

REPUBLIC OF KENYA



TWELFTH PARLIAMENT (FOURTH SESSION)

THE SENATE

AD HOC COMMITTEE ON THE COVID-19 SITUATION IN KENYA

.....

3RD PROGRESS REPORT

Thematic Area I: Health Issues

.....

*Approved for
tabling
28/04/2020*

Clerk's Chambers,
First Floor,
Parliament Buildings,
NAIROBI.

28TH APRIL, 2020

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ABBREVIATIONS

AMREF	-	Africa Medical and Research Foundation
CAF	-	County Assemblies Forum
CDC	-	Centre for Disease Control
CHAs	-	Community Health Assistants
CHWs	-	Community Health Workers
CoG	-	Council of County Governors
COVID19	-	Coronavirus Disease 2019
CPAP	-	Continuous Positive Airway Pressure
DANIDA	-	Danish International Development Agency
EPZ	-	Export Processing Zone
HRH	-	Human Resources for Health
HSSF	-	Health Sector Service Fund
ICIPE	-	International Centre of Insect Physiology and Ecology
ICU	-	Intensive Care Unit
ILRI	-	International Livestock Research Institute
IPC	-	Infection Prevention Control
KACP	-	Kenya Association of Clinical Pathologists
KEBS	-	Kenya Bureau of Standards
KEMRI	-	Kenya Medical Research Institute
KEMSA	-	Kenya Medical Supplies Agency
KEPSA	-	Kenya Private Sector Alliance
KHF	-	Kenya Healthcare Federation
KMA	-	Kenya Medical Association
KMPDC	-	Kenya Medical Practitioners and Dentists Council
KMPDU	-	Kenya Medical Practitioners and Dentists Union
KMTC	-	Kenya Medical Training College
KNH	-	Kenyatta National Hospital
KNUN	-	Kenya National Union of Nurses
KPA	-	Kenya Pharmaceutical Association
KUCO	-	Kenya Union of Clinical Officers
MoH	-	Ministry of Health
MTRH	-	Moi Teaching and Referral Hospital
NCC	-	National Co-ordination Committee on the Coronavirus
NERC	-	National Emergency Response Committee on Coronavirus
NNAK	-	National Nurses Association of Kenya
NYS	-	National Youth Service
PCR	-	Polymerase Chain Reaction
PHC	-	Primary Health Care
PoCT	-	Point of Care Test
PPB	-	Pharmacy and Poisons Board

PPE	-	Personal Protective Equipment
PSK	-	Pharmaceutical Society of Kenya
PVoC	-	Pre-Export Verification of Conformity
ToT	-	Training of Trainers
UHC	-	Universal Health Coverage
USAID	-	United States Agency for International Development
VTM	-	Viral Treatment Media
WHO	-	World Health Organization

PREFACE

The Ad Hoc Committee on the COVID-19 Situation was established by the Senate on Tuesday, 31st March, 2020, with the mandate to oversight actions and measures taken by the national and county governments in addressing the spread and effects of COVID-19 in Kenya.

The Ad Hoc Committee on the COVID-19 Situation is mandated to address the following, among other matters-

- (a) provision of testing and medical equipment, including adequate ventilators in referral hospitals and in at least one public hospital in each county;
- (b) provision of adequate isolation centres and Intensive Care Unit (ICU) facilities in each county;
- (c) measures to ensure continuous supply of food and other essential commodities at affordable prices;
- (d) measures to enable learners in educational institutions to continue with their studies;
- (e) measures to ensure protection, safety and well-being of healthcare and other frontline workers;
- (f) enhancement of capacity and flexible deployment of healthcare staff;
- (g) financial assistance to vulnerable persons and groups;
- (h) protection of residential and commercial tenants;
- (i) establishment of a stimulus package for the Micro, Small and Medium sized Enterprises;
- (j) easing of legislative and regulatory requirements for doing business;
- (k) measures to protect employees from retrenchment and job losses; and
- (l) uniform policies and procedures aimed at slowing and eventually stopping the spread of the virus.

The Committee is comprised of the following members: -

- 1) Sen. Johnson Sakaja, CBS, MP - Chairperson
- 2) Sen. (Arch.) Sylvia Mueni Kasanga, MP - Vice Chairperson
- 3) Sen. (Dr.) Michael Maling'a Mbiti, MP - Member
- 4) Sen. Abshiro Soka Halake, MP - Member
- 5) Sen. Mithika Linturi, MP - Member
- 6) Sen. Erick Okong'o Mogeni, SC, MP - Member
- 7) Sen. Mwinyihaji Mohamed Faki, MP - Member

The Committee has, to date, held a total of **32 Sittings**. Save for the first sitting of the Committee, the other 30 sittings, including with stakeholders, have been held virtually.

As noted in the First and Second Progress Reports of the Committee (dated 7th April, 2020 and 14th April, 2020, respectively), during the initial stages of its work, the Committee clustered all emerging issues arising from the COVID 19 outbreak situation in Kenya into five thematic areas, as provided below:

- a) **Health Issues** – including community health, testing, quarantine, isolation centres, ICU facilities, human resources for health, drugs and supplies, role and engagement of county governments, and mental health;
- b) **Economic and Finance Issues** – including macro-economic effects, impact on businesses, trade facilitation, and measures to cushion borrowers and financial institutions;
- c) **Social, Public Order and Human Rights** – including protection for vulnerable persons and groups, protection of women and girls at risk of domestic abuse, measures to enable learners to continue with their studies, enforcement of the nationwide curfew, access to justice, and decongestion of prisons and remand facilities;
- d) **Access to Food, Water and other Basic Commodities** – including measures to ensure the continuous production and supply of food, water and other essential commodities; and
- e) **Support Services and Cross-Cutting Issues** – including awareness creation on measures to prevent infection and combat stigmatization, and the role of ICT in combating the COVID-19 pandemic.

Having already reviewed best practice from comparative jurisdictions and analyzed key issues and concerns arising from the five thematic areas, the Committee resolved to focus on one thematic area at a time, for purposes of facilitating a more in-depth analysis of the issues arising thereon. **Accordingly, the focus of this 3rd Progress Report of the Committee is on the first thematic area, namely, Health Issues.** Subsequent progress reports will focus on the other thematic areas as captured above.

EXECUTIVE SUMMARY

Mr. Speaker,

As noted in its First and Second Progress Reports (dated 7th April, 2020 and 14th April, 2020 respectively), during the initial phases of its work, the Ad Hoc Committee on the COVID-19 Situation in Kenya clustered emerging issues arising from the COVID 19 outbreak into five thematic areas as follows:

- 1) Health issues;**
- 2) Economic and Finance Issues;
- 3) Social, Public Order and Human Rights;
- 4) Access to Food, Water and other Basic Commodities; and,
- 5) Support Services and Cross-Cutting Issues.

Having already reviewed best practice from comparative jurisdictions and analyzed key issues and concerns arising from the five thematic areas, as captured in the 1st and 2nd Progress Reports, the Committee resolved to focus on one thematic area at a time for purposes of facilitating a more in-depth analysis of the issues arising in each thematic area. **Accordingly, the focus of this report is on the first thematic area of health.** Subsequent progress reports will focus on the other thematic areas as captured above.

Mr. Speaker,

In relation to the thematic area of health, the Committee deliberated extensively on issues relating to community health, testing, quarantine, isolation, ICU facilities, human resources for health, drugs and supplies, the role and level of engagement of county governments, and mental health and psychosocial support.

Subsequently, pursuant to Article 118 of the Constitution and the Senate Standing Orders on public participation, the Committee invited stakeholders and members of the public to submit written memoranda arising from, and/or related to the COVID-19 pandemic. As of 27th April, 2020 the Committee had received a total of **160 written submissions** from members of the public, a majority of which directly addressed concerns arising from the first thematic area of health.

Mr. Speaker,

Broadly speaking, the key issues of public concern on health as isolated and categorised from the various written submissions to the Committee included: access to information and data; universal access to healthcare; community health services; testing; personal protective equipment; availability and access to ICU facilities; quarantine and isolation; human resources for health; health products and technologies; access to essential and emergency health services; and, mental health and psychosocial support.

Mr. Speaker,

Having deliberated upon, and analysed the various issues and concerns raised by the public under the thematic area of Health, between 15th and 21st April, 2020, the Committee held a total of seven (7) meetings with thirteen (13) key stakeholders in the health sector drawn from the two levels of Government, professional associations and societies, health worker unions and the private sector as indicated below:

A. Government Agencies and Departments

1. Ministry of Health (MoH)
2. Council of Governors (COG)
3. County Assemblies Forum (CAF)
4. Kenya Medical Research Institute (KEMRI)

B. Representative Health Worker Groups

I. Professional Associations and Societies

1. Kenya Medical Association (KMA)
2. National Nurses Association of Kenya (NNAK)
3. Pharmaceutical Society of Kenya (PSK)
4. Kenya Association of Clinical Pathologists (KACP)

II. Health Worker Unions

1. Kenya Medical Practitioners and Dentists Union (KMPDU)
2. Kenya Union of Clinical Officers (KUCO)
3. Kenya National Union of Nurses (KNUN)

C. Private Sector

1. Kenya Healthcare Federation (KHF)
2. Coalition of Community Health Workers

Mr. Speaker,

Based on its analysis of the written memoranda received from members of the public, and on the submissions made by the key stakeholders in the health sector, the Ad Hoc Committee on the COVID-19 Situation is pleased to table before this House its Third Progress Report with substantive observations and recommendations for adoption by the House.

Mr. Speaker,

The COVID pandemic situation is a highly evolving one: As such, the observations and recommendations contained in this report reflect the situational context, and information that was available to the Committee at the time of the writing of this report. Accordingly, as the COVID-19 outbreak situation evolves, and the Government's response evolves with it, some of the Committee's observations and recommendations on the thematic area of health may by necessity be reviewed.

Mr. Speaker,

For the current situation however, in relation to the thematic area of Health, the Committee observes that:

1. Kenya is likely still in the initial stage of the COVID-10 outbreak. Whilst consensus on the country's modelling projections is yet to be conclusively arrived at, according to submissions made by the Ministry of Health, Kenya stands at risk of losing up to 30,000 lives during the peak phase of the outbreak unless strict adherence to the recommended hygiene and containment measures is maintained by the public. Conversely, according to the MoH, the projected high numbers in deaths attributable to COVID-19 can be significantly reduced by proper adherence to the recommended Government measures, and the maintenance of strict hygiene standards;

2. While there are some disparities in the level of preparedness amongst counties, most counties remain largely unprepared to meet the demands of the pandemic: According to several health worker representative groups who appeared before the Committee, most counties still lack adequate supplies of personal protective equipment; have poorly equipped isolation and treatment facilities; and, have not facilitated adequate COVID-19 training and sensitization for their health workers. Nevertheless, some counties like Mombasa, Makueni, Marsabit, Machakos, Kisumu, Laikipia, Kiambu, Isiolo and Kisii have been singled out by the MoH for having made laudable progress in initiating and implementing their specific county response plans;
3. The Government has made commendable progress in ensuring universal access to care through commitments to meet the costs of treatment for COVID-19 patients at public hospitals, and by demonstrating willingness to fully cover COVID-19 patients in a proposed UHC Scheme under the NHIF benefits package;
4. The Committee further observes that enhanced utilisation of telehealth/telemedicine services will have a significant impact on enhancing access to specialist services, addressing existing disparities in access to care and promoting quality affordable care. However, the regulations, protocols and guidelines necessary for the delivery of these telehealth/telemedicine services were pending completion and publication by the MoH and the Kenya Medical Practitioners and Dentists Council (KMPDC) at the time of the writing of this report;
5. With regards to ICU facilities, Kenya faces serious deficits in the availability of ICU beds and ventilators: According to the MoH, at the time of the writing of this report, Kenya had only a total of 518 ICU beds in both public and private facilities across the country. Of these, 94% (or 448 ICU beds out of 518) were already in use by non-COVID-19 patients requiring critical care services;
6. With regards to the availability of ventilators, at the time of the writing of this report, Kenya had only 297 ventilators, of which only 90 were available at public health facilities. According to submissions received by the

Committee, the MoH procured an additional 30 ventilators following the onset of the COVID-19 outbreak. However, according to the COG, none of these additional ventilators had been distributed to counties by the MoH by the time of writing of this report;

Critically, in addition to the lack of adequate ICU facilities and ventilators, a shortage of oxygen and basic oxygen equipment in the counties further threatens Kenya's ability to care for and manage COVID-19 patients who may develop mild to moderate symptoms;

7. The Committee further takes note that according to submissions received from the COG and the MoH, the National Government has made a commitment to allocate a total of KShs. 5 Billion to County Governments to be disbursed over a period of three months for purposes of facilitating county response plans, and facilitating the purchase of necessary equipment and essential medical supplies and commodities such as personal protective equipment (PPEs);
8. In relation to human resources for health (HRH), the Committee takes note of and lauds the mass recruitment exercise by the National Government which is set to increase the number of HRH responding to the pandemic by 5,500 health workers under the UHC scheme; and 703 contracted health professionals (including 188 medical officers, 72 medical specialists, 94 clinical officers, 235 ICU nurses, 94 chest physiotherapists and 20 epidemiologists). The Committee however, notes with concern the exclusion of important cadres of health workers such as graduate and specialist nurses from the mass recruitment exercise;
9. With regards to providing an adequate compensation package for the motivation and welfare of health workers, the Committee takes note of and lauds a commitment made by the MoH to develop a comprehensive compensation package for health workers that includes medical, disability and life insurance for health workers, risk allowances, tax relief and the facilitation of meals and accommodation.

The Committee further takes note of current efforts by the Government at both national and county level, to designate specific quarantine, isolation and treatment facilities for health workers involved in the frontline response;

10. With regards to personal protective equipment (PPEs), the Committee notes that at the time of writing this report, the MoH reported that it had distributed and delivered 3,682 PPEs to various facilities across the country. While the MoH maintained that adequate quantities of PPEs had been distributed to counties and health facilities, these claims were at variance with the overwhelming majority of stakeholders who appeared before the Committee, including the COG and health worker associations and unions.

To this end, the Committee notes that owing to the high risk of infection and death amongst health workers in the face of the COVID-19 pandemic, the Government must take every measure to ensure that health workers receive adequate PPEs that adhere to the minimum acceptable quality and standards as set by the Kenya Bureau of Standards (KEBS).

