATIONAL BLOOD TRANSFUSION

BILL, 2020

CLERK'S CHAMBERS,  
DIRECTORATE OF COMMITTEE SERVICES,  
PARLIAMENT BUILDINGS,  
NAIROBI.

OCTOBER, 2020

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## **CHAIRPERSONS FOREWORD**

The Kenya National Blood Transfusion Service Bill, 2020 underwent the first reading on 14<sup>th</sup> April 2020 and thereafter committed to the Committee on Health as provided for in the Standing order 127(1).

The Bill seeks to provide for regulations of activities related to Blood donations, testing, processing, safeguarding, transfusion and quality control.

The Committee, while considering the Bill pursuant to Article 118(b) and Standing Order 127(3), invited the public and stakeholders to submit representation/comments they might have on the Bill. This invitation was done through, a notification which was placed in the mainstream print media on 27<sup>th</sup> April 2020.

Having received many written submission from Ministry of Health and other non-state actors, the Committee saw the critical need to directly engage with these stakeholders and carry out extensive public participation as envisioned in the Standing orders to collect views and oral submissions related to the Kenya National Blood Transfusion Service Bill, 2020.

Pursuant to article 118 of the Constitution as well as the provisions of Standing Order 127 of the National Assembly and to make informed recommendations to the House regarding the proposed Kenya National Blood Transfusion Service Bill, 2020, the Committee conducted public hearings in Parliament predicts.

To this end, therefore, the Committee held a total of 2 working Sittings with the public to receive oral submissions regarding the Bill. The Committee has provided annexures of submissions to the Committee in the form of the report attached to this report.

**Hon. Sabina Chege, M.P**

## **1.0 PREFACE**

01. The Bill was committed to the Committee on Wednesday 14<sup>th</sup> April 2020 and based on this that the Committee makes this report pursuant to Standing Order 127.

### **1.1 MANDATE OF THE COMMITTEE**

02. The Departmental Committee on Health derives its mandate from the provisions of Standing Order No. 216(5) which grants the Committee amongst other functions:

- a) To 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) To study the programme and policy objectives of ministries and departments and the effectiveness of their implementation;
- c) To study and review all legislation referred to it;
- d) To study, assess and analyze- the relative success of the ministries and departments measured by the results obtained as compared with their stated objectives;
- e) To investigate and enquire into all matters relating to the assigned ministries and departments as may be deemed necessary, and as may be referred to it by the House; and
- f) To make reports and recommendations to the House as often as possible, including recommendations of proposed legislation.

#### **1.1.1 COMMITTEE SUBJECTS AND OVERSIGHT**

02 Further, the Second Schedule to the Standing Orders mandates the Committee considers matters relating to matters related to health, medical care and health insurance

03. In executing this mandate, the Committee oversees the State Department of Health and following SAGAs:

- 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).

## 1.2 MEMBERS OF THE COMMITTEE

04. The Committee comprises the following Members-

### **Chairperson**

Hon. Sabina Chege, MP  
Murang'a County

### **Jubilee Party**

### **Vice-Chairperson**

Hon. Joshua Kutuny, MP  
Cherangan'y Constituency

### **Jubilee Party**

### **Members**

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

### **Ford Kenya Party**

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

### **ODM Party**

Hon. Alfred Agoi Masadia, MP  
Sabatia Constituency

### **ANC Party**

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

### **Jubilee Party**

Hon. Muriuki Njagagua, MP  
Mbeere North Constituency

### **Jubilee Party**

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

### **KANU Party**

Hon. Beatrice Adagala, MP  
Vihiga County

### **ANC Party**

Hon. James G Wamacukuru  
Kabete Constituency

### **Jubilee Party**

Hon. Prof. Mohamud Sheikh, MP  
Wajir South

### **Jubilee Party**

Hon. (Dr.) Gideon Ochanda, MP  
Bondo Constituency

### **ODM Party**

Hon. Sarah Puleta Korere, MP  
Laikipia North Constituency

### **Jubilee Party**

Hon.Capt. Ruweida Mohamed, MP  
Lamu County

### **Jubilee Party**

Hon. Kipsengeret Koros, MP  
Sigowet-Soin Constituency

### **Independent Party**

Hon. Martin Peters Owino, MP  
Ndhiwa Constituency

### **ODM Party**

Hon. Joyce Ekai Emanikor, MP  
Turkana County

### **Jubilee Party**

Hon. Said Hirabe, MP  
Galole Constituency

### **Ford Kenya Party**

Hon. Tongoyo Gabriel Koshal, MP  
Narok West Constituency

### **CCM Party**

## 1.2 COMMITTEE SECRETARIAT

05. The following Secretariat facilitates the Committee:-

Mr Benjamin Magut  
**Senior Clerk Assistant**

Mr Muyodi Meldaki Emmanuel  
**Clerk Assistant III**

Mr Eric Kanyi  
**Fiscal Analyst**

Ms Lynette Otieno  
**Legal Counsel I**

Mr Paul Mugambi  
**Media Officer**

Ms Catherine Wangui  
**Serjent at Arms**

### **1.3 CONSIDERATION OF THE KENYA NATIONAL BLOOD TRANSFUSION SERVICE BILL, 2019**

The Kenya National Blood Transfusion Service Bill, 2019 underwent first reading on 14<sup>th</sup> April 2020 and thereafter was committed to the Committee on Health as provided for in the Standing order 127(1).

The Bill seeks to provide for regulations of activities related to Blood donations, testing, processing, safeguarding, transfusion and quality control.

Pursuant to Article 118(b) and Standing Order 127(3), which require public participation and involvement in the legislative and other business of Parliament and its Committees, a notification was placed in the mainstream print media on 21<sup>st</sup> April 2020 informing the public that the Committee was considering the Kenya National Blood Transfusion Service Bill, 2019 and inviting them to submit any representation they might have on the Bill.

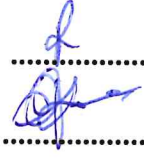





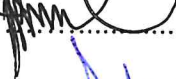
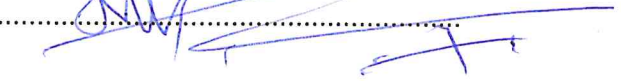

Consequently, the Committee received submissions and memoranda from the following-

- (1) The Ministry of Health;
- (2) Association of Kenya Medical Laboratory Scientific Officers;
- (3) Jeff Mukwa;
- (4) Grace Muburi; and
- (5) Simon Mueke.

The Committee held 11 sittings with the Ministry of Health and other stakeholders to consider pertinent issues that the Bill was seeking address. Further, the Committee received written memorandum and submissions from five (5) organization among them:

**1.4 ADOPTION OF THE REPORT**

We the members of the Departmental Committee on Health have pursuant to Standing Order 199 adopted this report on the Kenya National Blood Transfusion Bill, 2020 and affix our signatures to affirm our approval and confirm its accuracy, validity and authenticity today Thursday 8th October 2020:-

- 1. The Hon. Sabina Chege, M.P. -**Chairperson** 
- 2. The Hon. Joshua Kutuny, M.P. -**Vice-Chair** 
- 3. The Hon. Dr James Nyikal, M.P. 
- 4. The Hon. Dr Eseli Simiyu, M.P. 
- 5. The Hon. Dr James K. Murgor, M.P. 
- 6. The Hon. Dr Dahir M. Duale, M.P. 
- 7. The Hon. Muruiki Njagagua, M.P. 
- 8. The Hon Gedion Ochanda, M.P. 
- 9. The Hon Martins Peter Owino, M.P 
- 10. The Hon. Beatrice Adagala, M.P 
- 11. The Hon. Kipsengeret Koros, M.P. 
- 12. The Hon. Joyce Ekai. Emanikor, MP 
- 13. The Hon. Sarah Puleta Korere, MP 
- 14. The Hon. Prof Mohamed M. Omar, M.P. 
- 15. The Hon. James G Wamacukuru, MP 
- 16. The Hon. Tongoyo Gabriel Koshal, MP 
- 17. The Hon. Said Hirabe, MP 
- 18. The Hon. Capt. Ruweida Mohamed, MP 
- 19. The Hon. Alfred Agoi Masadia, MP 



## **1.5 ACKNOWLEDGMENT**

12. The Committee wishes to sincerely thank the Offices of the Speaker and the Clerk of the National Assembly for the support and services extended to the Members to enable the Committee to complete this report within the given timelines.
13. I am grateful for the Members of the Committee whose support enabled the Committee to accomplish this task. Special thanks to the Secretariat for their technical support during the compilation of the report.
14. On behalf of the Committee, and pursuant to Standing Order No. 127 (4) of the National Assembly, It honour and privilege to present the Committee Report on the Kenya National Blood Transfusion Service Bill, 2020 to House for consideration and adoption.

Thank you

## 2.0 OVERVIEW OF THE KENYA NATIONAL BLOOD TRANSFUSION SERVICE BILL, 2020

15. The following is the summary overview of the Bill:-

**Part, I (Clauses 1-3) of the Bill**, provides for the preliminary provisions, including the short title, the definition of terms as used in the Bill as well as the objects of the Bill, which is to establish the Kenya National Blood Transfusion Service.

**Part II (Clauses 4-19)** of the Bill provides for the establishment, functions and powers of the Kenya National Blood Transfusion Service. This Part established the Service as a body corporate and also provided for the composition of the Board of the Service.

**Part III (Clauses 20-24)** of the Bill provides for the financial provisions. It provides for the sources of funds of the Service, as well as the annual estimates, audit and investment of funds.

**Part IV (Clauses 25-26)** of the Bill provides for the role of county governments in Blood transfusion. In terms of this Part, county governments will be required to liaise and collaborate with the Service in activities related to blood transfusion.

**Part V (Clauses 27-32)** of the Bill provides for the management of blood services. This Part provides for the establishment of the various levels of blood service centres, as well as the procedure for the application of licenses. It also provides for administrative procedures to be taken by persons aggrieved by the decisions of the Board.

**Part VI (Clauses 33-38)** of the Bill provides for the rights and responsibilities of blood donors. It provides for the right to information and consent, the duties of the donor as well as the confidentiality requirement.

**Part VII (Clauses 39-47)** of the Bill provides for blood donor management. This Part provides for the eligibility of a blood donor as well as the need for education, mobilization and recruitment of blood donors. This Part also provides for the collection, testing, utilization and disposal of blood and blood products.

**Part VIII (Clauses 48-53)** of the Bill provides for the offences related to blood and blood products as well as violations related to blood transfusion. The Part also provides for the penalties for the various violations.

**Part IX (Clause 54)** of the Bill provides for the provisions on delegated powers. He gives the Cabinet Secretary, on the recommendation of the Service, the ability to make regulations for the better carrying into effect of the provisions of the Act.

**Part X (Clause 55-58)** of the Bill provides for the transitional provisions from the old Service to the new Service.

**The First Schedule** to the Bill provides the provisions as to the conduct of the business and affairs of the Board.

**The Second Schedule** to the Bill provides for the levels of the blood service centres.

### 3.0 STAKEHOLDERS SUBMISSIONS ANALYSIS

16. The Committee considered the following submission from stakeholders

#### 3.1 MINISTRY OF HEALTH

1. Delete long title and substitute therefor the following new long title-

“AN ACT of Parliament to establish the Kenya National Blood Transfusion Service; to provide for the regulation of blood donation and transfusion, organ or tissue donation and transplantation; to promote or secure the sufficient supply of blood, stem cells and tissue, testing, processing and quality control; and for connected purposes.

**Justification:**

The proposed amendment is an endorsement of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. “The WHO in its 70<sup>th</sup> World Health Assembly in May 2017 identified the need to integrate the coordination of blood, blood products, other tissues and gametes, to facilitate the comprehensive implementation of the Health Act, 2017 and to align with the WHO Guiding Principles”.

2. Amend clause 2 interpretations as follows

- a) Delete the words “technologist” and “counsellor” in the definition of the phrase “health professional” and substitute therefor the words “medical laboratory professionals”.
- b) Insert the following new definitions in their proper alphabetical sequence-  
“stem cell” means an undifferentiated cell of a multicellular organism embryonic and adult origin capable of giving rise to indefinitely more cells of the same type, and from which certain other kinds of cell arise by differentiation.

“transplantation”, in relation to an organ, tissue or stem cell, includes-

- (a) the transplantation of a part of the organ, tissue or stem cell; and
- (b) the transplantation of a substance obtained from the organ.

**Justification:**

The medical laboratory professionals include medical laboratory technicians, medical laboratory technologists and medical laboratory officers who to practice must hold Certificate, Diploma, Higher Diploma, BSc, MSc and PhD degrees as per the scheme of Service. Further, all health professionals have relevant training in counselling. There are no registered counsellors for the blood transfusion.

3. Amend Clause 5 interpretations as follows;-

Insert the following new paragraphs immediately after paragraph (r) in clause 5-

“(s) formulate guidelines relating to blood, organ, stem cell, tissue donation and transplantation;

(t) support, encourage, conduct and evaluate promotional country awareness programs relevant to blood, organ, stem cell, tissue donation and transplantation;

(u) conduct and evaluate research on blood, organ, stem cell, tissue donation and transplantation;

4. Delete **clause 6** and substitute therefor the following new clause-

“6. (1) The management of the Service shall vest in a Board which shall consist of-

- (a) a non-executive chairperson appointed by the President;
- (b) the Principal Secretary for the time being responsible for the health of a representative designated appointed in writing;
- (c) the Principal Secretary for the time being responsible for finance or a representative designated in writing;
- (d) one person representing the counties, appointed through the Health Sector Inter-Governmental Forum;
- (e) the Attorney General or his representative appointed in writing;
- (f) the Chief Executive Officer; and
- (g) five other members, not being public officers, appointed by the cabinet secretary by virtue of their knowledge and experience in medical laboratory science, finance, business management, medicine, economics, law or any other relevant field.

(2) The Board may co-opt any other person with the necessary expertise and temporarily as it considers necessary to assist the Board in discharging its duties and responsibilities.

(3) In making the appointment under subsection (1)(g), the Cabinet Secretary shall ensure that the appointments fulfil the requirements of the gender balance, disability and regional balance enshrined in the Constitution.

(4) The remuneration, fees or allowances payable to members of the Board shall be determined by the Board on the advice of Salaries and Remuneration Commission.

(5) The Procedure for the conduct of business and the affairs of the Board shall be as set out in the First Schedule.”

**Justification:**

The Ministry of Health has been bedevilled by policy dilemma in the recruitment of members to various Boards and Councils in the Ministry, where the nominations are from interest groups most of which cannot agree on the nominees due to opaqueness in the processes or conflict of interest in violation of the tenets spelt out in the Constitution of Kenya, 2010. Also, the proposed amendment is to empower the Cabinet Secretary to appoint independent members to the Board devoid conditional nominations.

Further, the Chairperson being an appointee of the President and a non-executive appointee for that matter, the conditions spelt out in clause 6(2) of the Bill are unnecessary, given the position of the Chairperson is not an executive appointment.

5. Delete clause 9.

**Justification**

The provision is inelegant and an unnecessary variant.

6. Delete Clause 10(2) (d) and Clause 10(2) (m) of the Bill.

**Justification**

This clause is ambiguous and not in tandem with the law. Further, blood is of no financial value, and this clause is a repetition of clause 10(2)(1) on the mobilization of resources including levying fees for services rendered by the Service as may be determined from time to time by the Board.

7. Delete Clause 11 sub-clause (3) and substitute therefor the following new sub-clause-

“(3) a person shall be qualified for appointment as the Chief Executive Officer of the Service if such person-

- (a) possesses a master’s degree in business management, medical laboratory science, law, finance, medicine, social sciences or any other relevant field;
- (b) possesses at least ten years’ experience in leadership or senior management position; and
- (c) satisfied the requirements of Chapter Six of the Constitution.”

**Justification:**

There is no Degree in Laboratory Medicine in Kenya, but the relevant degree of Medical Laboratory Science. To ensure a broader outreach, it is prudent that this position is opened up for more inclusivity.

8. Delete clauses 13 and 14 of the Bill.

**Justification:**

The position of a Medical Director is not in tandem with the Health Act, 2017 (No. 21 of 2017) thus unfeasible.

The main objective of the Service is to avail to the Kenyan population adequate and safe blood and not creating structures that might create an unnecessary bottleneck.

Blood transfusion service is a 24-hour function inpatient care. It is thus managed by the health professionals within the health facilities, and therefore cannot be undertaken by the proposed centrally placed office.

Blood processing and storage are functions within the medical laboratory regime. The proposed position will be an unnecessary charge to the exchequer.

9. Amend Section 38 by inserting the words “through the Kenya National blood transfusion Service” immediately after the word “State” at the end of subclause (2).

**Justification:**

This is to ease and make it convenient for an individual who seeks treatment after suffering from an adverse reaction.

10. Amend Section 41 by deleting the expression, “under the instructions of a medical practitioner” and substitute therefor the phrase, “registered by the relevant regulatory authority.”

**Justification:**

Relevant health professionals have the capacity, ethical and technical competencies and regulated by their respective regulatory authorities.

11. Insertion of New Part VIIA in the Bill

**Donor Organ Sharing Schemes**

**48A.** (1) Not later than one year after the commencement of this Act, the Cabinet Secretary shall, by regulations, provide for the operation of Donor Organ Sharing Schemes (“the Schemes), for purposes of allocation of organs for transplantation.

- (2) The Schemes under subsection 0 shall –

- (a) outline the applicable operating principles for –
  - (i) transplant units including- human kidney, liver, heart, lung, hand, penis, face, bone marrow, amnion and pancreas;
  - (ii) transplantation from living as well as deceased donors;
- (b) be established and operated based on the best possible scientific advice generated from ethically approved research.

**Organ Donation Registry**

**48B.** The Chief Executive Officer, shall establish and maintain --

- (a) a national list of individuals who need organs; and a national system, through the use of technology and in accordance with established medical criteria, to match organs and individuals included in the list, especially individuals whose immune system makes it difficult for them to receive organs.

**Scientific Registry**

**48C.** (1) The Chief Executive Officer shall maintain a scientific registry of the recipients of organ transplants.

(2)The registry shall include such information respecting patients and transplant procedures subject to an evaluation of the scientific and clinical status of organ transplantation.

**Consent**

**48D.** (1) No healthcare services may be provided to a donor or recipient without his or her informed consent unless-

- (a) the donor or recipient is unable to give informed consent, and a person gives such consent-
  - (i) mandated by the donor in writing to grant consent on his or her behalf;
  - (ii) authorized to provide such consent in terms of any law or court order; or

(iii) as may be provided in the regulations.

(b) the donor is unable to give informed consent, and no person is mandated or authorized to provide such consent, and the spouse gives the consent, in the absence of a spouse, a parent, grandparent, an adult child or brother or a sister of the user, in the specific order as listed; and

(c) The provision of health service without informed consent is authorized in terms of any law or court order.

(2)A health care provider must take all reasonable steps to obtain the donor's informed consent.