In this regard, the Committee lauds current efforts by the MoH to scale up the local manufacture of PPEs at cost-effective prices;

11. The Committee further takes note of concerns raised by the MOH, COG and KMPDU with regards to resident doctors on study leave who are currently rendering services at national teaching and referral facilities. With regards to concerns raised by the MoH and KMPDU on efforts by various County Governments to recall the resident doctors back to counties for purposes of facilitating county response activities, the Committee observes that: Schedule Four of the Constitution assigns the function of training and capacity-building to the National Government; according to submissions made by the KMPDU, resident doctors on postgraduate training provide over 60% of the health workforce at national teaching and referral hospitals; and, whilst the Committee acknowledges that the National Government meets the cost of training, County Governments have been forced to bear the heavy cost of paying salaries for doctors whose services are essentially rendered at national level:

Take the example of Kisii County which is currently reported to have 65 doctors on study leave for postgraduate training, assuming the annual cost of training a resident doctor is KSHs.500,000.00, the total cost to the National Government for the 65 doctors on study leave from Kisii County amounts to an estimated cumulative annual cost of KSHs.32,500,000.00. Conversely, to the County Government of Kisii, assuming that the average salary of the doctors on study leave is KShs.250,000 - 300,000 per doctor per month, the total annual cost to the County Government of Kisii for the 65 doctors is approximately KShs.195,000,000.00 to KShs.234,000,000.00, which is six to seven times the cost incurred by the National Government. In effect, this represents a reverse subsidy of national health referral services by the County Governments;

12. In addition to the above, in relation to HRH, the Committee notes that health service delivery has been significantly hampered by protracted labour disputes between County Governments and the various health worker unions in the following counties: Laikipia, Kirinyaga, Meru, Homa Bay, Vihiga and Taita Taveta. In view of the expected increased demand for health services that has been brought about by the COVID-19 outbreak situation, the Committee notes that a speedy resolution to all pending labor disputes in the affected counties is required;
13. With regards to testing, the Committee takes note that the Government has adopted a targeted mass-testing strategy through which 12,000 persons were reported to have already received testing by the time of the writing of this report. This in itself represents a fraction of Kenya's total installed testing capacity which currently stands at 37,000 tests per day according to submissions made by the MoH. Key factors affecting the country's ability to fully exploit its testing capacity include, but are not limited to: lack of adequate specialised and laboratory personnel, lack of adequate sample collection kits, insufficient reagents and consumables necessary for conducting the tests, faulty test kits received as donations etc.
14. The Committee takes note of, and lauds efforts by the MoH and KEMRI to scale-up testing as demonstrated by: initiating automated testing; conducting whole genome sequencing of the COVID-19 virus; developing point of care screening kits; and, producing viral transport media that has

resulted in significant cost-savings to the Government. Despite these achievements, the Committee nonetheless notes that having exhausted most of its capacity in the personnel, equipment, reagents and materials being used in the screening and testing of COVID-19 patients, KEMRI is in urgent need of KShs.790,000,000.00 to meet its institutional needs in personnel, reagents, consumables, and research and equipment needs;

15. Further, in relation to the above, the Committee notes with concern recent media reports regarding the demotion of Dr. Joel Lutomiah, Chair, KEMRI Rapid Response Team/Director, KEMRI Center for Virus Research, by Mr. Yeri Kombe, KEMRI Director-General on the alleged instruction of the Cabinet Secretary for Health, for failure to release timely results on Friday, 17th April, 2020. In relation to the above, the Committee observes that the timing of the dismissal is wrong as it is likely to have a significant impact on the morale and motivation of the various staff that were working under him. Further, it is unclear if the proper laid down administrative processes and procedures were followed prior to the dismissal of the said officer. As such, further investigation into the matter is required;
16. With regards to isolation facilities, the Committee observes that according to submissions made by the MoH, Kenya faces a critical deficit in isolation capacity with the total projected need for isolation beds at the time of the writing of this report being 3,116 as follows: 2280 county isolation beds, and 836 national isolation beds;
17. Further, the Committee notes that for purposes of controlling against the risk of cross-contamination and minimising disruptions to the delivery of essential and emergency health services, it is necessary for the Governments at national and county level to move expeditiously to designate specific facilities for the isolation of COVID-19 patients at national, regional and/or county level;
18. With regards to quarantine, the Committee observes that at the time of the writing of this report, according to submissions made by the MoH, a total of 2,678 persons had been held under mandatory quarantine since the onset of the COVID-19 outbreak in Kenya. Of these, according to MoH reports, a total of 1,309 persons in fifteen (15) designated quarantine facilities had

their mandatory quarantine period extended by two weeks owing to alleged non-adherence to the strict quarantine rules and guidelines. Of the persons held under mandatory quarantine, at at 18th April, 2020, 102 persons were reported to have tested positive for COVID-19;

19. In relation to the above, according to submissions made by the MoH, the total number of quarantine facilities that had been approved by the Kenya Medical Practitioners and Dentists Council (KMPDC) at the time of the writing of this report, stood at 106 distributed amongst Nairobi, Mombasa, Kwale and Kilifi counties. The cost of accommodation at these designated facilities was prohibitive at an average cost of KShs.2,000 to 10,000 per person per day for a period of two weeks. Indeed, in its submissions, the MoH confirmed reports of quarantined persons being unable to pay their bills at the lapse of their quarantine period;
20. With regards to Community Health Services (CHS), the Committee observes that the deployment of an effective community health strategy was key to the success of West Africa in containing the Ebola crisis of 2014. Accordingly, there is a need for a shift in focus of the Governments' response from the national to the grassroots level if Kenya is to effectively meet the challenges and demands posed by the escalating COVID-19 outbreak situation. Key factors limiting the effective deployment of such a strategy include: the lack of adequate resources, lack of standardisation of the CHS across the counties, lack of prioritisation of Community Health Workers (CHWs) in the distribution of PPEs; lack of adequate compensation of CHWs etc;
21. In relation to mental health and psychosocial support, the Committee takes note of and recognises the laudable progress made by the MoH in instituting measures for mental health and psychosocial support. These include, the establishment of a toll-free tele-counselling support centre, deployment of a community mental health strategy etc. Despite this, the Committee observes that the pandemic and the attendant prolonged containment measures portend serious short- and long-term consequences on the mental health of individuals and the society as a whole;

22. Further, the Report of the Mental Health Taskforce that was established by the MoH in December, 2019 is likely to contribute significantly to the adaptation of Kenya's mental health system to the new demands posed by the pandemic. However, at the time of writing this report, the MoH was yet to release and publish the Mental Health Taskforce Report;
23. Further, the Committee notes that there is a need for the Government to act urgently to ensure that the delivery of mental health services, particularly at Mathare National Hospital, are not disrupted during the pandemic period. Similarly, that access to essential drugs and treatment for mental health is sustained throughout the outbreak;
24. With regards to the private sector, the Committee observes that according to submissions made by the KHF, the COVID-19 outbreak in Kenya has presented unique challenges to the private health sector that threaten to cripple it. These include, diminished access to supplies for essential medical supplies and commodities owing to global supply chain pressures; fragmentation of the supply chain between the public and private sector; high risk of bankruptcy owing to reduced demand for services arising from current containment measures and delayed disbursements by NHIF; high taxes; various regulatory hurdles etc;
25. The Committee further observes that with regards to the regulation of health products and technologies, the expiry and delayed appointment of a new Pharmacy and Poisons Board risks compromising the health and safety of Kenyans owing to gaps and challenges in the regulation of essential medical supplies and commodities that may arise;
26. Finally, the Committee notes that research and academic institutions in Kenya have played a crucial role in driving Kenya's response to the COVID-19 pandemic. Notably, the Committee lauds the achievements of the MoH and KEMRI in initiating automated testing for COVID 19, developing a whole genome sequencing of the COVID-19 virus, and developing screening kits and viral transport media etc. However, the potential of Kenya's academic and research institutions in driving Kenya's response to the COVID-19 pandemic remains largely untapped owing to several years of neglect and inadequate funding.

Mr. Speaker,

Based on the foregoing, the Committee recommends:

1. The continued enforcement of current containment and hygiene measures by the Government;
2. The leveraging of religious, political and community leaders at all levels of society for the dissemination of well-packaged, COVID-19 public messages. And further, that the current communication and messaging strategy employed by the MoH be shifted from one that emphasises criminality, to one that emphasises social responsibility and solidarity;
3. That measures be instituted to develop and implement a standardised performance-based framework aimed at objectively monitoring the level of preparedness of County Governments to the COVID-19 pandemic;
4. That ongoing efforts by the MoH to include the proposed UHC Scheme under the NHIF benefits package be fast-tracked;
5. That the development and publication of e-Health regulations, policies, protocols and guidelines be fast-tracked for purposes of guiding the delivery of telemedicine/telehealth services during the pandemic;
6. That in order to narrow the alarming gap in critical care services across the counties, a grant from the COVID-19 Emergency Fund be provided for every county for purposes of expanding ICU bed capacity, and increasing the availability of ventilators and other basic oxygenation equipment;
7. That the MoH provide a report to the Senate on the whereabouts of the 30 ventilators it is said to have purchased and distributed to counties within a period of seven (7) days of the dispatch of this Report;
8. That the release of the KShs.5 Billion grant promised to County Governments by the National Government be expedited for purposes of facilitating the implementation of appropriate county-level COVID-19 response plans;

9. That the County Assembly Forum (CAF) and County Assemblies act speedily to ensure the passage of supplementary budgets necessary for enabling the implementation of county-level response plans;
10. That County Assemblies and respective Senators as the first-line of oversight over County Executives, exercise extra vigilance and ensure that resources for the COVID-response at county level are put to their proper and intended use;
11. That a conditional grant be provided for counties for services foregone that is equivalent to the total annual costs of releasing postgraduate doctors on study leave;
12. That fair terms and conditions of employment for all newly-contracted doctors and health workers be instituted in accordance with the public service rules and guidelines, and that the Government act to ensure the payment of gratuities at the end of the stipulated contract period;
13. That all cadres of health workers be included in the ongoing recruitment exercise including graduate and specialist nurses;
14. That the MoH fast-track the development and implementation of the draft compensation package proposal for the motivation and welfare of frontline health workers;
15. That National and County Governments fast track measures to guarantee access to care and treatment for all health workers by way of prioritising periodic and regular testing, and establishing specially designated quarantine, isolation and treatment facilities for use by health workers;
16. That the National and County Governments institute measures to ensure that all health workers receive adequate PPEs that adhere to minimum acceptable quality and standards as set by KEBS;

17. That the National and County Governments institute measures to provide for the accomodation, meals and transport of health workers for the entirety of the COVID 19 outbreak period;
18. That health worker unions and the respective County Governments act to ensure the amicable and speedy resolution of all pending labour disputes between unions and the following counties: Kirinyaga, Laikipia, Meru, Homa Bay, Vihiga and Taita Taveta;
19. That the MoH to expedite the development of protocols and guidelines for:
 - a) considerations and exemptions in the deployment of vulnerable health workers such as pregnant mothers and health workers with pre-existing conditions; and,
 - b) addressing the risk, stigma and alienation of health workers dealing with COVID-19 patients;
20. That the MoH provides a comprehensive forecasting and quantification of all PPE needs in the country with a view towards providing an objective basis for assessing the country's overall gaps and needs;
21. On ensuring the quality and standards of the PPEs, that the MoH engages health workers as the end users in all stages of quality assessment for both locally manufactured and exported PPEs; and, that KEBS acts to ensure strict adherence to set standards for PPEs from both local and export sources;
22. That the MoH act to fast track the activation of GeneXpert machines in counties, and scale up the supply of sample collection kits. Further, that it act to fast track the accreditation of regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia; as well as, ILRI, ICIPE, AMREF and UNITID/UON;
23. Further, that additional specialised personnel, and in particular, qualified Clinical Pathologists be engaged for purposes of providing guidance, validation and interpretation of testing services at all accredited COVID-19 laboratories;

24. That additional funding amounting to KShs. 790M be provided to KEMRI through the supplementary budget for use in bolstering its capacity in personnel, reagents, consumables, equipment and research;
25. That the MoH and KEMRI act speedily to address the various concerns that have arisen from the dismissal Dr. Joel Lutomiah, Chair, KEMRI Rapid Response Team/Director, KEMRI Center for Virus Research;
26. That the MoH and KEMRI act to fast track the test validation process for private sector players, and that specific measures be taken to reduce the costs thereof;
27. That the MoH institute robust external quality assurance measures and controls for purposes of ensuring consistency and standardisation of results amongst accredited laboratories;
28. Increased investment in laboratory systems strengthening with a view towards enabling Kenya's response in the current COVID-19 pandemic, as well as future pandemics and other health risks;
29. In light of increased cases of COVID-19 in the counties, that the MoH/KMPDC and County Governments act promptly to designate specific isolation and quarantine facilities in all regions/counties;
30. That measures be instituted to subsidize the costs of quarantine in order to protect ordinary citizens from catastrophic expenditure;
31. That the Senate act to expedite the passage of the Community Health Services Bill;
32. That the MoH expedite the publication of a comprehensive policy framework and strategic plan to guide the delivery of Community Health Services;
33. That County Governments be allocated additional resources for purposes of implementing a comprehensive Community Health Strategy, and facilitating the standardisation of compensation to CHWs to at least 50% of the minimum wage across all counties ;

34. That CHWs be recognised as an essential workforce in Kenya's COVID-19 response plan, and that the health, safety and wellbeing of CHWs involved in Kenya's frontline response be guaranteed through equipping them with adequate PPE;
35. That the MoH act to expedite the publication and implementation of the Mental Health Taskforce Report;
36. That the MoH and NHIF act to fast track the inclusion of a mental health and substance abuse treatment package under the NHIF;
37. That the MoH to institute measures to ensure the minimal disruption in the delivery of mental health services, particularly at Mathare National Hospital;
38. That the Min. of Industrialization, Trade and Enterprise Development act promptly to: (i) include Medicines and Medical Supplies in the list of products listed for exemption from PVoC requirements; and, (ii) provide for VAT Zero Rating for Medical Devices by way of a Legal Notice;
39. That the MoH/KMPDC act to ease regulatory requirements for the approval of isolation facilities by private hospitals;
40. That the MoH/KEMSA and Kenya Healthcare Federation act to allow for the incorporation of private sector needs in the procurement of PPEs and other essential medical supplies and commodities;
41. That the NHIF expedite the release of all NHIF payments due to hospitals, including private hospitals, for purposes of mitigating against the risk of bankruptcy/closure of hospitals. And further, that consideration be made for the inclusion of private hospitals in the disbursement of COVID-19 funds;
42. That, the MoH act to fast track the appointment of the new PPB Board;
43. That the MoH/PPB act to declare medical supplies a public and essential good, and institute price control measures for purposes of ensuring continued access and stable pricing during the COVID-19 outbreak period; and,

44. That the Government leverage further on research and academic institutions for purposes of driving Kenya's response to the pandemic. Further, that additional funding be provided to research and academic institutions for purposes of facilitating research and innovation.

Mr. Speaker,

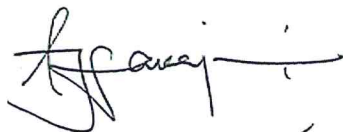
A more comprehensive detailing of the Committees' observations and recommendations with regards to health issues in the COVID-19 outbreak situation are contained in a matrix in the final chapter of this report.

Mr. Speaker Sir,

As I conclude, the Committee wishes to thank the Offices of the Speaker and the Clerk of the Senate for the support extended to it in undertaking this important assignment.

Further the Committee wishes to thank the Ministry of Health (MoH), the Council of Governors (COG), the County Assemblies Forum (CAF), Kenya Medical Research Institute (KEMRI), the Kenya Medical Association (KMA), the National Nurses Association of Kenya (NNAK), the Kenya Association of Clinical Pathologists (KACP), the Pharmaceutical Society of Kenya (PSK), the Kenya Medical Practitioners and Dentists Union (KMPDU), the Kenya Union of Clinical Officers (KUCO), the Kenya National Union of Nurses (KNUN), the Kenya Healthcare Federation (KHF), the Coalition of Community Health Workers, and the scores of members of the public who sent their submissions to the Committee and thus enabled the development of this report.