## 12. Insertion of New Part VIIB in the Bill

### **Sale of blood, organs or tissue prohibited**

**49A.** (1)A person shall not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any blood for transfusion, or any organ or tissue for a transplant, or any human body or human body parts, for therapeutic purposes, medical education or scientific research unless otherwise provided by the regulations under this Act.

(2)A person who otherwise deals in, directly or indirectly, for valuable consideration any blood for transfusion, or any organ or tissue for a transplant, or any human body or human body parts, for therapeutic purposes, medical education or scientific research unless otherwise provided under subsection (1), commits an offence.

(3) A person convicted of an offence under subsection (2), is liable on conviction to a penalty of a fine not exceeding ten (10) million shillings or to imprisonment for a term not exceeding ten (10) years or to both fine and imprisonment.

(4)A person who knowingly receives an illicit transplant shall be liable on conviction to a fine not exceeding ten (10) million shillings or imprisonment for a term not exceeding ten (10) years or to both fine and imprisonment.

(5)An institution which contravenes the provisions of this Part is guilty of an offence and is liable to a fine not exceeding of twenty (20) million shillings and cancellation of its license for three (3) years.

### **Protection of Patient confidentiality**

**49B.** (1)In the performance of its functions under this Act, the Service shall not publish or disseminate information that is likely to enable the identification of particular blood, stem cells, organ or tissue donor or recipient.

(2)The provisions of subsection 0 shall not apply if the publication or dissemination of the information takes place with the consent of-

(a) if the organ or tissue donor or recipient is aged at least 18 years—the organ or tissue donor or recipient; or

(b) if the organ or tissue donor or recipient has died but is survived by a person (the surviving spouse) who was-

(i) his or her spouse immediately before he or she died; and

(ii) living with him or her directly before he or she died; the surviving spouse; or  
(c) in any other case—an individual who, under regulations, is authorized to give consent to the publication or dissemination of the information.

(3) For subsection (a) above, a person is taken to have been living with his or her spouse at a particular time if they were not living together at that time only because of-

- (a) a temporary absence from each other; or
- (b) illness or infirmity of either or both of them.

### **3.2 ASSOCIATION OF KENYA MEDICAL LABORATORY SCIENTIFIC OFFICERS**

1. Amend clause 2 interpretation -The term “Health Professional” should be revised to read as follows :

“Health Professional” includes any person who is qualified and licensed by the relevant regulatory body and includes medical doctor, clinical officer, medical laboratory officers, medical laboratory technologists, medical laboratory technicians, counsellors and nurses

**Justification:**

To be in line with the current scheme of Service. All cadres of Medical laboratory professionals can work in the blood donor services.

2. Amend clause 3 of the Bill by rephrasing the sentence by deleting the words

“transfusing of blood and blood products” appearing in 3(a) and rephrase the word “testing” to read “blood screening and compatibility testing.”

**Justification:**

The transfusion is a preserve of hospitals and treatment centres/ facilities also, testing is a broad term, and in the context of blood, we need to specify what scope of testing is involved

3. Delete the words “antimicrobial resistance” appearing in clause 5(f)

**Justification:**

The statement does not portray functions to be performed. Antimicrobial resistance may not be a function

4. Amend clause 6 as follows

- (i) Insert Part (j) to read a representative of the Association of Kenya Medical Laboratory Scientific Officers.
- (ii) Further Insert Part (k) to read two Board of trustee members, one of whom MUST be a registered and licensed Medical Laboratory Officer and the other to be from any other medical representation registered by the relevant body



**Justification:**

AKMLSO represents a bulk of the members who work in blood transfusion services, and they must take care of the welfare of their members.

- (iii) Rephrase 6(2)(c) to read “a distinguished public or private carrier record relating to health matters.”

**Justification:**

Learning institutions within the health sector adequately represented. This would introduce over-representation from one industry in case the Chairperson is from a learning institution.

- (iv) Appointment in clause 6(3) should include 6(1) (e), (h), (i) and (j).

**Justification:**

This will avert complaints from these sectors. Will also discourage discrimination.

5. Amend Clause 10 by

- (i) deleting clause 10(1)(d)

**Justification:**

If blood donation is voluntary and non-remunerated, it beats logic to charge fees. This needs elaboration. Otherwise, funds of the Board should come from the exchequer and other sources. This will discourage the tendency of “Rent-seeking” as has been the case with other boards.

- (ii) In clause 10(1)(l) delete the sentence “including levying fees for service rendered ” and substitute with the following “mobilize resources as the service may determine from time to time.”

**Justification:**

If blood donation is voluntary and non-remunerated, it beats logic to charge fees. This needs elaboration. Otherwise, funds of the Board should come from the exchequer and other sources. This will discourage the tendency of “Rent-seeking” as has been the case with other boards.

6. Amend Clause 11(3) (d) by revising it to read as follows “is a medical laboratory technologist” having a degree in Laboratory Medicine from a recognized university and is registered by the Kenya Medical Laboratory technicians and technologist board.

**Justification:**

Specifying masters in health systems management locks out many potential candidates. Should be a masters degree in health-related field and experience in administration.

7. Amend Clause 13 as follows

- (i) In Clause 13(3)(b) the words “is a medical practitioner registered by the Medical Practitioners and Dentist Board” should be amended to read “is a Medical Laboratory Officer or Medical practitioner registered by the relevant regulatory body.”

**Justification:**

If the clause remains as it is, there is discrimination introduced, therefore locking the job up for one cadre. Many technologists currently hold higher qualifications in laboratory medicine, including doctorate degrees. Besides, there is rarely clinical practice in blood centres.

- (ii) Clause 13(3)(c) needs to be revised to read “holds a postgraduate degree in laboratory medicine, pathology or a related field.”

**Justification:**

If the clause remains as it is, there is discrimination introduced, therefore locking the job up for one cadre. Many technologists currently hold higher qualifications in laboratory medicine, including doctorate degrees. Besides, there is rarely clinical practice in blood centres.

8. Amend Clause 20 as follows

- (i) Clause 20(b) delete the words “fees.”

**Justification:**

No need to charge for board services if blood donation is free and money obtained from the exchequer.

- (ii) Delete 20(d)

**Justification:**

There no need to charge for board services if blood donation is free and money obtained from the exchequer.

9. Delete clause 28 and substitute as follows

28. The assignable services by the Board shall include—

- (a) blood donor mobilization within their facility and outlets;
- (b) education;
- (c) recruitment;
- (d) blood collection within their facility and outlets;
- (e) processing;
- (f) blood storage and distribution within their facility and outlets; and
- (g) haemovigilance within their facility and outlets.

**Justification:**

The assignable services should be comprehensively stated

10. Amend Clause 29 by inserting the words “and testing laboratory” to read “The Service shall operate a National Blood Transfusion Reference and testing Laboratory which shall”

**Justification:**

The functions mentioned highlight a lot about testing.

11. Amend Clause 41(1) by deleting the last statement “under the instructions of a medical practitioner” and substitute “The collection of blood and blood products under this Act shall be carried out by a qualified health professional.”

**Justification:**

Personnel collecting blood are qualified and may not necessarily have to be under the instructions of another qualified professional.

12. Amend the second schedule of the Bill to provide as follows

There should be Four levels of blood service and not 3 levels as put in the Bill.

**Blood Centre Level IV**

- To be the National Blood Transfusion, and reference enter.
- To be situated in Nairobi.
- To be headed by a registered Medical Laboratory Officer with qualification requirements same as those of CEO of the Service.
- The head of this is to be appointed by the Service through CEO.
- H/she will supervise all below levels.
- The Service will propose functions of this level.

**Blood Centre Level III**

- To be the regional blood centre.
- Situated at each regional headquarters
- To be headed by a registered Medical Laboratory Officer with at least a holder of first degree in Medical Laboratory Officer with at least a holder of first degree in Medical Laboratory Medicine.
- Have at least seven years’ experience in haematology and blood transfusion science.
- To be appointed by Service through CEO.
- H/she will supervise all level IIs.
- Functions of this level will be to supervise all level IIs and below and was earlier proposed.

**Blood Centre Level II**

- To be the county blood centre.
- Each County to have a blood centre.
- The head of this level is a registered Medical Officer having with at least first degree in Medical Laboratory medicine or senior diploma holder with knowledge of haematology

and blood transfusion science of at least five years working experience in blood transfusion services.

- The head of this level will automatically be a member of the County Health Management Team to provide technical advice on blood services and also supervise all level Is.
- To be appointed by county chief executive officer for health in respective counties and named **County Blood Coordinator** or as will be wished by individual counties.

#### **Blood Centre Level I**

- All transfusion sites/facilities to have an independent unit termed as “blood units” within them.
- These should be independently run and should be separated from routine laboratory services and facility services
- This is to be headed by registered medical laboratory officers having experience in haematology and blood transfusion.
- Head of this is to be appointed by County Blood Coordinator.

#### **Justification**

There is a lacuna in the Bill on the administrative structures in the mentioned levels and proposed level 4. This should come out clearly and be specified in the Bill to avoid loggerheads.

### **3.3 JEFF MUKWA**

1. Amend Clause 3 of the Bill by deleting the word “testing” appearing in 3(a) and substitute with “blood screening and compatibility testing.”
2. Amend Clause 13 by
  - (i) Deleting the word “Medical Director” appearing in clause 13(1), (2) (3) and (4) and substitute with “Director”.
  - (ii) In clause 13(3)(b) by deleting the words “Medical Practitioners and Dentists Board” and substitute with “is a medical practitioner or Medical Laboratory officer registered by the relevant licensing body.”
  - (iii) In clause 13(3)(c) by deleting the word “pathology” and substitute with the words “or a postgraduate degree in medical laboratory science in blood transfusion, virology or haematology.”
  - (iv) In clause 13(3)(e) add the words “or clinical laboratory practice or in blood transfusion service” immediately after the word “practice.”
3. Amend Clause 14 by
  - (i) Delete the word “Medical Director” and substitute with “Director.”
  - (ii) Clauses 14(b), (c), (d) and (e). The hiring of relevant staffs should be done in reference to clause 15. Therefore these clauses should be deleted.
4. Delete clause 28 and substitute as follows-

28. The assignable services by the Board shall include—

- (a) blood donor mobilization within their facility and outlets;
- (b) education;
- (c) recruitment;
- (d) blood collection within their facility and outlets;
- (e) processing;
- (f) blood storage and distribution within their facility and outlets; and
- (g) haemovigilance within their facility and outlets

5. Amend Clause 29 by inserting the word “testing” immediately after the words “National Blood Transfusion Reference.”

6. Amend Clause 41(1) by deleting the words “under the instructions of a medical practitioner”.

### **3.4 GENERAL COMMENTS**

#### **3.4.1 MR. SIMON MUEKE**

- (i) Essential services are a vital function of any good government, and Blood Transfusion is one of them, and Blood Transfusion Services are domiciled in the Ministry of Health.
- (ii) The Health Act, 2017 combines Blood Transfusion with Organ and Tissue Transplantation.
- (iii) There was a more inclusive process addressing the Health Act, 2017 and doing a KNBTS Bill that includes blood and blood products, organ donation and transplantation and tissue (stem cells and gametes) research and treatment technologies, which seems to have suffered debilitating interruptions, whether intended or naturally “the Kenyan way”.
- (iv) The current KNBTS Bill should have been brought before Parliament by the Ministry of Health rather than a private member; it should be government business by the National assembly Leader of Majority.
- (v) Blood Transfusion Services after Covid-19 pandemic is over would still be better controlled nationally (for purposes of donation, storage, safety, movement, processing and distribution) thus would remain a function for the National Government, hoping that we will come out stronger.
- (vi) It shall be necessary to create a ministry SAGA to manage blood transfusion services nationally and through counties, a situation which would attract funding from the National Treasury within the annual public financing structure for sustainability.
- (vii) Expert committees would include Blood Transfusion, Organ Transplantation, Stem Cells and Gametes Technology and any other related new technology according to the Health Act, 2017.
- (viii) A Government SAGA to manage one Service (KNBTS) instead of there in one (KNBTTS) is perhaps not adequate mandate to invest in; as a broader more comprehensive and inclusive effort would meet the threshold to attract more support, financial or otherwise.
- (ix) To create one agency for blood transfusion and miss out legislative instruments to govern organ transplant and stem cell technology as such a time when we are losing

out so much foreign exchange to countries like India, RSA and the rest of the developed world.\

### **3.4.2 MS. GRACE MUBURI**

- (i) Blood donation, storage and issue management is Part of health care management.
- (ii) An essential function/duty of the state is to provide security for its citizens. Health care is Part and parcel of human security. So, when the health sector has failed, what does that mean.
- (iii) A safe, healthy and educated population is the fundamental ingredient/pre-requisite to development. Once development is achieved, economic growth becomes a reality, jobs a reality, livelihoods a reality, managing the population/people made easier and real peace becomes a reality.
- (iv) Parliament and those institutions concerned, from Ministry of Finance to the treasury to the Ministry of Health, to the public service commission, to the salaries and remuneration commission etch should consider these issues of national health services for the welfare of citizens irrespective of their social or economic standing. There is no need to discriminate in such an essential service.

#### **4 COMMITTEE OBSERVATIONS**

17. The Committee made the following observations:

- i. Lack of a legislative framework governing blood transfusion service compromises the safety, quality and availability of blood in the country.
- ii. In order to carry out its mandate effectively Kenya National Blood Transfusion Service should be established as a semi-autonomous centrally coordinated entity. Therefore, there is an urgent need for the Ministry of Health to fully operationalize the Health Act, 2017 as it provides for the establishment of the KNBTS as a state entity.
- iii. The Government of Kenya minimal financial support to KNBTS and dwindling donor funding has put the six regional blood transfusion centers and its satellite centers in dire state. The centers are in a dilapidated state, lack enough personnel, operational support (transport, reagents and other materials). There is need to increase budgetary allocation to the KNBTS.

## **5 RECOMMENDATIONS (PROPOSED COMMITTEE AMENDMENTS)**

18. The Departmental Committee on Health will be moving the following amendments to the Kenya National Blood Transfusion Service Bill, 2020 at the Committee Stage—

### **CLAUSE 2**

**THAT**, Clause 2 of the Bill be amended—

- (a) by deleting the definition of the word “human blood products” and substituting therefor the following new definition—  
“human blood products” has the meaning assigned to it in the Health Act;”
- (b) by deleting the definition of the word “health care professional” and substituting therefor the following new definition—  
“health care professional” has the meaning assigned to it in the Health Act; and
- (c) by deleting the definition of the word “informed consent” and substituting therefor the following new definition—  
“informed consent” has the meaning assigned to it in the Health Act.”

### **CLAUSE 5**

**THAT**, Clause 5 of the Bill be amended in paragraph (f) by deleting the words “antimicrobial resistance” and substituting therefor the words “pathogen transmission and resistance”.

### **CLAUSE 6**

**THAT**, Clause 6 of the Bill be amended by—

- (a) deleting sub-clause (1) and substituting therefor the following new sub-clause—
  - (1) The management of the Service shall vest in a Board which shall consist of—
    - (a) a non-executive chairperson appointed in accordance with subsection (2);
    - (b) the Principal Secretary in the Ministry responsible for matters relating to health or their representative designated in writing;
    - (c) the Principal Secretary in the Ministry responsible for matters relating to finance or their representative designated in writing;
    - (d) the Attorney-General or their representative specified in writing;
    - (e) a representative of the private sector nominated by the Kenya Private Sector Alliance;
    - (f) a representative of the private based transfusing facilities;
    - (g) a representative of the faith-based transfusing facilities;
    - (h) a representative of the Council of Governors; and
    - (i) a representative of universities with knowledge and experience in haematology.



(b) delete subclause (2) and substituting therefor the following new sub-clause

(2) The Chairperson shall be competitively recruited and appointed by the Cabinet Secretary from among persons who have—

- (a) at least a postgraduate university degree in a health-related field recognized in Kenya;
- (b) at least fifteen years' experience in matters relating to leadership and management in the private or public sector; or
- (c) a distinguished public, private or teaching sector record on issues of health.

#### **CLAUSE 10**

**THAT**, clause 10 (2) of the Bill be amended by deleting paragraph (d) and substituting therefor the following—

- (d) levy fees for services rendered by the Service as provided under section 30.

#### **CLAUSE 11**

**THAT**, Clause 11 of the Bill be amended in sub-clause (3) by—

- (a) deleting paragraph (c) and substituting therefor the following new paragraph—  
“(c) holds a minimum of a first degree in medical laboratory science or management from a recognized university;”
- (b) deleting paragraph (c) and substituting therefor the following new paragraph—  
“(d) holds a relevant qualification in health systems management from a recognized university; and”.

#### **CLAUSE 13**

**THAT**, Clause 13 of the Bill be deleted.

#### **CLAUSE 14**

**THAT**, Clause 14 of the Bill be deleted.

#### **CLAUSE 22**

**THAT**, clause 22 (2) of the Bill be amended in paragraph (e) by inserting the words “payment of compensation on claims resulting from the adverse reaction after blood donation” immediately after the words “or equipment.”

#### **CLAUSE 38**

**THAT**, Clause 38 of the Bill be amended in sub-clause (2) by deleting the word “State” and substituting therefor the words “Kenya National Blood Transfusion Service.”

#### **CLAUSE 41**

**THAT**, Clause 41 of the Bill be amended in sub-clause (1) by deleting the words “under the instructions of a medical practitioner” and substituting therefor the words, “registered by the relevant regulatory authority”.

## SECOND SCHEDULE

THAT, the Second Schedule to the Bill be amended—

- (a) in paragraph 1 by—
  - (i) deleting the peremptory statement and substituting therefor the following new peremptory statement –

“A National Blood Centre shall be located within a Level 5 and 6 hospitals as provided in the Health Act and shall conduct the following services—
  - (ii) deleting the words “and Level II” appearing in subparagraph (e);
- (b) in paragraph 2 by—
  - (i) deleting the peremptory statement and substituting therefor the following new peremptory statement –

“A Regional Blood Centre will be located within a specific county and can serve one or more counties and shall conduct the following services —
  - (ii) deleting the words “Level III” appearing in subparagraph (h) and substituting therefor the following words “National Blood Center”;
  - (iii) deleting the words “Level I” appearing in subparagraph (j) and replacing, therefore, the words “County Blood.”
- (c) in paragraph 3 by—
  - (i) deleting the peremptory statement and substituting therefor the following new peremptory statement –

“A County Blood Centre will be a static or a mobile blood centre located within a specific county and may serve one or more counties and shall conduct the following services—”
  - (ii) deleting the words “Level III” appearing in subparagraph (d) and substituting therefor the following words “National Blood Center”.

Signed.....

**Hon. Sabina Chege, M.P**

**CHAIRMAN, DEPARTMENTAL COMMITTEE ON HEALTH**

Dispute > The Nairobi governor is fighting a Sh15 billion allocation to new city agency

# NMS row: Sonko guards withdrawn

Bodyguards and drivers at office and residence are pulled out as row over county functions deepens

BY COLLINS OLOLO  
@OloloCollins  
collins@dailynation.co.ke

The fallout between Nairobi Governor Mike Sonko and the national government deepened Friday after part of the county chief's security detail was withdrawn. Mr Sonko last week threatened to end an agreement transferring four key functions to the national government agency named State House officers who have been the process. This reportedly came when the City Hall boss met with Deputy President William Ruto.