I thank you, Mr. Speaker.



28th April, 2020

Signed.....

Date.....

**SEN. JOHNSON SAKAJA, CBS, MP,
CHAIRPERSON,
SENATE AD HOC COMMITTEE ON COVID-19**

ADOPTION OF THE 3RD PROGRESS REPORT OF THE SENATE AD HOC COMMITTEE ON THE COVID-19 SITUATION IN KENYA

We, the undersigned Members of the Senate Ad Hoc Committee on the COVID-19 Situation in Kenya, do hereby append our signatures to adopt the 3rd Progress Report-

Sen. Johnson Sakaja, CBS, MP	-Chairperson	
Sen. (Arch.) Sylvia Kasanga, MP	-Vice-Chairperson	
Sen. (Dr.) Michael Mbiti, MP	-Member	
Sen. Abshiro Soka Halake, MP	-Member	
Sen. Mithika Linturi, MP	-Member	
Sen. Erick Okong'o Mogeni, SC, MP	-Member	
Sen. Mwinyihaji Mohamed Faki, MP	-Member	

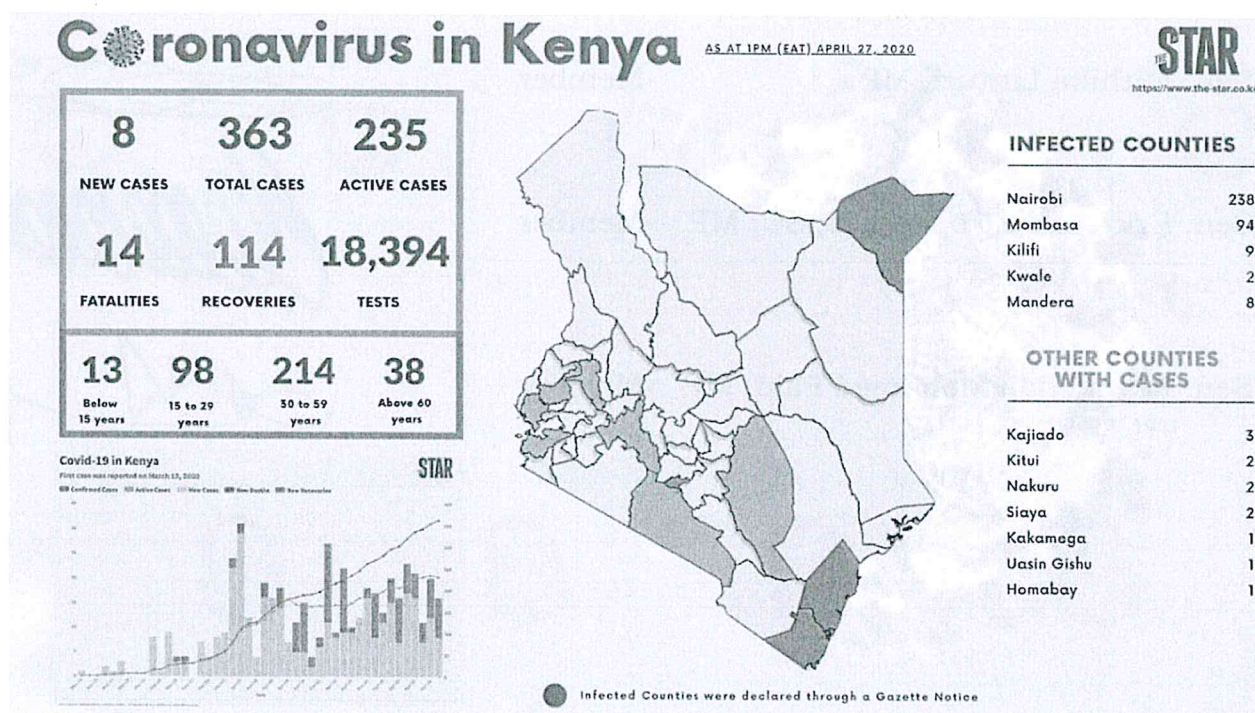
CHAPTER ONE: INTRODUCTION

1. Background to the COVID-19

Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). A novel coronavirus (CoV) is a new strain of coronavirus that has not been previously identified in humans.

Coronaviruses are common in animals and, occasionally, people get infected with these viruses which may then spread to other people. For example, SARS-CoV was associated with civet cats and MERS-CoV was associated dromedary camels. Possible animal sources of COVID-19 have not yet been confirmed.

Corona Virus Disease 2019 (COVID-19) is a new respiratory illness that began in Wuhan, China, in December 2019. As at **27th April, 2020**, the virus had resulted in more than **3,066,417 infections** and **211,663 deaths** globally, with cases reported on every continent except Antarctica. In Kenya, a total of **363 cases** had been confirmed, by the said date, with 114 patients having fully recovered, and 14 patients having succumbed to the illness. The table below shows the numbers and spread of the disease in Kenya as at 27th April, 2020.¹



¹ <https://www.the-star.co.ke>

The COVID-19, which has since been declared a global health pandemic by the World Health Organization (WHO), can easily be spread from person to person, through contact with droplets produced by a person who is sneezing or coughing or contaminated surfaces or objects. COVID-19 causes severe symptoms like fever, cough, headache, body aches and difficulty in breathing.

2. Establishment, mandate and membership of the Ad Hoc Committee

During the sitting of the Senate held on Tuesday, 31st March, 2020, the Senate, by Resolution, established the Ad Hoc Committee on the COVID-19 situation, with the mandate to oversight actions and measures taken by the national and county governments in addressing the spread and effects of COVID-19 in Kenya

This action was taken in recognition of the need for an integrated and multi-sectorial intervention towards a harmonized comprehensive response to the pandemic, and of the need to complement the efforts of the national and county governments in containing the spread of the pandemic and cushioning Kenyans from the shocks arising thereon.

The Ad Hoc Committee on the COVID-19 Situation is mandated to address the following, among other matters-

- (a) provision of testing and medical equipment, including adequate ventilators in referral hospitals and in at least one public hospital in each county;
- (b) provision of adequate isolation centres and Intensive Care Unit (ICU) facilities in each county;
- (c) measures to ensure continuous supply of food and other essential commodities at affordable prices;
- (d) measures to enable learners in educational institutions to continue with their studies;
- (e) measures to ensure protection, safety and well-being of healthcare and other frontline workers;
- (f) enhancement of capacity and flexible deployment of healthcare staff;
- (g) financial assistance to vulnerable persons and groups;
- (h) protection of residential and commercial tenants;
- (i) establishment of a stimulus package for the Micro, Small and Medium sized Enterprises;
- (j) easing of legislative and regulatory requirements for doing business;
- (k) measures to protect employees from retrenchment and job losses; and
- (l) uniform policies and procedures aimed at slowing and eventually stopping the spread of the virus.

The Committee is comprised of the following members:-

- 1) Sen. Johnson Sakaja, CBS, MP - Chairperson
- 2) Sen. (Arch.) Sylvia Mueni Kasanga, MP - Vice Chairperson
- 3) Sen. (Dr.) Michael Maling'a Mbiti, MP - Member
- 4) Sen. Abshiro Soka Halake, MP - Member
- 5) Sen. Mithika Linturi, MP - Member
- 6) Sen. Erick Okong'o Mogeni, SC, MP - Member
- 7) Sen. Mwinyihaji Mohamed Faki, MP - Member

At the time of adopting the 3rd Progress Report, the Committee had held a total of **32 sittings**.

CHAPTER TWO

PROGRESS REPORT FOR THE THIRD WEEK (HEALTH ISSUES)

2.1 Introduction

As noted in the First and Second Progress Reports of the Ad Hoc Committee on the COVID-19 Situation, dated 7th April, 2020 and 14th April, 2020 respectively, the Committee clustered emerging issues arising from the COVID 19 outbreak situation in Kenya into five thematic areas, as provided below:

- a) *Health Issues* – including community health, testing, quarantine, isolation centres, ICU facilities, human resources for health, drugs and supplies, role and engagement of county governments, and mental health;
- b) *Economic and Finance Issues* – including macro-economic effects, impact on businesses, trade facilitation, and measures to cushion borrowers and financial institutions;
- c) *Social, Public Order and Human Rights* – including protection for vulnerable persons and groups, protection of women and girls at risk of domestic abuse, measures to enable learners to continue with their studies, enforcement of the nationwide curfew, access to justice, and decongestion of prisons and remand facilities;
- d) *Access to Food, Water and other Basic Commodities* – including measures to ensure the continuous production and supply of food, water and other essential commodities; and
- e) *Support Services and Cross-Cutting Issues* – including awareness creation on measures to prevent infection and combat stigmatization, and the role of ICT in combating the COVID-19 pandemic.

Subsequently, pursuant to Article 118 of the Constitution and the Senate Standing Orders, the Committee invited stakeholders and members of the public to submit written memoranda arising from, or related to the COVID-19 pandemic, under any of the five thematic areas. As at 27th April, 2020 the Committee had received a total of **160 written submissions**, a majority of which related to the first thematic area on health issues.

Consequently, the Committee identified and analysed the various issues and concerns raised under each thematic area, and resolved to hold meetings with key stakeholders, beginning with the health thematic area.

All meetings with stakeholders have so far been held **virtually**, on the Zoom meeting platform.

Under the **health thematic area**, the Committee met with the following: -

a) Government Agencies and Departments

- 1) Ministry of Health (MoH)
- 2) Council of Governors (COG)
- 3) County Assemblies Forum (CAF)
- 4) Kenya Medical Research Institute (KEMRI)

b) Representative Health Worker Groups

I Professional Associations and Societies

- 1) Kenya Medical Association (KMA)
- 2) National Nurses Association of Kenya (NNAK)
- 3) Pharmaceutical Society of Kenya (PSK)
- 4) Kenya Association of Clinical Pathologists (KACP)

II Health Worker Unions

- 1) Kenya Medical Practitioners and Dentists Union (KMPDU)
- 2) Kenya Union of Clinical Officers (KUCO)
- 3) Kenya National Union of Nurses (KNUN)

c) Private Sector

- 1) Kenya Healthcare Federation (KHF)
- 2) Coalition of Community Health Workers

These engagements are covered in this 3rd Progress Report of the Committee, while the remaining thematic areas will be covered in the subsequent progress reports.

2.2 Analysis of Public Submissions Related to the Thematic Area of Health

From a total of **160 submissions** received from the public, the Committee isolated and analysed all health-related issues and concerns arising from, or related to the COVID-19 pandemic. Broadly, key areas of public concern identified from the submissions included:

- a) Access to information and data
- b) Universal access to healthcare
- c) Provision of community health services
- d) COVID-19 Testing
- e) Personal Protective Equipment
- f) Availability of ICU facilities

- g) Quarantine and Isolation Centres
- h) Human Resources for Health
- i) Health Products and Technologies
- j) Access to emergency and maternity services
- k) Continued access to other essential health services
- l) Mental health and psychosocial support

The Committee Observations and Recommendations contained at the end of this Report were informed in part by the Committee's analysis of these views from the public.

2.3 Stakeholder Engagement Meetings

Between 15th and 21st April, 2020, the Committee held a total of **seven (7) meetings** with key stakeholders in the health sector from both levels of Government, professional associations and societies, health worker unions and the private sector.

The following section provides a summary of the submissions presented before the Committee by the various stakeholders.

2.3.1 Government Agencies and Departments

2.3.1.1 Ministry of Health (MoH)

The Committee held a virtual consultative meeting with the Cabinet Secretary for Health, Hon. Mutahi Kagwe, EGH, and the Principal Secretary for Health, Ms. Susan Mochache, CBS, on **Saturday, 18th April, 2020**.

Key highlights of the Ministry of Health presentation and written submissions are provided below:

a) Situational Analysis

As at 18th April, 2020, over 12,000 persons had been tested for COVID-19, with 270 confirmed positive cases for coronavirus. Majority of the confirmed cases were imported (64%) with local transmission accounting for only 36% of the confirmed cases.

Affected counties included: Nairobi (163), Mombasa (36), Kilifi (9), Nakuru (2), Kitui (2), Kajiado (2), Kwale (1), Kakamega (1), Mandera (6), Uasin Gishu (1) and Siaya (2).

Further, a total of 2,366 suspected cases had been registered. Of these, 1,911 had completed mandatory quarantine while 455 suspected cases were still on follow-up. The total number of deaths attributable to COVID-19 as of date of the meeting was twelve (12).

In order to effectively contain the outbreak, strict adherence to the recommended hygiene and containment measures was imperative. However, rampant lack of discipline and deliberate breaches of government directives had significantly compromised the effectiveness of the current response efforts.

At the time, worst-case scenario modelling projections indicated that Kenya stands to lose at least 30,000 lives to COVID-19, unless recommended hygiene and containment measures are strictly followed.

b) Level of County Preparedness

Political goodwill and commitment were key factors affecting the level of preparedness across the 47 counties. This was evidenced in wide disparities in the levels of preparedness amongst counties, with some registering remarkable progress e.g. Mombasa, Makueni, Marsabit, Machakos, Kisumu, Laikipia, Kiambu, Isiolo and Kisii. Unfortunately, in some counties, little to no progress had been realized.

On **Isolation and Quarantine facilities**, all forty-seven counties had set up Isolation Centres. The total projected need for isolation beds was 3,116, of which 2280 were county isolation beds, and 836 national isolation beds.

On **availability of ICU facilities**, the total ICU bed capacity in Kenya was then 518 beds spread across 79 health facilities. Of these, 448 beds were in use on the day of the meeting. A total of 37 ICU beds had been set aside for use by COVID-19 patients against a projected need of 227 beds. As such, there was a projected deficit of 190 ICU beds for use by COVID-19 patients.

The total number of functional ventilators available in the country was 297. Of these, only 90 were in public health facilities. Following the outbreak of COVID-19, counties had expanded their ICU bed capacity from 162 previously, to 208. Concomitantly, counties had increased the number of available ventilators from 161 previously, to 201.

In order to meet the shortfalls, the Government was set to receive donations of 105 ventilators from friendly nations. Additionally, the MoH had procured 30

ventilators, of which 8 have already been distributed to counties. The World Bank had also procured 200 ventilators on behalf of the MoH as a contingency measure. Further, as part of a KShs.5 Billion loan from the World Bank, the MoH was set to fast-track the procurement of additional ventilators, CPAP machines and oxygenators.

On **training of Health Workers**, approximately 9,701 health workers domiciled in the counties had received training. Additionally, the MoH had conducted training-of-trainers (TOT) training, but the trainings were yet to be cascaded downwards in most counties.

On provision of **Personal Protective Equipment (PPE)**, 3,682 PPE kits had by then been distributed and delivered to counties. Through running contracts with various suppliers, KEMSA has planned for the provision of 35,072 PPE kits, and 180,000 loose body suits.

To mitigate against shortages in the global supply chain, the MoH had intervened to scale up local manufacture of basic PPEs. In addition, local SMES in the counties were producing an average of 300,000 face masks per day. Notably, the cost of locally assembled PPEs was significantly lower than export sources. For example, the cost of a locally assembled PPE suit was KShs.3,000 compared to KShs.15,000 for imported kits.