On Friday, the governor lost control of his bodyguards at both his office and private office and Mue Hills residence. According to sources who spoke to the Nation on condition of anonymity, this was after he refused to only stand over the three-week-long dispute regarding the Sh15 billion that was allocated to the Nairobi Metropolitan Service (NMS).

The source said that a meeting on Thursday last week that was attended by two senior State House officers ended in disarray after the governor insisted on proceeding with the preparation of a new supplementary budget. The meeting at Mr Sonko's Upper Hill private office was attended by state



Governor Mike Sonko during a past event. His security team was withdrawn on Friday.

The governor still has his security. People are trying to bring a lot of politics into it."

Governor Sonko's spokesman Ben Mulwa

House Deputy Chief of Staff in charge of Constitutional and Legal Affairs Njee Mutari and Deputy Comptroller George Karuki. It was also attended by some executive committee members, chief officers, the county secretary and two MCAs. Speaker Beatrice Elachi was,

however, not part of the meeting. "The meeting was on the budget but it ended in disarray after Sonko insisted that the budget must be done again. The following day, his drivers and bodyguards were withdrawn leaving him with only two officers," said the source.

The source added that, following the fallout, 800 enforcement officers were seconded to the NMS and asked to report to the new office between today and tomorrow "without fail".

The governor is contesting the Supplementary Appropriation Bill, 2020 that allocated Sh15 billion to NMS headed by Director-General Mohammed Badi and that was approved by the assembly on April 2. He is accusing the

MCAs of overreach by appropriating funds to functions that were never transferred to NMS. He also claims that his office was not involved in the preparation of the Bill.

Mr Sonko's spokesperson Ben Mulwa said Thursday's meeting was the governor's idea. He denied that the governor had lost his bodyguards and drivers: "That is misinformation as the governor still has his drivers and security. People are trying to bring a lot of politics into it."

He said there is going to be a meeting this week between county government representatives and those from NMS, although a date has not been confirmed, to finalise on the issue. Another source said that the meeting resolved to have a new supplementary budget prepared with input from NMS.

On Friday last week, Mr Sonko said he had directed the County Treasury to work on a new supplementary budget together with officers from the NMS.

This was the same day that the contested bill was to take effect at the expiry of seven days provided for by the law after it was resubmitted by Speaker Elachi after she rejected the Governor's memorandum. Yesterday, Finance Chief Officer Halkano Waqo said a new supplementary budget has already been submitted to the Speaker.

"What was presented before the house is totally different from what we shared with the Budget Committee. We have regularised it and submitted it to the Speaker who should present it before the Budget Committee," said Mr Waqo.

## Kagwe refuses to renew term of PPB team

BY IBRAHIM OLUKO

Health Cabinet Secretary Mutahi Kagwe has refused to renew the term of the Pharmacy and Poisons Board saying its governance structure must be changed before fresh appointments are made.

The term of the board members expired in March and the CS says he will only appoint their replacements after the Pharmacy and Poisons Act is amended to alter the structure of the board.

Mr Kagwe told a Senate committee that the structure of the board is ineffective and incapable of offering guidance and must be changed to make it responsive to modern trends.

### Government's response

"Boards are appointed for the purpose of directing and guiding institutions. This one has failed largely because of the way it is structured," he said when he appeared before the ad hoc committee on Saturday.

The committee chaired by Nairobi Senator Johnson Sakaja was established to interrogate the government's response to Covid-19.

The Board is a key actor in the government's response to the pandemic because, other than supervising the trade in drugs, it is also the only agency that certifies the standards of medical equipment before deployment for use in health facilities.

REPUBLIC OF KENYA



### PARLIAMENTARY SERVICE COMMISSION

#### INVITATION TO TENDERS

The Parliamentary Service Commission invites sealed tenders from eligible candidates for the following:

NO.	TENDER NO	ITEM DESCRIPTION
1	PJS/013/2019-2020	Supply, Delivery, Installation, Testing and Commissioning of Audio Visual/Multimedia and Conference Management Systems Installations for Proposed Multi Storey Office Block
2	PJS/014/2019-2020	Supply, Delivery, Installation, Testing and Commissioning of a Building Management System for Proposed Multi Storey Office Block

Interested eligible candidates may obtain further information from the Procurement Office on 2<sup>nd</sup> Floor, Protection House, Nairobi or email through: [procurement@parliament.go.ke](mailto:procurement@parliament.go.ke) or [ds@parliament.go.ke](mailto:ds@parliament.go.ke). Complete sets of the tender documents may be downloaded free of charge from the Commission's Website: [www.parliament.go.ke](http://www.parliament.go.ke) or IFMIS Portal: [www.supplier.treasury.go.ke](http://www.supplier.treasury.go.ke)

There shall be a pre-bid meeting on Friday, 15<sup>th</sup> May, 2020, 11.00 AM in the 2<sup>nd</sup> Floor Boardroom, Protection House, along Parliament Road, Nairobi.

Duly completed, serialized and paginated tender documents (original and copy) are to be enclosed in plain sealed envelopes, marked with the tender number, name and as prescribed under the tender documents and be dropped in the Tender Box at the Reception on 2<sup>nd</sup> Floor, Protection House, Nairobi or be addressed to:

Director General, Parliamentary Joint Services,  
Parliamentary Service Commission,  
P.O. Box 41842-00100,  
NAIROBI, KENYA

so as to be received on or before Friday 29<sup>th</sup> May, 2020 at 11.00 a.m.

Tenders will be opened immediately thereafter in the presence of the Candidates who choose to attend or their appointed representatives, at Protection House, 2<sup>nd</sup> floor boardroom, Nairobi.

Tenders must be accompanied by a tender Security of Kshs.1,000,000.00 valid for 150 days from the date of tender opening, in form of a bank guarantee from reputable bank recognized by the Central Bank of Kenya, Or an Insurance Company approved by Public Procurement Regulatory Authority (PPRA) payable to Parliamentary Service Commission.

Prices quoted should be inclusive of all taxes and delivery costs, and must be in Kenya Shillings and shall remain valid for 120 days from the closing date of the tender.

DIRECTOR GENERAL, PARLIAMENTARY JOINT SERVICES,  
PARLIAMENTARY SERVICE COMMISSION

REPUBLIC OF KENYA



### NATIONAL ASSEMBLY TWELFTH PARLIAMENT - FOURTH SESSION

In the matter of consideration by the National Assembly:-  
The Kenya National Blood Transfusion Service Bill  
(National Assembly Bill No.6 of 2020)

#### SUBMISSION OF MEMORANDA

Article 118(1)(b) of the Constitution provides that, "Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees". 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 Kenya National Blood Transfusion Service Bill (National Assembly Bill No.6 of 2020) seeks to provide for the regulation of the activities relating to blood donation, testing, processing, safeguarding, transfusion and quality control.

The Kenya National Blood Transfusion Service Bill (National Assembly Bill No.6 of 2020) has undergone First Reading pursuant to Standing Order 127(3) and stand committed to the Departmental Committee on Health for consideration and thereafter report to the House.

Pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee invites interested members of the Public to submit any representations they may have on the said Bill. The Bill can be accessed from the parliamentary website at [www.parliament.go.ke/the-national-assembly/house-business/bills](http://www.parliament.go.ke/the-national-assembly/house-business/bills).

The representations or written submissions 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 Tuesday, 5<sup>th</sup> May, 2020 at 5.00 pm.

MICHAEL R. SIALAI, EBS  
CLERK OF THE NATIONAL ASSEMBLY



**MINUTES OF THE THIRTY-THIRD SITTING (33<sup>rd</sup>) OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 4, CONTINENTAL HOUSE PARLIAMENT BUILDINGS ON FRIDAY 26<sup>TH</sup> JUNE, 2020 AT 11.00 AM**

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**PRESENT**

1. **The Hon. Sabina Chege, MP** - Chairperson
2. The Hon. Dr James Nyikal, MP
3. The Hon. Muriuki Njagagua, MP
4. The Hon. Stephen Mule, MP
5. The Hon. Prof Mohamud Sheikh Mohamed, MP
6. The Hon. Martin Peters Owino, MP
7. The Hon. Gladwell Jesire Cheruiyot, MP
8. The Hon. Esther M. Passaris, MP
9. The Hon. Mercy Wanjiku Gakuya, MP
10. The Hon. Patrick Munene Ntwiga, MP
11. The Hon. Zachary Kwenya Thuku, 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 Kipkosgei Murgor, MP
4. The Hon. Dr Mohamed Dahir Duale, MP
5. The Hon. Alfred Agoi Masadia, MP
6. The Hon. David Ochieng', MP
7. The Hon. Tongoyo Gabriel Koshal, MP
8. The Hon. Kipsengeret Koros, MP

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

- |                    |   |                     |
|--------------------|---|---------------------|
| 1. Benjamin Magut  | – | Clerk Assistant I   |
| 2. Muyodi Emmanuel | – | Clerk Assistant III |

**STAKEHOLDERS**

1. Ministry Of Health
2. Association Of Kenya Medical Laboratory Scientific Officers
3. Jeff Mukwa
4. Simon Mueke
5. Grace Muburi

**MIN. NO.NA/DC.H/2020/125: PRELIMINARIES**

The Chairperson called the meeting to order at 11.05 AM and said a prayer. After that, the meeting proceeded to business.

**MIN. NO.NA/DC.H/2020/126: PUBLIC PARTICIPATION/STAKEHOLDERS  
CONSULTATION ON THE KENYA NATIONAL  
BLOOD TRANSFUSION BILL, 2020**

The Committee received memorandum from the following individuals and institutions following a call for memoranda through the print media on Monday, April 27, 2020.

**MINISTRY OF HEALTH**

Interpretation

1. Delete the words “technologist” and “counsellor” in the definition of the words “health professional” and substitute therefor the words “medical laboratory professionals”.
2. Insert the following new definitions in their proper alphabetical sequence-

“stem cell” means an undifferentiated cell of a multicellular organism embryonic and adult origin capable of giving rise to indefinitely more cells of the same type, and from which certain other kinds of cell arise by differentiation.

“transplantation”, in relation to an organ, tissue or stem cell, includes-

- (a) the transplantation of a part of the organ, tissue or stem cell; and
- (b) the transplantation of a substance obtained from the organ.

**JUSTIFICATION:**

The medical laboratory professionals include medical laboratory technicians, medical laboratory technologists and medical laboratory officers who in order to practice hold Certificate, Diploma, Higher Diploma, BSc, MSc and PhD degrees as per the scheme of service.

All health professionals have relevant training in counselling. There are no registered counsellors for the blood transfusion.

**Clause 5**

Insert the following new paragraphs immediately after paragraph (r) in **clause 5-**

“(s) formulate guidelines relating to blood, organ, stem cell, tissue donation and transplantation;

(t) support, encourage, conduct and evaluate promotional country awareness programs relevant to blood, organ, stem cell, tissue donation and transplantation;

(u) conduct and evaluate research on blood, organ, stem cell, tissue donation and transplantation;

#### **Clause 6**

Delete **clause 6** and substitute therefor the following new clause-

“6. (1) The management of the Service shall vest in a Board which shall consist of-

- (a) a non-executive chairperson appointed by the President;
- (b) the Principal Secretary for the time being responsible for health or a representative designated appointed in writing;
- (c) the Principal Secretary for the time being responsible for finance or a representative designated in writing;
- (d) one person representing the counties, appointed through the Health Sector Inter-Governmental Forum;
- (e) the Attorney General or his representative appointed in writing;
- (f) the Chief Executive Officer; and
- (g) five other members, not being public officers, appointed by the cabinet secretary by virtue of their knowledge and experience in medical laboratory science, finance, business management, medicine, economics, law or any other relevant field.

(2) The Board may co-opt any other person with necessary expertise and on temporarily basis as it considers necessary to assist the Board in discharging its duties and responsibilities.

(3) In making the appointment under subsection (1)(g), the Cabinet Secretary shall ensure that the appointments fulfill the requirements of the gender balance, disability and regional balance enshrined in the Constitution.

(4) The remuneration, fees or allowances payable to members of the Board shall be determined by the Board on the advice of Salaries and Remuneration Commission.

(5) The Procedure for the conduct of business and the affairs of the Board shall be as set out in the First Schedule.”

#### **JUSTIFICATION:**

The Ministry of Health has been bedeviled by policy dilemma in the recruitment of members to various Boards and Councils in the Ministry, where the nominations are from interest

groups most of which cannot agree on the nominees due to opaqueness in the processes or conflict of interest in violation of the tenets spelt out in the Constitution of Kenya, 2010.

The proposed amendment is to empower the Cabinet Secretary to appoint independent members to the Board devoid conditional nominations.

Further, the Chairperson being an appointee of the President and a non-executive appointee for that matter, the conditions spelt out in clause 6(2) of the Bill are unnecessary, given the position of the Chairperson is not an executive appointment.

#### **Clause 9**

Delete clause 9

#### **JUSTIFICATION**

The provision is inelegant and an unnecessary variant.

#### **Clause 10**

1. Delete paragraph (m) in sub clause (2).
2. Delete Clause 10(2) (d) of the Bill.

#### **JUSTIFICATION**

This clause is ambiguous and not in tandem with the law.

Blood is of no financial value and this clause is  
A repetition of clause 10(2)(1) on the mobilization of resources including levying fees for services rendered by the Service as may be determined from time to time by the Board.

#### **Clause 11**

Delete sub clause (3) and substitute therefor the following new sub clause-

“(3) a person shall be qualified for appointment as the Chief Executive Officer of the Service if such person-

- (a) possesses master’s degree in business management, medical laboratory science, law, finance, medicine, social sciences or any other relevant field;
- (b) possesses at least ten years’ experience in leadership or senior management position;  
and



(c) satisfied the requirements of Chapter Six of the Constitution.”

**JUSTIFICATION:**

There is no Degree in Laboratory Medicine in Kenya but the relevant degree of Medical Laboratory Science. To ensure a wider outreach it is prudent that this position be opened up for more inclusivity.

**Clause 13**

Delete clauses 13 and 14 of the Bill.

**JUSTIFICATION:**

The position of a Medical Director is not in tandem with the Health Act, 2017 (No. 21 of 2017) thus unfeasible.

The main objective of the service is to avail to the Kenyan population adequate and safe blood and not creating structures that might create unnecessary bottleneck.

Blood transfusion service is a 24-hour function in patient care and is thus managed by the health professionals within the health facilities, and therefore cannot be undertaken by the proposed centrally placed office.

Blood processing and storage are functions within the medical laboratory regime. The proposed position will be unnecessary charge to the exchequer.

**Clause 14**

Delete clauses 13 and 14 of the Bill.

**JUSTIFICATION:**

The position of a Medical Director is not in tandem with the Health Act, 2017 (No. 21 of 2017) thus unfeasible.

The main objective of the service is to avail to the Kenyan population adequate and safe blood and not creating structures that might create unnecessary bottleneck.

Blood transfusion service is a 24-hour function in patient care and is thus managed by the health professionals within the health facilities, and therefore cannot be undertaken by the proposed centrally placed office.

Blood processing and storage are functions within the medical laboratory regime. The proposed position will be unnecessary charge to the exchequer.

**Clause 38**

Insert the words “through the Kenya National blood transfusion Service” immediately after the word “State” at the end of sub clause (2).

**JUSTIFICATION:**

This is to ease and make it convenient for an individual who seeks treatment after suffering from an adverse reaction.

**Clause 41**

Delete the expression, “under the instructions of a medical practitioner” and substitute therefor the expression, “registered by the relevant regulatory authority.”

**JUSTIFICATION:**

Relevant health professionals have the capacity, ethical and technical competencies and regulated by their respective regulatory authorities.

**Insertion of New Part VIIA in the Bill –**

**PART VIIA- DONOR ORGAN SHARING SCHEMES**

**Donor Organ Sharing Schemes**

48A. (1) Not later than 1 year after the commencement of this Act, the Cabinet Secretary shall, by regulations, provide for the operation of Donor Organ Sharing Schemes (“the Schemes), for purposes of allocation of organs for transplantation.

(2) The Schemes under sub section (1) shall –

- (a) outline the applicable operating principles for –
  - (i) transplant units including- human kidney, liver, heart, lung, hand, penis, face, bone marrow, amnion and pancreas;
  - (ii) transplantation from living as well as deceased donors;
- (b) be established and operated on the basis of the best possible scientific advice generated from ethically approved research.

**Organ Donation Registry**

48B. The Chief Executive Officer, shall establish and maintain –

- (a) a national list of individuals who need organs; and

a national system, through the use of technology and in accordance with established medical criteria, to match organs and individuals included in the list, especially individuals whose immune system makes it difficult for them to receive organs.

### **Scientific Registry**

48C. (1) The Chief Executive Officer, shall maintain a scientific registry of the recipients of organ transplants.

(2)The registry shall include such information respecting patients and transplant procedures subject to an evaluation of the scientific and clinical status of organ transplantation.

### **Consent**

48D. (1) No healthcare services may be provided to a donor or recipient without his or her informed consent unless-

(a) the donor or recipient is unable to give informed consent and such consent is given by a person-

(i) mandated by the donor in writing to grant consent on his or her behalf;

(ii) authorized to give such consent in terms of any law or court order; or

(iii) as may be provided in the regulations.

(b) the donor is unable to give informed consent and no person is mandated or authorized to

give such consent, and the consent is given by the spouse, in the absence of a spouse, a parent,

grandparent, an adult child or brother or a sister of the user, in the specific order as listed; and

(c) The provision of health service without informed consent is authorized in terms of any law or a court order.

(2)A health care provider must take all reasonable steps to obtain the donor's informed consent.

### **Insertion of New Part VIIB in the Bill - PART VIIB- GENERAL**

#### **Sale of blood, organs or tissue prohibited**

49A. (1)A person shall not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any blood for transfusion, or any organ or tissue for a transplant, or any human body or human body parts, for therapeutic purposes, medical education or scientific research unless otherwise provided by the regulations under this Act.

(2)A person who otherwise deals in, directly or indirectly, for valuable consideration any blood for transfusion, or any organ or tissue for a transplant, or any human body or human body parts, for therapeutic purposes, medical education or scientific research unless otherwise provided under subsection (1), commits an offence.

(3) A person convicted of an offence under subsection (2), is liable on conviction to a penalty of a fine not exceeding ten (10) million shillings or to imprisonment for a term not exceeding ten (10) years or to both fine and imprisonment.

(4) A person who knowingly receives an illicit transplant shall be liable on conviction to a fine not exceeding ten (10) million shillings or imprisonment for a term not exceeding ten (10) years or to both fine and imprisonment.

(5) An institution which contravenes the provisions of this part is guilty of an offence and is liable to a fine not exceeding of twenty (20) million shillings and a cancellation of its license for a period of three (3) years.