Owing to shortfalls in the supply of PPE kits by KEMSA, a Presidential Directive had been issued giving counties the leeway to procure non-pharmaceutical commodities directly from local manufacturers. The local manufacture of PPEs had helped create approximately 3,000 jobs and opened new export markets in the region.

In order to ensure that the local manufacture of PPEs adhered to set regulatory standards and quality for the health and safety of Kenyans, the Kenya Bureau of Standards (KEBS) has availed the requisite standards and compliance testing to manufacturers at no cost.

c) Universal Access to Healthcare

Under the leadership of the MoH in the National Emergency Response Committee (NERC) and the National Taskforce on COVID-19, several interventions towards ensuring universal access to healthcare had been instituted including: TOT trainings, dissemination guidelines and standard operating procedures for the treatment and management of COVID-19; activation of county surveillance systems etc. Additionally, the Government had committed towards meeting the

cost of treatment for COVID-19 patients in public health facilities and, under a proposed UHC Scheme within the NHIF, COVID-19 was set to be fully covered in the NHIF benefits package.

d) Community Health Services

As at 18th April, 2020, there were 6,335 community health units and 63,350 CHWs representing 67% coverage. In response to the COVID-19 pandemic, existing community health structures had been activated with a view towards ensuring that 12.4 million households receive health education on the prevention of COVID-19.

CHWs were working closely with county surveillance teams to support contact tracing, active case-finding, and monitoring of contacts on self-quarantine. To facilitate their safety, County Governments were expected to distribute PPEs to them.

e) Testing

Kenya's installed testing capacity exceeded 37,000 tests per day, considering the reference laboratories and GeneXpert equipment in the counties. However, actual testing capacity was dependent on the availability of reagents and consumables, equipment health and the capacity of health workers to collect such a large number of samples every day.

Kenya uses the recommended SARS-COV-2 PCR testing. So far, eight (8) manual testing laboratories and six (6) high throughput laboratories have received accreditation to conduct COVID 19 testing. Additional laboratories under consideration include: ILRI, AMREF and ICIPE. Further, each county GeneXpert equipment had capability of running 3000 tests per day.

f) Quarantine

Various state agencies and departments were involved in the planning and implementation of quarantine arrangements, including the Office of the President, the MoH/KMPDC, various Ministries, County Governments, Kenya Medical Association, private sector/hotel owners and the Kenya Red Cross. A total of 2,678 persons had been held under mandatory quarantine so far, of whom 1,966 persons had been released while 712 persons were still being held in designated quarantine facilities.

A total of 202 persons with co-morbidities, advanced age or pregnancy were admitted into quarantine facilities. Of these, all who tested negative for COVID-19 were released on self-quarantine, while those who tested positive were transferred to isolation/treatment centres. Further, only travellers who arrived into the country from COVID-exposed countries, and persons who had broken self-quarantine rules were being held in mandatory quarantine.

A total of 106 quarantine facilities were identified by the KMPDC in Nairobi, Mombasa, Kwale and Kilifi Counties. The cost of accommodation in the selected facilities ranged between KShs.2,000 and KShs.10,000. Of the persons held under mandatory quarantine, 102 had so far tested positive for COVID-19.

So far, a total of 1,309 persons in fifteen (15) quarantine facilities had their mandatory quarantine period extended for an additional two-weeks, owing to non-adherence to quarantine guidelines. Only sites with confirmed cases of COVID-19 were subjected to extended quarantine. With the extension, there were reported incidents of persons being unable to pay their bills.

g) Human Resources for Health

Plans to recruit an additional 5,500 health workers under the UHC Program preceded the COVID-19 pandemic. At the time, the focus was on strengthening PHC and implementing the Community Health Strategy. In addition to the 5,500 primary health care workers, the MoH has secured funding to fill 703 vacant positions on a six-months contract as follows: medical officers (188); medical specialists (72), clinical officers (94), ICU nurses (235), chest physiotherapists (94) and epidemiologists (20).

To ensure that all health workers designated as essential staff were assured of safe movement during curfew hours, the MoH was in the process of issuing staff identification badges. In addition, official transport was provided to health workers on duty.

At national level, the MoH had designated isolation and treatment facilities for health workers. County Governments had also been directed to effect the same. A development of a draft proposal for the motivation and welfare of health workers was currently underway, with incentives under consideration including comprehensive medical, disability and life insurance, risk allowances, tax relief, and the facilitation of meals and accommodation.

h) Drugs and Supplies

In order to ensure adequate stocks of essential drugs and supplies in the face of global supply chain pressures, the Pharmacy and Poisons Board (PPB) had accelerated the issuance of marketing authorizations for new applications of essential health products and technologies.

Further, considering export restrictions for medical products and technologies in India and China, the MoH has commenced the exploration of new sources in Europe, the Americas and other parts of Asia. Additionally, under the UHC program, and through KEMSA, procurement of essential health products worth KShs.9 Billion had been initiated.

i) Mental Health

The MoH had instituted several measures aimed at strengthening the implementation of mental health and psychosocial support efforts in relation to the COVID-19 pandemic. These included, employing a community mental health strategy for early detection, mental health education, referral and psychosocial support; scaling up training and capacity-building of health workers on mental health and psychosocial support; mitigating against the risk of disruption of mental health services for patients with pre-existing conditions; and ensuring availability and access to essential drugs for mental health treatment at all levels of the health system.

Additional measures included establishing a national mental health crisis and suicide hotline; stepping up efforts to assist vulnerable women, children and persons with disabilities in collaboration with the Ministry of Labour and Social Protection as well as law enforcement agencies; clamping down against the spread of exaggerated, false and/or alarmist information on social media; providing for the inclusion of a mental health package under NHIF; and, instituting social protection mechanisms for vulnerable persons with mental health conditions and primary care givers.

j) Funding

In relation to the funding raised so far for purposes of facilitating the Governments' response to the pandemic, the Government had raised KShs.2,105,489,540.00 as provided in the table below, which amounts were earmarked for the following interventions: -

Source	Amount (KES)	Interventions
GOK	1,000,000,000.00	Earmarked for increased Health care workers
World Bank**	1,000,000,000.00	Emergency response including: - procurement of PPEs, medicines, setting up isolation facilities and the operations centre
Private Sector	10,344,500.00	Cash Donations- given to Kenyatta University Teaching and Referral Hospital for Doctors Accommodation
	45,145,040.00	In-Kind Donations – donated as soap, sanitizers, mattresses, buckets for infection prevention control (IPC) and waste management in quarantine facilities
USAID	50,000,000.00	Used for capacity building in infection prevention control and patient/health provider safety for training of trainers (TOT) in all 47 counties.
Total Kenya	--	Fuel

**An additional KShs.5 Billion being negotiated with the World Bank.

Monies allocated to the health sector had prioritized commodities such as PPEs, sample collection, transport, and testing/medical equipment. Further, the Government had allocated KShs.1 billion for the recruitment of additional health workers whose recruitment is on-going, while KShs.3.3 billion from DANIDA had been availed to counties under the HSSF fund for purposes of enabling county health facilities meet their operational costs.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the Ministry of Health, and the proposed solutions/way forward:

No.	Issue	Responses/Proposed Solutions
1.	Need for the MoH to quantify actual needs with regards to PPEs, testing kits and oxygen equipment	The MoH to respond to PPE needs by counties on a needs basis. Further, local manufacture of PPEs to be further scaled up.
2.	Wide disparities in the level of preparedness and performance among counties	<ul style="list-style-type: none"> • Need to institute performance-monitoring mechanisms aimed at compelling County Governments to exercise more accountability. • Need to leverage on Senators and other political leaders to strengthen political accountability of County Governments on the level of preparedness in the various counties. • Need for counties to expedite the identification of specific facilities to be designated as COVID-19 facilities. In the interim, efforts are ongoing to identify facilities regionally. • Need for closer coordination and engagement between the two levels of Government
3.	Allegations of high cost of commodities from KEMSA; and high risk of wastage of mass orders by KEMSA following the Presidents' directive allowing counties to procure non-pharmaceutical commodities from other suppliers.	Need for KEMSA to review its pricing downwards to make it more competitive.
4.	<p><i>HRH</i></p> <ul style="list-style-type: none"> • Retention of resident doctors on study leave in national referral facilities at the expense of County Governments. 	<ul style="list-style-type: none"> • <i>MOH response to the proposed recall of resident doctors on study leave by County Governments:</i> The move by Counties is disruptive and misguided as the doctors are being capacitated to deal with emergency and pandemic

	<ul style="list-style-type: none"> • Sub-optimal utilisation of specialised equipment in the counties arising from lack of the requisite personnel to operate them e.g. in Marsabit, ventilator machines were found in storage. • Reports of suboptimal training by health workers • Need to expedite the processing of adequate compensation packages for health workers. 	<p>situations.</p> <ul style="list-style-type: none"> • <i>On non-functional specialised equipment lying idle in county health facilities:</i> County Governments should capacitate their staff with a view to utilising idle specialised equipment. • <i>On reports by health workers on the inadequacy of COVID-19 trainings conducted so far:</i> MoH has already conducted TOT across all counties. However, counties are yet to cascade the training downwards. • Even so, in order to address training shortfalls, the MoH has engaged regulatory boards to make competence in COVID care and management mandatory for the renewal of annual licenses.
5.	High risk of KPA as an epicentre for COVID-19	Testing of staff at KPA ongoing. Operations to be restructured with a view towards reducing the risk of infection.
6.	Need to expand testing capacity to counties	MoH to expedite the operationalisation of GeneXpert machines in the counties.
7.	Request for curfew rules to be relaxed for Muslims during Ramadan	Curfew rules cannot be relaxed as the risk is too high.
8.	Untapped potential of research institutions	Need to upscale Research capacity and utilisation.
9.	<p><i>Mental Health</i></p> <ul style="list-style-type: none"> • Remarkable progress has been realised in mental health, but it is not being communicated effectively. • Mathare Hospital is not 	MoH to expedite the publication and implementation of the Mental Health Taskforce Report.

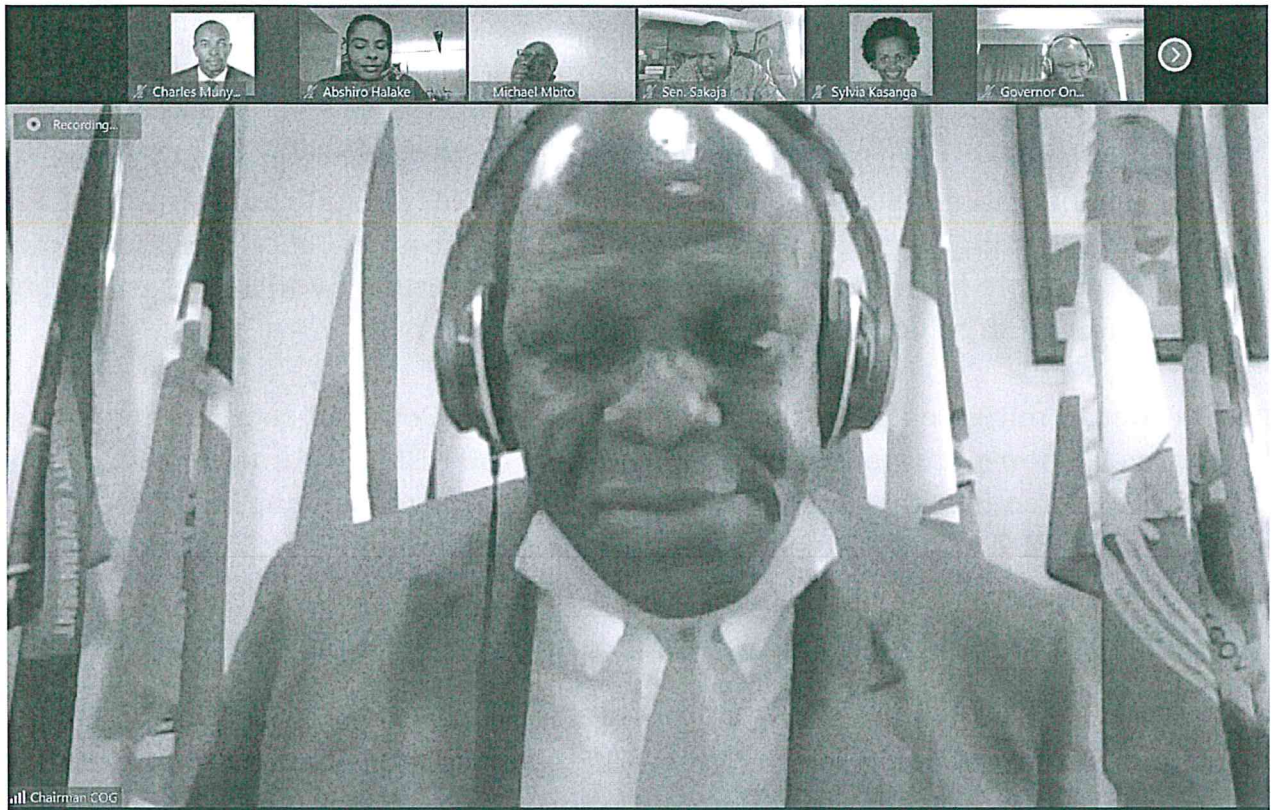
	adequately equipped to deal with COVID-19 <ul style="list-style-type: none"> • Need to institute measures for psychosocial support for health workers. 	
10.	Need to scale up effective public information on the COVID-19 pandemic.	Leverage on political leadership for the dissemination of COVID-related public messages.
11.	Need for proper disposal of used PPEs, particularly masks.	MoH engaging the Ministry of Environment to ensure safe disposal of masks.
12.	Regulatory gaps arising from the delayed appointment of the Pharmacy and Poisons Board	Need for legislative intervention to restructure the Regulatory Boards in order to make them more responsive.
13.	Safe disposal of bodies	Maximum number of persons allowed to participate in the interment of a deceased person with COVID-19 has been set at fifteen (15) in order to minimise the risk of infection.

A copy of the written submissions received from the Ministry of Health is attached to this Report as **Annex 3**.

2.3.1.2 The Council of Governors

The Committee held a virtual consultative meeting with the Council of Governors on **Friday, 17th April, 2020**. Present during the sitting were, among others: -

- i) Gov. Wycliffe Oparanya – Chairperson, Council of Governors
- ii) Gov. James Ongwae - Chair, Human Resource Committee
- iii) Gov. (Prof) Anyang’ Nyong’o - Vice-Chairperson, Health Committee
- iv) Ms. Jacqueline Mogeni – CEO, Council of Governors



Key highlights of their presentation and written submissions are provided below:

a) Involvement of County Governments in the National COVID-19 Response

Through the Council of Governors, County Governments have been included in the governance structures of the National COVID 19 Response including the National Coordinating Committee, and the National Emergency Response Committee. At the County level, County Emergency Response Committees are chaired by the Governor and co-Chaired by the County Commissioner.

b) Issues/Challenges

To drive the COVID 19 pandemic response at county level, County Governments have set aside budgetary provisions ranging from KShs.600 million to KShs.5 billion. In addition, County Governments have secured a KShs.5 billion commitment from the National Government to facilitate the county emergency responses.

Key challenges hindering adequate resourcing of county response plans included widespread exhaustion of Emergency Budgets across the counties, delays by County Assemblies to pass needed supplementary budgets, and non-cooperation from the Office of the Controller of Budget.

c) Personal Protective Equipment

Key challenges facing counties in relation to (PPEs) were identified as: the insufficient initial distribution of PPEs by the MoH; insufficient supply of PPEs by KEMSA owing to overwhelming demand; high cost of PPEs by KEMSA owing to its monopoly in the market; and low fulfilment rates by KEMSA, and delayed communication to counties on the same.

In order to mitigate against these challenges, the CoG had secured approvals to source for non-pharmaceutical items outside the KEMSA framework for a period of up to three months. Additionally, the Government has engaged Kitui Textile Company, EPZ and NYS to scale up local production of PPEs.

d) Health Workers

County Governments were in the process of negotiating an acceptable compensation package for health workers, in collaboration with the National Treasury, the Salaries and Remuneration Commission, and the Ministry of Health.

Ongoing mass recruitment by the Ministry of Health under the Universal Health Coverage (UHC) program had narrowed the human resource for health gaps in counties. Prior to the outbreak, County Governments had cumulatively recruited over 15,000 health workers including nurses, pharmaceutical technologists, CHWs etc. In order to effectively address existing HRH shortfalls in counties, there was need for more resources to be allocated to counties.

e) Isolation and ICU Facilities

Following the outbreak of COVID-19, all 47 County Governments had set up isolation facilities, and expanded their ICU bed capacity from 162 previously, to 208. Concomitantly, counties had increased the number of available ventilators from 161 previously, to 201. Counties had also developed contingency plans to respond to the expected surge in COVID 19 cases.

In order to effectively meet the expected demand for ICU facilities, there was a need for dialogue/collaboration with the private sector with a view towards increasing access and rationalising costs. Contrary to reports by the MoH, CoG submitted that counties were yet to receive ventilators from the National Government.

f) Laboratory Services

There was a need to expand testing capacity in the counties through: activation of GeneXpert machines; supply of sample collection kits to counties by the National Government; and, accreditation of regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia to conduct COVID-19 testing.

g) COVID-19 Emergency Response Fund

The total collections to the fund as of the date of the meeting amounted to KShs.1 Billion, including commitments. However, funds from the private sector were yet to be released pending payment of seed money by the National Government of KShs.150 million.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the Council of Governors, and the proposed solutions/way forward:

No.	Issues Raised	COG Responses
1	<p><i>HRH</i></p> <ul style="list-style-type: none">• Reports by health workers of having received inadequate COVID-19 training and capacity building.• Pending labour disputes in counties.• Need for the provision of accommodation, transport and meals for health workers• Need for the designation of isolation/quarantine and ICU facilities for health workers.• Recall of resident doctors on post graduate training.	<ul style="list-style-type: none">• There is a need for the MoH to quantify HRH needs and gaps in the counties.• Increase funding to counties in order to enable them to recruit additional staff to meet WHO standards.• Efforts by counties to identify accommodation facilities for health workers are currently in progress.• On training, the MoH should conduct adequate COVID 19 TOT training following which County Governments will act to cascade training downwards.• <i>On the question of the recall of resident doctors on study leave:</i> Training and capacity building is a responsibility of the National Government under Schedule Four of the Constitution. County Governments have been unfairly taxed with the burden of paying salaries for

		<p>doctors whose services are rendered at the national level: For example, Kakamega has 38 doctors on post-graduate training while Kisii has 65. Each of these doctors receives an average salary of KShs.250,000 to KShs.300,000. It was therefore proposed to: -</p> <ol style="list-style-type: none"> a) Institute a conditional grant for services foregone that is equivalent to what counties are spending on postgraduate doctors. b) Otherwise, suspend the postgraduate training program for purposes of bolstering county capacity.
2.	<p><i>CHWs:</i></p> <ul style="list-style-type: none"> • Lack of uniformity in compensation of CHWs across counties. • Lack of a standardised framework for engagement of CHWs across the counties 	<p>Budgetary considerations in as far as the number of CHWs required in a county are a key factor affecting uniformity and standards in the implementation of Community Health Services in counties: For example, Isiolo needs 900 CHWs, while Kakamega and Kisii require 10,000 and 8000 CHWs respectively. The payment of 10,000 CHWs would significantly impact county wage bills, and lead to the crowding out of other important sectors like water and agriculture.</p>
3.	<p>Apart from an initial consignment of PPEs through KEMSA, counties have not received any additional equipment from the National Government.</p>	<p>The MoH should be compelled to account for the KShs.1Billion it has received so far for the COVID-19 pandemic response.</p>
4.	<p>Procurement of non-pharmaceutical commodities outside the KEMSA framework</p>	<ul style="list-style-type: none"> • As much as is practicable, procurement should be consolidated in KEMSA to allow for economies of scale. • For purchases of non-pharmaceutical commodities outside the KEMSA framework, conditions to be met include: comparable prices with KEMSA, and

		approval by the Kenya Bureau of Standards.
5.	There is a need for enhanced focus socio-economic recovery as most small businesses in the counties have closed.	<ul style="list-style-type: none"> • Need for the establishment of a Post-COVID-19 Economic Recovery Committee • There is a need to establish a Post-COVID Recovery Program.
6.	Status of County Preparedness and Response	<ul style="list-style-type: none"> • County Governments are in the process of identifying specific facilities for the management of COVID-19 patients: • On ICU Capacity, counties are scaling up ICU bed capacity in order to meet the expected demand e.g. Kisumu County has increased its ICU bed capacity from 15 ICU beds, to 21 ICU beds.

A copy of the written submissions received from the Council of Governors is attached to this Report as **Annex 4**.

2.3.1.3 The County Assemblies Forum

The Committee held a virtual consultative meeting with the County Assemblies Forum (CAF), represented by its Chief Executive Officer, Ms. Judy Oduma, on **Friday, 17th April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Health Facilities

County Governments should designate at least one Level 5 facility for the treatment and management of COVID-19 patients. Treatment at designated health facilities should be provided for free, or at highly subsidised rates. Further, isolation centres in the counties should be fully equipped and set up in accordance with the required standards.

b) Testing

There is a need for the Government to institute mass testing and act to expand the country's testing capacity, through expediting the accreditation of regional

and county laboratories; and providing sufficient testing kits to established regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia counties.

c) Personal Protection Equipment (PPEs)

There is a need to provide health workers and other frontline responders with adequate PPEs. Further, there is need for close collaboration between the National and County Governments in the procurement of PPEs owing to limited global supplies and high costs.

d) Sustainability

There is a need to establish centres for research and treatment in the counties as means to facilitating sustainable county responses to future pandemics. The Salaries and Remuneration Commission should also act to harmonise the remuneration and terms of employment of health workers across the counties.

e) Financial Accountability

There is a need to strengthen the financial accountability of County Executives through the sustained oversight by County Assemblies during and after the pandemic period.

f) Protection of Economic Development

There is a need for the development of a legislative framework to guide the provision of economic injury loans to small businesses affected by the pandemic. Additionally, the Government should act to reduce water and electricity bills by at least 40% in order to cushion individuals and small businesses from the economic impacts of the pandemic.

County Governments should also waive land rates and other county taxes in order to reduce the socioeconomic impact of the COVID 19 outbreak on ordinary residents.

g) County Legislation and Supplementary Budgets

The COVID-19 crisis falls at a time when county assemblies are expected to be considering and approving the budgets for the FY 2020/21 as required by the Public Finance Management Act, 2012. In order to adequately address the challenges brought about by the pandemic in ensuring the continuity of business

in the County Assemblies, there is need for the following measures to be out in place:

- a) Allow County Assemblies to hold special sittings for purposes of approving the supplementary budgets provided they adhere to the set containment measures.
- b) Amend the Standing Orders to reduce the threshold of quorum required for sittings.
- c) Waive public participation requirements as compliance is unfeasible within the current context of the pandemic.
- d) Facilitate the introduction of e-Governance structures across the County Assemblies to allow for the normal conduct of House Business through virtual sittings.

h) Involvement of Political Leadership in Public Communication

There is a need for greater involvement of political leaders at both national and county levels in the dissemination of appropriate messages to the public on the COVID 19 pandemic response.

A copy of the written submissions received from the County Assemblies Forum is attached to this Report as **Annex 5**.

2.3.1.4 Kenya Medical Research Institute (KEMRI)

The Committee held a virtual consultative meeting with the Kenya Medical Research Institute (KEMRI) led by the Director, Prof. Yeri Kombe, on **Tuesday, 21st April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Background

An effective and efficient response to the current COVID-19 pandemic needs to be evidence-based for purposes of ensuring targeted intervention implementation and resource allocation. Public health surveillance is key to informing the epidemic response, in that it:

- i) informs outstanding questions on community perspectives;
- ii) provides for evaluation of laboratory diagnostics;
- iii) evaluates factors that divert or support adherence to social prevention measures as advised by government;
- iv) informs strategies for contact tracing; and
- v) demonstrates the social impact of social prevention interventions,

Further, public health surveillance is essential in understanding disease outbreaks as it informs timely decision-making and forms the basis for targeted resource allocation. Competent epidemiologists and surveillance personnel are required to provide valid surveillance information for rational planning, implementation and intervention.

b) Current Ongoing Activities

A summary of the institutions' ongoing activities are summarised below:

No.	Project	Status
1.	COVID-19 sample screening	<ul style="list-style-type: none"> • KEMRI commenced screening of COVID-19 samples as soon as the first case was reported. • To date, KEMRI has tested over 6,000 people. • The country has started using automated testing equipment (COBAS 8800) of which 5 out of 7 are in KEMRI. • Reverse Polymerase Real Time PCR (rRT-PCR) technique is being used. • Teams are working day and night in order to ensure timely turnaround time of the results.
2.	Whole Genome Sequencing of COVID-19 virus	<ul style="list-style-type: none"> • Whole genome Sequencing of 28 samples has been completed by KEMRI. • KEMRI to train staff from MOH and stakeholders interested in learning about the technique. • Data generated will be shared with teams and published for public consumption, also deposited in the global gene bank.
3.	Development of PoCT screening Kits	<ul style="list-style-type: none"> • KEMRI is in the process of developing a Point of Care test (PoCT) Diagnostic kit. • The kit will be easy to use, easily deployable to health facilities including those in remote lower level laboratories and cheaper than rRT-PCR. • Once the PoCT prototype is ready, mass production will commence. • KEMRI has a capacity to produce 1,500 kits per day.

		<ul style="list-style-type: none"> • However, capacity can be increased up to 10,000 kit if extra equipment is procured, and a 24hr working system instituted. • KEMRI will explore prequalification of the PoCT with WHO and Africa CDC
4.	Production of the Viral transport media (VTM)	<ul style="list-style-type: none"> • Mass production of the VTM is being done at Production unit . • There will be enough supply for Kenya and the region
5.	Evaluation/ Validation of Commercial Kits	<ul style="list-style-type: none"> • Evaluation of COVID kits that have been submitted for approval by PPB/MoH
6.	Development of PCR Kits	<ul style="list-style-type: none"> • Positive tests after using the PoCTs will be subjected to confirmatory tests using PCR. • KEMRI, is proposing to produce its own primers and reagents that are required for the PCR kit
7.	Vaccine development	<ul style="list-style-type: none"> • KEMRI is exploring options for the development of a COVID-19 vaccine. • Samples to be used will be from both recovered and infected patients.
8.	Testing for COVID-19 drug efficacy	<ul style="list-style-type: none"> • Plans are underway to commence testing for the efficacy of the drugs in the market against COVID-19. • KEMRI has a product that has proven efficacy against the flu and that is being tested against COVID-19. • Other drugs under consideration include: anti-hypertensives, Ivermectin, Zedupex, Rifampicin, Hydroxychloroquine, NSAIDS and anticancer drugs.
9.	Hand sanitizers	<ul style="list-style-type: none"> • Production of hand sanitizers (KEMRUB) is ongoing. • Up to 200,000 units have been produced and sold, while 6,000-10,000 are being produced daily

c) Institutional Needs

A summary of KEMRI's institutional needs are summarised below:

No.	Item	Needs	Cost (KShs)
1.	Personnel	<ul style="list-style-type: none"> • There is a need for more manpower and trained personnel to support laboratory screening, vaccine development and diagnostics in order to improve the turnaround time and delivery. • Staff on contract will be absorbed and recruited to support the processes 	100,000,000
2.	Financial support	<ul style="list-style-type: none"> • The institute has exhausted most of the reagents and materials being utilized in screening and testing of the virus. • Research Proposals: Various scientists have submitted proposals for COVID-research. These proposals are of high impact and will go a long way in helping the country understand its COVID-19 transmission patterns. 	540,000,000
3.	Equipment	<ul style="list-style-type: none"> • In order to increase capacity for screening, kits production and vaccine development the institute is planning to procure various equipment including freezers, autoclaves, DNA synthesizers, protein synthesizers, Guillotine, Illimuna Sequencer, HPLC 	150,000,000
Total Needs:			790,000,000

2.3.2 Health Worker Associations and Societies

2.3.2.1 Kenya Medical Association (KMA)

The Committee held a virtual consultative meeting with the Kenya Medical Association (KMA) led by its President, Dr. Jacqueline Kitulu, on **Thursday, 15th April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Personal Protection Equipment (PPEs)

All health workers should be provided with adequate and quality PPEs which adhere to KEBS standards.

b) Medical Insurance

All health workers should be provided with medical insurance and/or guaranteed access to proper follow-up and treatment if they contract COVID-19.

c) Compensation Package

Owing to the high risk that health workers are exposed to, the Government should extend an adequate compensation package that includes: life cover, tax exemptions, education cover for dependents and disability allowance.

d) Health System Capacity

There is a need to recruit an additional 2000 general practitioners and specialists in order to effectively tackle the COVID-19 outbreak situation. In addition, there is need to scale up training and retraining of doctors.

e) Medical Teams

There is a need to institute clinical response teams for purposes of avoiding fatigue and burnout amongst health workers. The establishment of clinical response teams will also enable easier contact tracing in the event of a health worker getting infected.

f) Accommodation Facilities for Health Workers

There is a need for the National and County Governments to designate accommodation facilities for use by health workers in order to reduce the risk of infection.

g) Medical Supplies as a Public Good

The Government should declare medical supplies a public good and institute price control measures in order to ensure continued access and stable pricing.

h) Mental Health and Psychosocial Support for Health Workers

The MoH should develop protocols aimed at reducing the risk, stigma and alienation of health workers dealing with COVID-19 patients.

i) COVID-19 Testing

The only recommended testing for COVID-19 is PCR testing. Serologic tests are still under development. Testing sites have been expanded to include the National Influenza Laboratory, regional KEMRI centres, KNH and MTRH. The MoH should broaden the mass testing strategy to community level in order to establish the true extent of community transmission of COVID-19.

j) COVID-19 Contact Tracing and Quarantine

Current government efforts in rolling out contact tracing and quarantine are robust and should be sustained.

k) Efficient Allocation of Resources for COVID-19 Priorities

For the effective and efficient use of resources being mobilised towards the COVID-19 pandemic, the Government needs to:

- a) Secure adequate ventilators and other oxygenation equipment;
- b) Expand testing capacity to the regional and county level;
- a) Invest in the protection of health workers with a view towards reducing the risk of infection; and
- b) Increase investment in the clinical management of mild to moderate illness with a view towards reducing the incidence of clinical progression to severe illness requiring critical care services.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the Kenya Medical Association, and the proposed solutions/way forward:

No.	Issues	Proposed Solutions/Way Forward
1.	Medical Supplies as a public good	Within the emergency context of the COVID-19 pandemic, there is a need to introduce flexibility in the law to allow for KEMSA to procure directly from manufacturers.
2.	Need to increase access of PPEs to the private sector	There is need to amend the KEMSA Act to allow for KEMSA to procure PPEs and other medical supplies and commodities on behalf of the private sector
3.	Unmet need for PPEs	There is a need for the MoH to adequately quantify PPEs needs.
4.	Regulation of PPEs	It is necessary to involve end users in the assessment of locally manufactured PPEs to ensure that they meet the acceptable minimum standards.
5.	Rational use of masks	There is a need to institute controls to restrict public access to surgical and N-95 masks. Additionally, the public needs to be educated on the safe and proper use of masks.
6.	County preparedness	<p>For purposes of efficiency, the Government should consolidate its efforts and resources towards the expansion of regional ICU and Isolation facilities rather than stretching already scarce resources to establish centres in every county;</p> <p>Further, there is a need for better synergy and coordination of efforts amongst County Governments;</p>

		At county level, limit focus on making the necessary arrangements to set up quarantine facilities.
7.	Ensuring continuity of other health services	In order to reduce the risk of infection, and facilitate the continuity of other essential health services, there is a need for the National and County Governments to institute measures to designate specific facilities for COVID-19 patients.
8.	Expansion of PCR testing capacity	Ensuring the availability of adequate human resources, in addition to the requisite equipment and reagents/ consumables is imperative for purposes of expanding testing capacity.
9.	Stigmatization of COVID-19	The communication and messaging strategy employed by the MoH has had the inadvertent effect of criminalising COVID-19 patients, and increasing stigmatisation. There is a need to shift the message from one that emphasises criminality, to one that emphasises more on social responsibility and solidarity.
10.	Mental Health and Psychosocial Support	There is need for the MoH to expedite the publication and implementation of the Mental Health Taskforce Report
11.	Abolishment of parking controls at private hospitals to reduce risk of infection	The enforcement of proper hand hygiene precludes the need to abolish parking controls at private hospitals.
12.	Exclusion of COVID-19 from medical covers by private insurance companies	There is a need for the Senate to intervene and engage the Insurance Regulatory Authority (IRA) and the Association of Kenya Insurers (AKI) with a view towards ensuring health workers in both the public and private sector have guaranteed access to proper follow-up and treatment in the event that they contract COVID-19.

A copy of the written submissions received from the Kenya Medical Association is attached to this Report as **Annex 6**.

2.3.2.2 National Nurses Association of Kenya (NNAK)

The Committee held a virtual consultative meeting with the National Nurses Association of Kenya, led by its President, Mr. Alfred Obengo, on **Thursday, 15th April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Role and Mandate

The National Nurses Association of Kenya was established in 1968, and is duly registered under Cap 108 of the laws of Kenya. It is a professional association representing all cadres of nurses and midwives drawn from practice settings, and education and research institutions.

b) Community Messaging and Awareness

There is a need to leverage on healthcare personnel to provide timely, clear, factual and targeted information at community level.

c) Health Facility Readiness

In order to ensure adequate health facility readiness, there is a need for the Government to act to:

- i) Adequately equip existing health facilities;
- ii) Provide support to private nurse- and midwife-led clinics as they are the point of first contact for the majority of people seeking healthcare services;
- iii) Set-up separate isolation units to manage confirmed cases;
- iv) Provide adequate quality PPEs to all health workers, particularly masks; and,
- v) Provide masks for all clients visiting health facilities for purposes of reducing cross-infection.

d) Health Staff Readiness

In order to ensure adequate health staff readiness, there is a need for the Government to act to:

- i) Ensure adequate staff capacity and numbers;

- ii) Establish nurse-led COVID-19 Infection Prevention Management Committees from national to dispensary level;
- iii) Establish a special duty-rota for nurses attending confirmed cases that incorporates a 14-day quarantine period between shifts;
- iv) Provide for designated hotels to accommodate health workers in order to reduce the risk of infection to families of healthcare workers;
- v) Provide moral and psychosocial support for health workers;
- vi) Provide increased risk allowances for nurses and midwives; and
- vii) Provide a special, enhanced medical insurance cover to cater for those working in designated COVID-19 facilities.

e) Referral System Readiness

Ensure availability of adequate nurse specialties in critical care, anaesthesia, emergency care and infection prevention and control; and ensure the availability of the requisite infrastructure and equipment such as ventilators, ambulances and ICU facilities.

f) Continuity of Essential Services

Ensure continuity of other essential medical services by enhancing staff capacity, and enforcing infection prevention and control measures.

g) Compensation of Healthcare Personnel

Establish a Healthcare Personnel Fund to protect health workers from harm resulting from exposure and/or infection; and provide for an enhanced 12-month COVID-19 compensation package as follows:

- i) Standardised risk allowance of KShs.20,000 per month for every health worker;
- ii) KShs.5,000 for supportive personnel such as patient care attendants and paramedics; and
- iii) Provide relief of PAYE for all healthcare personnel.

Further, provide a tax holiday for all private hospitals, nursing homes and clinic; and, zero-rate all imported commodities related to the fight against COVID-19 and other highly infectious diseases.

h) Health Systems Strengthening

Scale up efforts to strengthen the health system in a manner consistent with ensuring the right to the highest attainable standard of health.

i) Level of County Preparedness

Representatives of the NNAK operating at county level updated the Committee on the level of preparedness in the various counties as summarised below:

i) Isiolo County

Adequate PPEs have been provided for health workers working in designated COVID-departments. However, there is a need for adequate provision of PPEs to be extended to health workers operating in other departments in the hospitals.

An acute shortage of health workers has strained capacity in hospitals within the county.

The COVID-19 outbreak has led to the interruption of other essential services such as maternal and child health. For example, since the outbreak, there has been a significant drop in the number of mothers seeking skilled deliveries.

ii) Kakamega County

The level of preparedness in Kakamega County was termed as poor, which was evidenced by:

- a) The provision of inadequate PPEs for health workers. Where PPEs have been provided, they are of sub-standard quality.
- b) Lack of adequate training of health workers on the care and management of COVID-19. While sensitisation has been carried out, training on the clinical management and care of COVID 19 patients has been neglected.
- c) Lack of screening of persons accessing some health facilities in the county.
- d) Lack of adequate equipment in designated isolation facilities.
- e) Lack of specially designated accommodation facilities for health workers operating in the county.
- f) Sub-optimal involvement of health workers as critical stakeholders in the county's response efforts.

iii) Machakos County

The level of preparedness in Machakos County was termed as poor, which was evidenced by:

- a) Health workers operating in health facilities within Machakos County have not been provided with adequate PPEs, particularly N-95 masks.
- b) Issuance of PPEs for health workers reporting to duty is usually delayed. This often results in the disruption and delay of health services.
- c) The designated holding areas for suspected cases of COVID 19 are not ideal for purposes of reducing the risk of infection.
- d) Poorly equipped isolation facilities that lack oxygenation equipment.
- e) Inadequate training of health workers: Only five health workers have so far received sensitisation from the MoH. In addition, the time dedicated to providing sensitisation is limited to 30 minutes. This has left health workers in the county feeling ill-equipped and incompetent to handle COVID-19 patients.
- f) Lack of adequate psychosocial support for health workers and patients.
- g) An acute shortage of health workers has strained capacity in hospitals within the county.

iv) Kilifi County

- a) Kilifi County has designated four treatment centres for the management of COVID-19 patients.
- b) Most nurses who have been deployed to the treatment sites have received the requisite training to manage and care for COVID-19 patients.
- c) Deployment of staff to the designated treatment sites has led to shortfalls in the provision of other essential services.
- d) Measures have been instituted to provide widespread screening of residents in the county.
- e) The PPEs provided have been of acceptable quality. However, they are inadequate to meet the current demand.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the National Nurses Association of Kenya (NNAK), and the proposed solutions/way forward:

No.	Issues	Proposed Solutions/Way Forward
1.	Delay in designating	There is a need for both the National and

	accommodation facilities for health workers	County Governments to act expeditiously to provide designated accommodation facilities for health workers.
2.	Exclusion of COVID-19 from medical covers by local private insurance companies. <i>(To note, some foreign-based insurance companies have not excluded COVID-19 from cover).</i>	There is a need for the Senate to intervene and engage the Insurance Regulatory Authority (IRA) and the Association of Kenya Insurers (AKI) with a view towards ensuring health workers in both the public and private sector have guaranteed access to proper follow-up and treatment in the event that they contract COVID-19.
3.	Exclusion of graduate and specialist nurses from the Government recruitment exercise	There is a need for the Government to scale up the recruitment of graduate and specialist nurses in critical care, anaesthesia, emergency care and infection prevention and control.
4.	Acute shortage of nurses at health facilities has strained current capacity at health facilities	
5.	Payment of a paltry risk allowance to nurses amounting to KShs.3,800 per month	Need to harmonise the payment of risk allowances across all cadres.
6.	Unfair employment terms for nurses on contract	There is a need for the Government to institute payment of Risk Allowances for nurses on contract.
7.	Interruption of essential health services	There is a need for County Governments to institute community-level interventions aimed at ensuring continued access to essential health services such as maternal and child health.
8.	Inadequate training for Health Workers	Need for the Government to scale up TOT training for health workers, and cascade the same progressively to include all health workers.

A copy of the written submissions received from the National Nurses Association of Kenya is attached to this Report as **Annex 7**.

2.3.2.3 Pharmaceutical Society of Kenya (PSK)

The Committee held a virtual consultative meeting with the Pharmaceutical Society of Kenya (PSK) led by its President, Dr. Louis Machogu, on **Friday, 16th April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Mandate of the PSK

PSK is an umbrella body of pharmacists practicing in Kenya working in close collaboration with the Ministry of Health, the Pharmacy and Poisons Board (PPB), the Kenya Medical Association (KMA), KEMSA, the Kenya Pharmaceutical Association (KPA), the Kenya Private Sector Alliance (KEPSA) and the Kenya Healthcare Federation (KHF).

b) Priority Areas of Focus National COVID-19 Response Effort

Kenya must prepare for four expected waves in the COVID-19 pandemic crisis as typified by:

- a) *Phase 1*: Immediate morbidity and mortality arising directly from imported cases and community transmission.
- b) *Phase 2*: Impact of resource restriction on urgent non-COVID conditions including accidents and common acute conditions.
- c) *Phase 3*: Impact of interrupted care on chronic conditions such as diabetes, hypertension, cancer, HIV etc
- d) *Phase 4*: Impact on psychosocial health arising from economic and social disruption.

It was necessary for Kenya's response to reflect each phase of the pandemic in order to prevent catastrophic loss.

c) Primary Health

Up to 70% of patients access pharmacies as their first point of care. Accordingly, there was an urgent need for the MoH and the PPB to collaborate with the PSK and other related stakeholders to map out community pharmacies for purposes of expanding testing and awareness creation; and to provide guidelines, protocols and training to community and hospital pharmacies on infection

prevention and control, screening and testing, medication use, data collection and pharmacovigilance.

d) Treatment, Infection Prevention and Control and Personal Protective Equipment

There was an urgent need for the MoH to quantify PPE needs for both the public and private sector; and to publicize the projections and mandate KEMSA to bulk purchase.

e) Testing

There is an urgent need to institute widespread testing, including of community and hospital pharmacy workers. Community pharmacies can play an important role in testing and health education.

f) Isolation Centres

There is a need to designate COVID-19 specific hospitals and isolation facilities for purposes of avoiding cross infection and ensuring continuity of care.

g) HRH and Corporate Citizens in Healthcare

The MoH should move to urgently recruit and deploy the over 400 unemployed Pharmacists and thousands of Pharmaceutical Technologists; establish a benevolent fund for healthcare workers who may get infected and succumb to COVID-19 in the line of duty in both the public and private sector; institute PAYE relief for healthcare workers in both the public and private sector; and institute corporate tax relief for private healthcare providers for the years 2020 to 2021.

h) Health Products and Technologies

Disruptions in the global supply chain and local hoarding of medication pose a significant risk on the cost and availability of medication for both COVID-19 and routine care. In order to address these challenges, there was a need for the MoH to:

- a) provide an advisory on the supply chain preparedness for both COVID-19 and non-COVID diseases, illness, conditions and/or ailments;
- b) secure commitments from the GoK to utilise local manufacturing capacity for the production of buffer stocks for acute, chronic and COVID-related conditions;

- c) enforce ethical pricing and transparency in the pricing of essential medicines in both the private and public sector;
- d) expand the import base to include non-traditional markets like Egypt and Turkey. In order to attain this, KEBS and PPB should act to lift PVoC and inland regulatory barriers; and
- e) fast track the appointment of the Board of the PPB.

i) 'Non-COVID' Illnesses & Conditions, and Diseases of Public Health Importance

There was an urgent need for the MoH to quantify and forecast the medications required for the treatment and management of acute and chronic conditions for purposes of enabling KEMSA and the private sector supply chain to respond accordingly and ensure access to medication.

A copy of the written submissions received from the Pharmaceutical Society of Kenya is attached to this Report as **Annex 8**.

2.3.2.4 Kenya Association of Clinical Pathologists (KACP)

The Committee held a virtual consultative meeting with the Kenya Association of Clinical Pathologists led by its Chairperson, Dr. Geoffrey Omuse, on **Friday, 16th April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Mandate of the KACP

KACP is a specialist body of clinical pathologists practicing in Kenya. In relation to the COVID-19 outbreak situation in Kenya, the Association has served to: support the development of the MoH testing guidelines; advocate for the use of validated protocols and assays; ensure proper handling of bodies of confirmed and suspected cases of COVID-19; provide online webinars on laboratory testing, autopsies and blood safety in the COVID-19 era; and, provide clarification and support to regulatory bodies and the MoH on efficient and safe laboratory testing of COVID-19.

b) Role of Molecular vs Serologic Tests in the Diagnosis of COVID-19

There was no appropriate rapid kits/serologic assays for COVID 19 testing at the moment. Confirmation of a case required laboratory confirmation by PCR as it was both sensitive and specific. Additionally, in order to ensure standardization

and consistency amongst accredited laboratories, there was a need to institute external quality assurance measures and controls.

Further, there is some utility for antibody/serologic/rapid kit tests in disease surveillance to: determine community spread of COVID-19; inform vaccine development; and, facilitate treatment through the identification of potential donors for convalescent plasma.

c) Sample Collection and Testing

There was a need to put measures in place to ensure proper sample collection, specimen handling and transport for purposes of ensuring accuracy of results; and the enhanced provision of universal transport media or viral transport media.

d) Safety and Protection of Laboratory Personnel

There was an urgent need to equip laboratory personnel with appropriate PPEs (N95 masks, goggles/face shields, gloves, boots/shoe covers) in order to ensure their safety and protection from laboratory-acquired infections. Unavailability of adequate PPEs was currently an issue of great concern that needed to be urgently addressed.