### **Protection of patient confidentiality**

49B. (1) In the performance of its functions under this Act, the Service shall not publish or disseminate information that is likely to enable the identification of a particular blood, stem cells, organ or tissue donor or recipient.

(2) The provisions of subsection 0 shall not apply, if the publication or dissemination of the information takes place with the consent of-

(a) if the organ or tissue donor or recipient is aged at least 18 years—the organ or tissue donor or recipient; or

(b) if the organ or tissue donor or recipient has died but is survived by a person (the surviving spouse) who was-

(i) his or her spouse immediately before he or she died; and

(ii) living with him or her immediately before he or she died;  
the surviving spouse; or

(c) in any other case—an individual who, under the regulations, is authorised to give consent to the publication or dissemination of the information.

(3) For the purposes of subsection (a) above, a person is taken to have been living with his or her spouse at a particular time if they were not living together at that time only because of-

(a) a temporary absence from each other; or

(b) illness or infirmity of either or both of them.

## **ASSOCIATION OF KENYA MEDICAL LABORATORY SCIENTIFIC OFFICERS**

### **Interpretation**

The term “Health Professional” should be revised to read as follows :

“Health Professional” includes any person who is qualified and licensed by the relevant regulatory body and includes medical doctor, clinical officer, medical

laboratory officers, medical laboratory technologists, medical laboratory technicians, counselors and nurses”

**JUSTIFICATION:**

This should follow the current scheme of service. All cadres of Medical laboratory professionals can work in the blood donor services.

**Clause 3**

Rephrase this sentence by deleting the words “transfusing of blood and blood products” appearing in 3(a) and rephrase the word “testing” to read “blood screening and compatibility testing”

**JUSTIFICATION:**

Transfusion is a preserve of hospitals and treatment centers/ facilities also, testing is a wide term and in the context of blood, we need to specify what scope of testing is involved

**Clause 6**

In clause 6(1) insert part (j) to read a representative of the Association of Kenya Medical Laboratory Scientific Officers.

Further Insert part (k) to read two board of trustee members, one of whom MUST be a registered and licensed Medical Laboratory Officer and the other to be from any other medical representation registered by relevant body.

**JUSTIFICATION:**

AKMLSO represents a bulk of the members who work in blood transfusion services and they must take care of the welfare of their members.

1. Rephrase 6(2)(c) to read “a distinguished public or private carrier record relating to health matters.”

**JUSTIFICATION:**

Learning institutions within the health sector adequately represented. This would introduce over representation from one sector in case the chairperson is from a learning institution.

2. Appointment in clause 6(3) should include 6(1)(e), (h), (i) and (j).

**JUSTIFICATION:**

This will avert complaints from these sectors. Will also discourage discrimination.

**Clause 10**

Delete clause 10(1)(d)

**JUSTIFICATION:**

If blood donation is voluntary and non-remunerated, it beats logic to charge fees. This needs elaboration. Otherwise funds of the board should come from the exchequer and other sources. This will discourage the tendency of "Rent seeking" as has been the case with other boards.

In clause 10(1)(l) delete sentence "including levying fees for service rendered " and substitute with the following "mobilize resources as the service may determine from time to time"

**JUSTIFICATION:**

If blood donation is voluntary and non-remunerated, it beats logic to charge fees. This needs elaboration. Otherwise funds of the board should come from the exchequer and other sources. This will discourage the tendency of "Rent seeking" as has been the case with other boards.

**Clause 11**

Clause 11(3)(d) should be revised to read as follows "is a medical laboratory technologist" having a degree in Laboratory medicine from a recognized university and is registered by the Kenya Medical Laboratory technicians and technologist board.

**JUSTIFICATION:**

Specifying masters in health systems management locks out many potential candidates. Should be a masters degree in health related field and experience in administration.

**Clause 13**

In Clause 13(3)(b) the words "is a medical practitioner registered by the Medical Practitioners and Dentist Board" should be amended to read "is a Medical Laboratory Officer or Medical practitioner registered by relevant regulatory body"

**JUSTIFICATION:**

If the clause remains as it is, there is discrimination introduced therefore locking the job up for one cadre. Many technologists currently hold higher qualifications in laboratory medicine including doctorate degrees. Besides, there is rarely clinical practice in blood centers.

In Clause 13(3)(c) needs to be revised to read "holds a postgraduate degree in laboratory medicine, pathology or a related field"

**JUSTIFICATION:**

If the clause remains as it is, there is discrimination introduced therefore locking the job up for one cadre. Many technologists currently hold higher qualifications in laboratory medicine including doctorate degrees. Besides, there is rarely clinical practice in blood centers.

**Clause 20**

In Clause 20(b) delete the words "fees"

**JUSTIFICATION:**

No need to charge for board services if blood donation is free and money obtained from the exchequer.

Delete 20(d)

**JUSTIFICATION:**

No need to charge for board services if blood donation is free and money obtained from the exchequer.

**Claus 28**

Delete clause 28 and substitute as follows

28. The assignable services by the Board shall include—

- (a) blood donor mobilization within their facility and outlets;
- (b) education;
- (c) recruitment;
- (d) blood collection within their facility and outlets;
- (e) processing;
- (f) blood storage and distribution within their facility and outlets; and
- (g) haemovigilance within their facility and outlets.

**JUSTIFICATION:**

The assignable services should be comprehensively stated.

**Clause 29**

Edit by inserting the words “and testing laboratory” so as to read “The Service shall operate a National Blood Transfusion Reference and testing Laboratory which shall”

**JUSTIFICATION:**

The functions mentioned highlight a lot about testing.

**Clause 41**

In clause 41(1) delete the last statement “under the instructions of a medical practitioner” and substitute “The collection of blood and blood products under this Act shall be carried out by a qualified health professional”

**JUSTIFICATION:**

Personnel collecting blood are qualified and may not necessarily have to be under instructions of another qualified professional.

**Second schedule**

There should be Four levels of blood service and 3 levels as put in the Bill.

There is a lacuna in the Bill on the administrative structures n the mentioned levels and proposed level 4. This should come out clearly and be specified in the Bill to avoid loggerheads.

#### **Blood Centre Level IV**

- To be the National Blood Transfusion, and Reference enter.
- To be situated in Nairobi.
- To be headed by registered Medical Laboratory Officer with qualification requirements same as those of CEO of the Service.
- The head of this is to be appointed by the Service through CEO.
- H/she will supervise all below levels.
- Functions of this level will be proposed by the Service.

#### **Blood Centre Level III**

- To be the regional blood centre.
- Situated at each regional headquarters
- To be headed by registered Medical Laboratory Officer with at least a holder of first degree in Medical Laboratory Officer with at least a holder of first degree in Medical Laboratory Medicine.
- Have at least seven years' experience in haematology and blood transfusion science.
- To be appointed by Service through CEO.
- H/she will supervise all level IIs.
- Functions of this level will be to supervise all level IIs and below and was earlier proposed.

#### **Blood Centre Level III**

- To be the regional blood centre.
- Situated at each regional headquarters
- To be headed by registered Medical Laboratory Officer with at least a holder of first degree in Medical Laboratory Officer with at least a holder of first degree in Medical Laboratory Medicine.
- Have at least seven years' experience in haematology and blood transfusion science.
- To be appointed by Service through CEO.
- H/she will supervise all level IIs.
- Functions of this level will be to supervise all level IIs and below and was earlier proposed.

#### **Blood Centre Level II**

- To be county blood centre.
- Each County to have a blood centre.



- The head of this level is a registered Medical Officer having with at least first degree in Medical Laboratory medicine or senior diploma holder with knowledge of haematology and blood transfusion science of at least five years working experience in blood transfusion services.
- The head of this level will automatically be a member of county Health Management Team to provide technical advice on blood services and also supervise all level Is.
- To be appointed by county chief executive officer for health in respective counties and named **County Blood Coordinator** or as will be wished by respective counties.

### **Blood Centre Level I**

- All transfusion sites/facilities to have an independent unit termed as “blood units” within them.
- These should be independently run and should be separated from normal routine laboratory services and facility services
- This is to be headed by registered medical laboratory officers having experience in hematology and blood transfusion.

Head of this is to be appointed by County Blood Coordinator.

### **JEFF MUKWA**

#### **Clause 3**

Delete the word “testing” appearing in 3(a) and substitute with “blood screening and compatibility testing”

#### **Clause 13**

Delete the word “Medical Director” appearing in clause 13(1),(2) (3)and (4) and substitute with “Director”.

In clause 13(3)(b)Delete the words “Medical Practitioners and Dentists Board” and substitute with “is a medical practitioner or Medical Laboratory officer registered by relevant licensing body”

In clause 13(3)(c) delete the word “pathology” and substitute with the words “or a post graduate degree in medical laboratory science in blood transfusion, virology or hematology.”

In clause 13(3)(e) add the words “or clinical laboratory practice or in blood transfusion service” immediately after the word “practice”

#### **Clause 14**

Delete the word “Medical Director” and substitute with “Director”

Clauses 14(b), (c), (d) and (e). Hiring of relevant staffs should be done in reference to clause 15. Therefore these clauses should be deleted.

## Clause 28

Delete clause 28 and substitute as follows-

28. The assignable services by the Board shall include-

- (a) blood donor mobilization within their facility and outlets;
- (b) education;
- (c) recruitment;
- (d) blood collection within their facility and outlets;
- (e) processing;
- (f) blood storage and distribution within their facility and outlets; and haemovigilance within their facility and outlets.

## Clause 29

Insert the word "testing" immediately after the words "National Blood Transfusion Reference"

## Clause 41

In clause 41(1) delete the words "under the instructions of a medical practitioner".