All testing laboratories should be facilitated to have a certified Class II Biological Safety Cabinet for the safety of laboratory personnel; and all molecular laboratories being used in the mass testing of COVID-19 should have negative pressure sample preparation rooms.

e) Role of Specialist Clinical Pathology Services

Pathologists and molecular scientists should be facilitated to provide advisory and clinical validation and interpretation services at all levels 3-6 COVID-19 testing laboratories. Similarly, all tests carried out for COVID-19 must be reviewed by a pathologist as result interpretation is dependent on many factors including the clinical presentation of patients.

Clinical pathologists have an important role to play in ensuring wholesome care for patients with regards to: predicting clinical progression, determining the prognosis; monitoring organ function; and, establishing co-morbidities and co-infection with other pathogens.

f) Telemedicine and Telepathology

Utilisation of telemedicine/telepathology will be beneficial in: enhancing access to specialist diagnostic services; addressing disparities in access to care; promoting quality of care and accountability of healthcare workers; and, reducing cost of care. Further, there is a need for a policy/regulatory framework to provide for equivalent reimbursement for services rendered.

g) Laboratory Systems Strengthening

It was necessary to invest in laboratory systems strengthening not only for the COVID-19 pandemic, but also for expected future health risks such as influenza and antibiotics resistance. Laboratory systems play a critical role in: disease surveillance, prevention, diagnosis, monitoring, prognosis, treatment and health promotion.

Systemic challenges in laboratory services included: poor infrastructure, lack of policy, inadequate funding, insufficient human resource, lack of equipment, poor maintenance, lack of inter-linkages between facilities. Further, challenges associated with poor laboratory services included misdiagnosis, inappropriate empirical treatment, poor patient outcomes, drug resistance and wastage of scarce resources.

In order to strengthen laboratory systems there was need for increased investment in integration of laboratory services and systems; human resources for laboratory systems; national Laboratory governance and management structures; infrastructure and equipment management systems; quality management systems and accreditation; and laboratory supply chain systems.

A copy of the written submissions received from the Kenya Association of Clinical Pathologists is attached to this Report as **Annex 9**.

2.3.3 Health Worker Unions

On **Thursday, 15th April, 2020**, the Committee held a virtual joint consultative meeting with the following health worker unions:

- a) Kenya Medical Practitioners and Dentists Union (KMPDU) led by the Chairperson, Dr. Sam Oroko and the Acting Secretary General, Dr. Chibanzi Mwachonda;
- b) Kenya Union of Clinical Officers (KUCO) led by the Secretary General, Mr. George Gibore; and
- c) Kenya National Union of Nurses (KNUN) led by the Secretary General, Mr. Seth Panyako.

Key highlights of their presentations and written submissions are as summarised below:

2.3.3.1 Kenya Medical Practitioners and Dentists Union (KMPDU)

a) Isolation Centres and Intensive Care Units

Based on projections by the MoH, there was an urgent need to scale up ICU bed and ventilator capacity by at least 500 for designated use by COVID-19 patients; comprising ten (10) ICU beds and ventilators per county, and thirty (30) additional ICU beds and ventilators at national level.

b) Safety, Protection and Well-Being of Frontline Health Workers

Health workers constituted a high-risk group as demonstrated by statistics from China, Italy, Spain, Germany and USA. In Kenya, as at 3rd April, 2020, out of a total of 172 confirmed cases in Kenya, five (5) were health workers: four (4) doctors and one (1) clinical officer. In addition, 62 healthcare workers had been placed under quarantine.

The unavailability of adequate PPEs for health workers was an issue of great concern that needed to be urgently resolved. A needs assessment conducted by the KMPDU quantified health worker PPE needs as follows:

- | | |
|--------------------------------|----------------------------|
| a) Surgical Masks: 8,280,000 | e) Face Shields: 4,140,000 |
| b) N-95 masks: 4,140,000 | f) Goggles: 92,000 |
| c) Disposable gowns: 4,140,000 | g) Hazmat Suits: 4,140,000 |
| d) Caps: 4,140,000 | h) Shoe Covers: 4,140,000 |

The quality of PPEs further needed to be standardised across the counties.

Additional measures needed for the safety, protection and well-being of health workers include provision of PPEs in line with WHO standards; priority testing of health workers at specially designated facilities; facilitation of access to online training and up to date information on COVID-19; provision of identification passes and/or branded high visibility jackets; provision of guidelines for the protection of vulnerable health workers with pre-existing chronic conditions; facilitation of specially-designated transport and meals at health institutions responding to the COVID-19 pandemic; and, provision of specially-designated accommodation for health workers handling COVID-19 patients so as to avoid spread of infection to the families of health workers.

c) Unresolved Labour Disputes

In order to avail much needed health workers in Kenya's response to the COVID-19 pandemic, there was need to immediately resolve all pending labor disputes as follows:

- i) *Kirinyaga and Laikipia Counties*: Reinstatement of health workers and payment of withheld salaries;
- ii) *Taita Taveta*: Reinstate withheld allowances for doctors on study leave;
- iii) *Kwale*: Payment of 10-months salaries currently owed to health workers;
- iv) Promotion of doctors, and payment of accrued arrears from delayed promotions in all counties;
- v) Immediate payment of Emergency Call Allowances to doctors holding administrative and policy positions at the MoH, County Governments, Universities and teaching hospitals.

d) Enhancement of Capacity and Flexible Deployment of Healthcare Staff

There was an urgent need to reallocate all development monies to healthcare for purposes of recruitment and deployment of health workers, infrastructural development and acquisition of necessary equipment for isolation centers and critical care units across the country; employ the over 1,000 doctors (pharmacists, dentists and medical officers) currently out of employment; ensure the inclusion of doctors in the primary health care model (Levels 1-3) under the Universal Healthcare Coverage program in line with national staffing norms and standards; and, delegate the role of deploying health workers in response to the COVID-19 pandemic to the Intergovernmental Technical Relations Committee.

e) Compensation of Workers

The was need to include COVID-19 in the Second Schedule of the Occupational Safety and Health Act 2007; create an Occupational Injury and Disease Fund as subsidiary legislation to the Public Finance Management Act: Amounts payable to health workers should be as prescribed in the Work Injury Benefits Act 2007; and, provide for a temporary and flat rate payment of a COVID-19 Emergency Response Allowance for an initial 12-month period as follows:

- i) KShs.15,000 per month for health workers; and
- ii) KShs.5,000 for frontline personnel and paramedics in health/quarantine facilities.

Further, the payment of Emergency Call Allowance for all doctors in the public service should be effected, as well as waiver of PAYE for all healthcare workers.

f) Health Service Commission

The establishment of a Health Service Commission was informed by the need to institute a centralised mechanism to coordinate the management of human resources for health, and address challenges of ethnic and tribal discrimination in the recruitment of health workers.

g) Postgraduate Training of Doctors

Doctors on postgraduate training have been recalled by County Governments to bolster county response efforts. However, the same doctors have been retained on the duty schedules of the teaching and referral hospitals in which they are attached as part confirmation of their studies.

A copy of the written submissions received from the Kenya Medical Practitioners and Dentists Union is attached to this Report as **Annex 10**.

2.3.3.2 Kenya Union of Clinical Officers (KUCO)

Clinical Officers as frontline workers face a higher risk of infection: As of 15th April, 2020, out of 225 confirmed cases, 14 were health workers, ten clinical officers and four doctors. In addition, 143 health workers had been placed under isolation/quarantine.

In order to ensure the health and safety of health workers, the following measures were recommended:

- i) Provision of specially designated areas in health facilities to see suspected cases;
- ii) Provision of adequate PPEs for health workers in line with WHO standards;
- iii) Prioritisation of health workers in testing;
- iv) Provision of adequate training and capacity-building;
- v) Provision of identification passes and/or branded high-visibility jackets for health workers;
- vi) Provision of guidelines for the protection of vulnerable health workers with pre-existing chronic conditions;
- vii) Facilitation of transport and meals for health workers at every facility providing COVID-19 services; and
- viii) Provision of accommodation for health workers dealing with COVID-19 patients for purposes of preventing exposure to their family and friends;

Additionally, the Ministry of Health and county governments were urged to ensure that the quality of locally manufactured PPEs met the required standards; resolve pending labour disputes, particularly with regards to enhancement of the risk allowance for clinical offices; address issues of unfair targeting of staff in the counties (for example, in Meru County, a Clinical Officer has been suspended by the County Government of Meru for agitating for the provision of PPEs).

Further, to recruit an additional 5,000 clinical officers and institute measures to ensure yearly recruitment for purposes of addressing existing staff shortages; reallocate development monies to the health sector for purposes of enhancing human resources, infrastructure and equipment; and delegate the role of deployment of newly-recruited staff to the IGRTC as conflicts between the Public Service Commission and County Public Service Boards remained unresolved.

A copy of the written submissions received from the Kenya Union of Clinical Officers is attached to this Report as **Annex 11**.

2.3.3.3 Kenya National Union of Nurses (KNUN)

The Kenya National Union of Nurses (KNUN) recommended that the national and county governments institute measures to conduct testing of frontline workers every fourteen (14) days; provide personal medical insurance for all health workers; double commuter allowance for nurses to cater for increased public transport costs that have arisen from the enforcement of social distancing

measures; and scale up training of health workers to enable them effectively deal with COVID-19 patients.

Inadequate provision of PPEs remained a key challenge, and there was need to prioritise frontline health workers in the distribution of PPEs.

Further proposals were to designate specific isolation and quarantine facilities for health workers; extend paid leave to vulnerable health workers including the elderly, pregnant women, health workers with disabilities, and those with pre-existing chronic conditions; institute adequate compensation packages for health workers including tax relief; recruit additional specialist nurses to meet the expected increased demand in critical care services; expedite the implementation of the Collective Bargaining Agreement between KNUN and the MoH and COG; and, take measures to strengthen the engagement of trade unions in national response efforts against the COVID-19 outbreak situation.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the Kenya Medical Practitioners and Dentists Union (KMPDU), the Kenya Union of Clinical Officers (KUCO), and the Kenya National Union of Nurses (KNUN); and the proposed solutions/way forward:

No.	Issue	Proposed Solutions
1.	Unfair and discriminatory recruitment practices in the counties	Need for increased scrutiny by the Senate to ensure that the recruitment of new health workers meets set constitutional and legal thresholds.
2.	Withheld salaries of health workers in Vihiga and Homa Bay counties.	Counties must be compelled to pay salaries to health workers in a prompt and timely manner.
3.	Pending labour disputes	Need to institute a conciliation process to resolve pending labour disputes particularly in Kirinyaga, Laikipia and Meru Counties.
4.	ICU Facilities	Scale up ICU bed capacity in counties to

		at least fifteen (15) beds.
5.	Isolation Facilities	Establish regional centres for the effective and efficient management of COVID-19 patients.
6.	Inadequate provision of PPEs for health workers	The MoH must be held to account over the inadequate provision of PPEs for health workers.
7.	Standards and quality of Personal Protective Equipment	Need to involve trade unions as the representatives of the end users in assessment of locally manufactured PPEs to ensure that they meet the acceptable minimum standards.
8.	Remuneration and compensation of newly recruited health workers.	Need to institute fair remuneration of newly recruited health workers on contract basis
9.	Testing	Need for the MoH to expand testing centres up to county level.

2.3.4 The Private Sector

2.3.4.1 Coalition of Community Health Workers

The Committee held a virtual consultative meeting with the Coalition of Community Health Workers (CHWs) led by Mr. Julius Mbeya, Lwala Community Alliance, on **Thursday, 15th April, 2020**. Other key organisations involved in community health support were represented at the meeting as follows:

- | | | |
|----------------------------------|---|----------------------|
| i) Financing Alliance for Health | - | Dr. Angela Gichaga |
| ii) AMREF Health Africa (Kenya) | - | Dr. Meshack Ndirangu |
| iii) Medic Mobile | - | Ms. Doren Kudwoli |
| iv) Enai Africa | - | Mr. Victor Rotich |
| v) Carolina for Kibera | - | Mr. Hillary Omala |
| vi) Dandelion Africa | - | Mr. Wendo Aszed |
| vii) Living Goods | - | Ms. Ruth Ngechu |

Key highlights of their presentations and written submissions are summarised below:

First, there was a need to adopt measures to strengthen the community health strategy for COVID-19 for purposes of leveraging on the extensive network of CHWs for the management and control of COVID-19. This included scaling-up the training of CHWs to include early detection, contact tracing and psychosocial support; increasing financing for health and greater investment by counties; ensuring that county government take the lead in the community health strategy as health is a devolved function; and, shielding the most vulnerable from socioeconomic shocks.

In relation to ensuring the safety, protection and wellbeing of the community health workforce, there was an urgent need for the national and county governments to recognise CHWs as an essential workforce, and provide for appropriate safeguards to enable them operate without interference emanating from current security measures; protect and equip CHWs with PPEs; and, ensure continuity of essential services at community and primary care level including maternal, reproductive and child health, and the prevention and control of malaria, HIV and TB.

Additionally, strengthen training, supervision and support for CHWs through the deployment of sufficient Community Health Assistants; include CHWs in the planning and design of COVID-19 interventions including contact tracing at

community, county and country level; provide CHWs with the necessary equipment and work tools required for the effective execution of their work; and, pay appropriate stipends for CHWs.

The CHWs further recommended that MoH be mandated to provide psychosocial support and training to CHWs; hasten legislation to guide the delivery of community health services; and, adopt technology and mHealth solutions that increase the speed, accuracy and delivery of services while minimizing risks to health workers.

In recognition of the risks faced by CHWs and other frontline responders, additional and adequate compensation should be instituted. Further, there was need to expand access to care for COVID-19 by task-shifting and providing for community-based testing and treatment.

In order to secure healthcare financing critical for dealing with the present and future pandemics, there was need for enhanced Government investment in health through: a comprehensive quantification of resource needs; development of investment plans for community health systems; and, coordinated resource mobilisation.

In concluding, the CHW Coalition noted that COVID-19 will disproportionately affect the poor and vulnerable. In order to address this, they proposed that communities be supported to come up with self-isolation centres with direct support to CHWs to monitor patients at community level while delivering food and providing social support. Further, the national and county governments should provide social support to affected families with CHWs playing a critical role in identifying and ensuring that help reaches the most needy households; and, other players should be brought on board to improve infrastructure as a means to enable the fight against COVID-19.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the Coalition of Community Health Workers, and the proposed solutions/way forward:

No.	Issues	Responses/ Proposed Solutions
1.	Outdated Community Health Strategy	Need for the MoH to expedite the development, publication and implementation of an updated Community Health Strategy and policy framework.
2.	Need for adequate compensation of Community Health Workers (CHWs)	Peg the stipend payable to CHWs to fifty percent of the minimum wage. May also consider instituting performance -based mechanisms to augment the compensation of CHWs.
3.	Community Health Coverage	Kenya has over 60,000 CHWs with an estimated reach to over 9 million households. If properly deployed, the extensive reach of CHWs is likely to play a critical role in enhancing public education, contact tracing and psychosocial support.
4.	Impact of CHWs on Pandemic response.	CHWs played a critical role in driving the success of the Ebola Epidemic Response in West Africa. Specific
5.	Need to mitigate the negative socio-economic impact of the COVID-19 pandemic	Urgent need for the Government to begin to focus on the post-pandemic recovery process with a view towards mitigating the negative socio-economic impact of pandemic.