## GENERAL COMMENTS

### Simon Mueke

- (i) Essential services are a key function of any reasonable government and Blood Transfusion is one of them.
- (ii) Such Blood Transfusion Services are domiciled in the Ministry of Health.
- (iii) The Health Act, 2017 combines Blood Transfusion with Organ and Tissue Transplantation.
- (iv) There was a more inclusive process addressing the Health Act, 2017 and doing a KNBTS Bill that includes blood and blood products, organ donation and transplantation and tissue (stem cells and gametes) research and treatment technologies, which seems to have suffered debilitating interruptions, whether intended or naturally "the Kenyan way".
- (v) The current KNBTS Bill should have been brought before Parliament by the Ministry of Health rather than a private member; it should be government business by the National assembly Leader of Majority.
- (vi) Blood Transfusion Services after Covid-19 pandemic is over would still be better controlled nationally (for purposes of donation, storage, safety, movement, processing and distribution) thus would still remain a function for the National Government, hoping that we will come out stronger.
- (vii) It shall be necessary to create a ministry SAGA to manage blood transfusion services nationally and through counties, a situation which would attract funding from the National Treasury within the annual public financing structure for sustainability.
- (viii) A government SAGA would then apportion its budget based on expert committee recommendations within its structure.
- (ix) Expert committees would include Blood Transfusion, Organ Transplantation, Stem Cells and Gametes Technology and any other related new technology according to the Health Act, 2017.
- (x) A Government SAGA to manage one service (KNBTS) instead of there in one (KNBTTS) is perhaps not adequate mandate to invest in; as a broader more

comprehensive and inclusive effort would meet the threshold to attract more support, financial or otherwise.

- (xi) To create one agency for blood transfusion and miss out legislative instruments to govern organ transplant and stem cell technology as such a time when we are losing out so much foreign exchange to countries like India, RSA and the rest of the developed world.

**Grace Muburi**

- (i) Blood donation, storage and issue management is part of health care management.
- (ii) A key function/duty of the state is to provide security for its citizens. Health care is part and parcel of human security. So, when the health sector has failed, what does that mean.
- (iii) A safe healthy and educated population is the key ingredient/pre-requisite to development. Once development is achieved, economic growth becomes a reality, jobs a reality, livelihoods a reality, managing the population/people made easier and real peace becomes a reality.
- (iv) Parliament and those institutions concerned, from Ministry of Finance to the treasury to the Ministry of Health, to the public service commission, to the salaries and remuneration commission etch should consider these issues of national health services for the welfare of citizens irrespective of their social or economic standing. There is no need to discriminate in such an important service.

MIN. NO.NA/DC.H/2020/127:

ADJOURNMENT

There being no other business, the meeting adjourned at 1.15 PM.

Sign.......... Date..... 1-07-2020 .....

(Chairperson)



MINUTES OF THE FIFTH-NINTH SITTING (59<sup>TH</sup>) OF THE DEPARTMENTAL  
COMMITTEE HELD VIA ZOOM ON WEDNESDAY 7<sup>TH</sup> OCTOBER, 2020 AT 9.00  
AM

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**PRESENT**

1. The Hon. Sabina Chege, MP - Chairperson
2. The Hon. Joshua Kutuny, MP - Vice-Chairperson
3. The Hon. Dr Eseli Simiyu, MP
4. The Hon. Dr James Nyikal, MP
5. The Hon. Dr James Kipkosgei Murgor, MP
6. The Hon. Muriuki Njagagua, MP
7. The Hon. Martin Peters Owino, MP
8. The Hon. Joyce Akai Emanikor, MP
9. The Hon. (Capt) Ruweida Mohammed, MP
10. The Hon. Beatrice Adagala, MP

**ABSENT WITH APOLOGY**

1. The Hon. Dr Mohamed Dahir Duale, MP
2. The Hon. Alfred Agoi Masadia, MP
3. The Hon. Prof Mohamud Sheikh Mohamed, MP
4. The Hon. Dr Gideon Ochanda, MP
5. The Hon. Sarah Paulata Korere, MP
6. The Hon. Tongoyo Gabriel Koshal, MP
7. The Hon. Kipsengeret Koros, MP
8. The Hon James Githua Kamau Wamacukuru, MP
9. The Hon. Said Hiribae, MP

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

Benjamin Magut

– Senior Clerk Assistant

**MIN. NO.NA/DC.H/2020/212: PRELIMINARIES**

The Chairperson, called the meeting to order at 9: 09 PM and said a prayer. After that, the meeting proceeded to business.

**MIN. NO.NA/DC.H/2020/213: CONSIDERATION AND ADOPTION OF THE REPORT ON THE THE KENYA NATIONAL BLOOD TRANSFUSION SERVICE BILL, 2019**

The Committee considered and adopted the report on the Kenya National Blood Transfusion Service Bill, 2020 after being proposed by the Hon. Muriuki Njagagua, MP and seconded by Hon. Martin Peters Owino, M.P. as follows:-

**CLAUSE 2**

**THAT**, clause 2 of the Bill be amended—

- (a) by deleting the definition of the word “human blood products” and substituting therefor the following new definition—  
“human blood products” has the meaning assigned to it in the Health Act;”
- (b) by deleting the definition of the word “health care professional” and substituting therefor the following new definition—  
“health care professional” has the meaning assigned to it in the Health Act; and
- (c) by deleting the definition of the word “informed consent” and substituting therefor the following new definition—  
“informed consent” has the meaning assigned to it in the Health Act.”

**CLAUSE 5**

**THAT**, clause 5 of the Bill be amended in paragraph (f) by deleting the words “antimicrobial resistance” and substituting therefor the words “pathogen transmission and resistance”.

**CLAUSE 6**

**THAT**, clause 6 of the Bill be amended by—

- (a) deleting sub clause (1) and substituting therefor the following new sub clause—
  - (1) The management of the Service shall vest in a Board which shall consist of—
    - (a) a non-executive chairperson appointed in accordance with subsection (2);
    - (b) the Principal Secretary in the Ministry responsible for matters relating to health or their representative designated in writing;

- (c) the Principal Secretary in the Ministry responsible for matters relating to finance or their representative designated in writing;
- (d) the Attorney-General or their representative designated in writing;
- (e) a representative of the private sector nominated by the Kenya Private Sector Alliance;
- (f) a representative of the private based transfusing facilities;
- (g) a representative of the faith-based transfusing facilities;
- (h) a representative of the Council of Governors; and
- (i) a representative of universities with knowledge and experience in haematology.

(b) delete sub clause (2) and substituting therefor the following new sub clause

(2) The chairperson shall be competitively recruited and appointed by the Cabinet Secretary from among persons who have—

- (a) at least a postgraduate university degree in a health related field recognized in Kenya;
- (b) at least fifteen years' experience in matters relating to leadership and management in private or public sector; or
- (c) a distinguished public, private or teaching sector record on matters relating to health.

#### **CLAUSE 10**

**THAT**, clause 10 (2) of the Bill be amended by deleting paragraph (d) and substituting therefor the following—

- (d) levy fees for services rendered by the Service as provided under section 30.

#### **CLAUSE 11**

**THAT**, clause 11 of the Bill be amended in sub clause (3) by—

- (a) deleting paragraph (c) and substituting therefor the following new paragraph—  
“(c) holds a minimum of a first degree in medical laboratory science or management from a recognized university;”
- (b) deleting paragraph (c) and substituting therefor the following new paragraph—  
“(d) holds a relevant qualification in health systems management from a recognized university; and”.

#### **CLAUSE 13**

**THAT**, clause 13 of the Bill be deleted.

#### **CLAUSE 14**

**THAT**, clause 14 of the Bill be deleted.

## **CLAUSE 22**

**THAT**, clause 22 (2) of the Bill be amended in paragraph (e) by inserting the words “payment of compensation on claims resulting from adverse reaction after blood donation” immediately after the words “or equipment.”

## **CLAUSE 38**

**THAT**, clause 38 of the Bill be amended in sub clause (2) by deleting the word “State” and substituting therefor the words “Kenya National Blood Transfusion Service.”

## **CLAUSE 41**

**THAT**, clause 41 of the Bill be amended in sub clause (1) by deleting the words “under the instructions of a medical practitioner” and substituting therefor the words, “registered by the relevant regulatory authority”.

## **SECOND SCHEDULE**

**THAT**, the Second Schedule to the Bill be amended—

(a) in paragraph 1 by—

(i) deleting the peremptory statement and substituting therefor the following new peremptory statement –

“A National Blood Centre shall be located within a Level 5 and 6 hospitals as provided in the Health Act and shall conduct the following services—

(ii) deleting the words “and Level II” appearing in sub paragraph (e);

(b) in paragraph 2 by—

(i) deleting the peremptory statement and substituting therefor the following new peremptory statement –

“A Regional Blood Centre will be located within a specific county and can serve one or more counties and shall conduct the following services—

(ii) deleting the words “Level III” appearing in sub paragraph (h) and substituting therefor the following words “National Blood Center”;

(iii) deleting the words “Level I” appearing in sub paragraph (j) and substituting therefor the words “County Blood”

(c) in paragraph 3 by—

(i) deleting the peremptory statement and substituting therefor the following new peremptory statement –

“A County Blood Centre will be a static or a mobile blood centre located within a specific county and may serve one or more counties and shall conduct the following services—”

(ii) deleting the words “Level III” appearing in sub paragraph (d) and substituting therefor the following words “National Blood Center”.



And there being no other business, the meeting adjourned at 12.02 PM.

Sign.....

Date.....7-10-2020.....

(Chairperson)

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Handwritten marks in the middle right section, possibly including a date or initials.

Handwritten marks in the bottom right corner, possibly including a date or initials.