A copy of the written submissions received from the Coalition of Community Health Workers is attached to this Report as **Annex 12**.

2.3.4.2 Kenya Healthcare Federation (KHF)

The Committee held a virtual consultative meeting with the Kenya Health Federation led by its Chairperson, Dr. Amit Thakker on **Saturday, 18th April, 2020**.

Key highlights of their presentation and written submissions are provided below:

a) Role and Mandate of the Kenya Healthcare Federation

The Kenya Healthcare Federation (KHF) is the Health Sector Board of the Kenya Private Sector Alliance (KEPSA). It represents the private health sector at ministerial level, and at the Presidential Round Table. In relation to the COVID-19 pandemic, the KHF has served in the MOH COVID-19 Taskforce and the National Emergency Response Committee to mobilise private sector support towards the national pandemic response effort.

In carrying out its work, the KHF has established six (6) special interest groups with specific expertise in COVID-19 response, comprising hospital CEOs, infrastructure, legal advisory, critical care, telehealth, and medical gases.

b) Perspectives on the Outbreak Situation in Kenya

The total number of PCR tests completed in Kenya as of 17th April, 2020 stood at 10,864. Out of these, the number of confirmed cases was 246, most of whom were attributed to the first wave of travellers and their contacts. During the same period, there were a total of eleven (11) deaths attributable to COVID-19.

In order to limit the expected surge in deaths, there was need to implement targeted testing and interventions for the elderly, hotel workers, transport workers, and persons with pre-existing conditions.

c) Kenya Healthcare Facilities

There are 839 Levels 4,5 and 6 hospitals in Kenya with a cumulative bed capacity of 48,000 beds. A total of twenty-eight counties have below average bed capacity. There are 541 ICU beds in Kenya, of which only 188 were available for use as of 17th April, 2020. The total number of ventilators available in Kenya amounted to 259, of which 119 were currently in use. A total of 458 Isolation Centres had been set up with a total bed capacity of over 138,000 beds. A total of sixteen (16) treatment centres had been established in Nairobi and Mombasa.

d) Challenges and Solutions Sought

Priority issues affecting the COVID-19 pandemic response from a private sector perspective were provided as summarised below:

No.	Priority Area	Issues	Interventions Sought
1.	Supply Chain/ Procurement	<ol style="list-style-type: none"> 1. Global supply chain pressures 2. Limited visibility on the status of procurement of essential PPEs and medical equipment by KEMSA and the MOH Taskforce. 3. Pending approval of local manufacture of PPEs by KEBS. 4. Fragmented supply chain across the public and private sector 	<ol style="list-style-type: none"> 1. Expedite the finalization of a platform connecting KEMSA with private hospitals and pharmacies 2. Expedite the development of a private sector plan linking KEMSA, MEDS and other procurement players for purposes of ensuring 50% of overall health services by the private sector are uninterrupted.
2.	Testing and Quarantine	<ol style="list-style-type: none"> 1. Lax enforcement of infection prevention control measures for persons in quarantine. 2. Testing capacity has been ramped up to 2000 tests/day but there is lack of concomitant skilled resources for sample collection. 3. There is a need to subsidize the cost of mandatory quarantine. 	<ol style="list-style-type: none"> 1. Expedite process to obtain GeneXpert cartridges from South Korea. 2. Need for greater clarity on contact tracing.
3.	Hospital Preparedness	<ol style="list-style-type: none"> 1. Need to remove regulatory hurdles in order to increase hospital capacity. 	

		<ol style="list-style-type: none"> 2. Provide IPC training to hotels providing accommodation for health workers. 3. Expedite NHIF payments to mitigate against the risk of bankruptcy/closure of hospitals 4. Prioritise hospitals in the disbursement of COVID-19 funds: At least 80% of all funds raised should go towards healthcare
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e) Human Resources for Health

There was an urgent need to increase recruitment of health workers in order to meet the increased demands for health services; provide adequate PPEs for health workers; provide separate accommodation for health workers in order to control against cross-contamination; expedite progress on financial risk compensation for health workers; and, institute a hazard pay-out for health workers (payment of risk allowances).

f) Supply Chain

Institute measures at the MoH to ensure tests and commodities are ordered on time; and expedite the regulatory approval process for local manufacturers by KEBS.

g) ICT and Mobile Health

Expedite the approval of eHealth Regulations and policies in order to create a conducive environment for the provision of telehealth services.

h) Healthcare Financing

Expedite NHIF payments to mitigate against the risk of bankruptcy/closure of hospitals; and prioritise hospitals in the disbursement of COVID-19 funds (at least 80% of all funds raised should go towards healthcare).

i) Cost of Care

Private sector to act to rationalise cost of care particularly with regards to the provision of ICU services.

Plenary

Below is a summary of the issues deliberated upon during the plenary session with the Kenya Healthcare Federation, and the proposed solutions/way forward:

No.	Issue(s)	Proposed Solutions/Way Forward
1.	Regulatory hurdles	<ol style="list-style-type: none">1. Need for the KMPDC to ease regulatory requirements for the approval of isolation facilities by private hospitals.2. Need to fast track the approval of regulations for telemedicine.3. Fast track issuance of a Legal Notice addressing outdated PVoC4. Need to exempt all taxes for medical supplies.
2.	High cost of test validation by KEMRI	Need for KEMRI to rationalise the cost of validating tests.
3.	High cost of PPEs, medical supplies and commodities to private service providers	Need for KEMSA to incorporate private sector needs in the procurement of PPEs and other essential medical supplies and commodities.
4.	Medical insurance for health workers	Implement hazard pay-outs to health workers, rather than provision of medical insurance.

A copy of the written submissions received from the Kenya Healthcare Federation is attached to this Report as **Annex 13**.

CHAPTER THREE: COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

The COVID pandemic situation is highly evolving. The following observations and recommendations by the Committee reflect the situation, and available information at the time of the writing of this report.

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
<p>National Preparedness and Response</p>	<ol style="list-style-type: none"> The Committee recognises that Kenya is still in the initial stages of the COVID-19 outbreak. The Committee acknowledges that while consensus on Kenya's modelling projections is yet to be arrived at, estimates by the MoH indicate that the number of deaths may surge up to 30,000 during the peak phase of the outbreak if strict adherence to recommended hygiene and containment measures are not maintained. Conversely, if strict adherence to the recommended Government measures is maintained, the projections in deaths attributable to COVID-19 will be significantly reduced. 	<ol style="list-style-type: none"> Based on the foregoing, the Committee recommends the continued enforcement of the current containment measures. Further, there is need to leverage on religious, political and community leadership at all levels of society for the dissemination of packaged, context-specific COVID-19 public messages. <p>ACTION: MoH</p>
<p>County Preparedness</p>	<p>The Committee notes that: -</p> <ol style="list-style-type: none"> The current level of preparedness in most counties is suboptimal with health worker representative groups indicating that counties lack adequate supplies of personal protective equipment (PPEs); have poorly equipped isolation and treatment facilities; and, have not facilitated adequate training 	<p>Based on the foregoing, the Committee recommends that measures be instituted to develop and implement a standardised performance-based mechanism aimed at objectively monitoring the level of preparedness of County Governments. To this end, the Committee directs</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>and sensitization on the care and management of COVID-19 patients.</p> <p>2. There are wide disparities in the level of preparedness amongst counties: While some counties have realised laudable progress in the initiation and implementation of appropriate response plans (e.g. Mombasa County), others have lagged.</p> <p>3. Variations in the level of preparedness amongst counties are directly linked to political good will and commitment, or the lack thereof.</p> <p>4. Senators and leaders at county level have an important responsibility to strengthen the political accountability of the individual County Governments on their level of preparedness.</p>	<p>the MoH to develop a monitoring tool for this purpose, and to report back to this House on the level of preparedness of all 47 County Governments within a period of seven (7) days.</p> <p>ACTION: Senate, MoH, Senators, County Assemblies.</p>
<p>Universal Access to Care</p>	<p>The Committee notes that: -</p> <ol style="list-style-type: none"> 1. The Government through the MoH has made a commitment to meet the cost of treatment for COVID-19 patients in public health facilities. 2. Further, that under a proposed UHC Scheme within the NHIF, COVID-19 is set to be fully covered under the NHIF benefits package. 	<p>Based on the foregoing, the Committee recommends that ongoing efforts to include the proposed UHC Scheme under NHIF be fast-tracked.</p> <p>ACTION: MoH, NHIF, NT</p>
<p>Availability of ICU facilities, ventilator</p>	<p>The Committee notes that Kenya faces a critical deficit in the availability of ICU beds and ventilators for use</p>	<p>Based on the foregoing, the Committee recommends that:</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
<p>support, and basic oxygenation equipment in the counties.</p>	<p>by COVID-19 patients who may develop severe illness, as demonstrated by the following: -</p> <p>a) According to the MoH, as of 18th April, 2020, Kenya had a total of 518 ICU beds in 79 public and private/fait-h-based facilities across the country;</p> <p>b) Of the 518 beds, 448 (94%) were already in use by non-COVID patients requiring critical care services;</p> <p>c) According to the MoH, the projected deficit of ICU beds for use by severely ill COVID-19 patients stood at 190 at the time of the writing of this Report;</p> <p>d) While counties are scaling up efforts to increase their ICU bed capacity (e.g., Kisumu County has expanded its ICU bed capacity in JOORTH from 15 to 21 beds), according to submissions made by the Kenya Health Federation, at least 27 counties still lack ICU beds;</p> <p>e) With regards to the availability of ventilators, according to the MoH, Kenya has 297 functional ventilators, of which only 90 are available in public health facilities;</p> <p>f) According to the MoH, an additional 30 ventilators have been procured, of which 8 have been distributed. According to the, counties have not received any of these additional ventilators from the MoH; and,</p>	<p>1. In order to narrow the alarming gap in critical care services across the counties, a grant from the COVID-19 Emergency Fund be provided for every county for purposes of: expanding ICU bed capacity; and, increasing the availability of ventilators and other basic oxygenation equipment.</p> <p>ACTION: Senate</p> <p>2. The release of the KShs.5 Billion grant by the National Government to counties be expedited for purposes of facilitating the implementation of county-level COVID-19 response plans.</p> <p>ACTION: MoH, the National Treasury, CoB.</p> <p>3. The MoH provides a report to the Senate on the whereabouts of the 30 ventilators it is said to have purchased and distributed to Counties, within a period of seven (7) days.</p> <p>ACTION: MoH, Senate</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>g) Further, according to the MoH and the COG, there is also a critical shortage of basic oxygenation equipment in the counties. The availability of this basic equipment is considered critical for use in the care and management of COVID-patients who may develop mild to moderate illness.</p> <p>h) According to submissions by the COG, the National Government has made a commitment to allocate a total of KShs.5 Billion to be disbursed over a period of three months for purposes of facilitating county response plans.</p>	<p>4. The County Assembly Forum and County Assemblies to act speedily to pass the supplementary budgets necessary for enabling the implementation of county-level response plans.</p> <p>5. Further, County Assemblies and the respective Senators, as the first line of oversight over County Executives, to exercise extra vigilance and ensure that resources for the COVID-response at county level are put to proper use.</p> <p>ACTION: CAF, County Assemblies, Senators.</p>
<p>Human Resources for Health</p>	<p>With regards to Human Resources for Health;</p> <p><u>Recruitment</u></p> <ol style="list-style-type: none"> 1. The Committee recognises and lauds the ongoing mass recruitment exercise by the Government in which it is expected that an additional 520 doctors and 5500 health workers will be engaged on a contractual basis. 2. The Committee however notes the exclusion of certain important cadres from the recruitment exercise e.g. graduate nurses. 	<p>Based on the foregoing, the Committee recommends the following:</p> <ol style="list-style-type: none"> 1. A conditional grant to counties for services foregone that is equivalent to the total annual costs of releasing postgraduate doctors on study leave. 2. Fair terms and conditions of employment for all contracted doctors and health workers, and the payment of gratuities at the end of the contract period.

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p><u>Adequate Compensation</u> The Committee takes note of, and lauds the MoH initiative to draft a proposal for the motivation and welfare of health workers. The incentives under consideration in the proposal are in line with current global practice, and include: comprehensive medical, disability and life insurance, risk allowances, tax relief, and the facilitation of meals and accommodation.</p> <p><u>Training</u> The Committee notes with concern reports by health workers based in the counties of having received inadequate training and sensitization on the care and management of COVID-19 patients.</p> <p><u>Guaranteed Access to Care for Health Workers</u> 1. The Committee notes that owing to the particular risks that health workers face, there is a need for the Government to institute measures to guarantee access to care and management of COVID-19 for all health workers. 2. To this end, the Committee takes note of, and lauds the initiative by the National Government to designate quarantine, isolation and treatment facilities for its health workers.</p>	<ol style="list-style-type: none"> 3. The inclusion of all cadres of health workers in the ongoing recruitment exercise including graduate and specialist nurses. 4. MoH to fast track the draft compensation package proposal for the motivation and welfare of frontline health workers. 5. National and County Governments to fast track measures to guarantee access to care and treatment for all health workers by prioritising periodic and regular testing; and setting aside specially designated quarantine, isolation and treatment facilities for use by health workers. 6. National and County Governments institute measures to ensure that all health workers receive adequate PPEs that adhere to minimum acceptable quality and standards. 7. National and County Governments to institute measures to provide for accommodation, meals and transport of health workers for the entirety of the COVID 19 outbreak period. 8. Expedite the amicable and speedy resolution of all pending labour disputes between unions and the following counties: <ol style="list-style-type: none"> a. Kirinyaga b. Laikipia c. Meru

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>3. Likewise, the Committee notes that according to submissions by the COG, County Governments are in the process of identifying similar facilities for health workers at county level.</p> <p><u>Priority Testing for Health Workers</u> The Committee further notes that owing to the high risk of infection that health workers face, it is necessary for the Government to institute measures for the periodic testing of frontline health workers.</p> <p><u>Personal Protective Equipment (PPEs) for Health Workers</u> Further, the Committee notes that owing to the high risk of infection and death by health workers in the face of the COVID-19 pandemic, there is need for the Government to ensure that health workers receive adequate PPEs that adhere to the minimum acceptable quality and standards of the Kenya Bureau of Standards.</p> <p><u>Recall of Doctors on Postgraduate Training</u> 1. The Committee notes that response efforts by County Governments have been hampered by the retention of postgraduate doctors in national health referral facilities during this pandemic period.</p>	<p>d. Homa Bay e. Vihiga f. Taita Taveta</p> <p>9. The MoH to expedite the development of protocols and guidelines for:</p> <p>i) Considerations and exemptions in the deployment of vulnerable health workers such as pregnant mothers and health workers with pre-existing conditions.</p> <p>ii) Addressing the risk, stigma and alienation of health workers dealing with COVID-19 patients.</p> <p>ACTION: MoH, COG, County Governments, SRC, the National Treasury, health worker unions and associations.</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>2. According to the submissions by the KMPDU, postgraduate doctors provide at least 60% of the health workforce at national health referral facilities.</p> <p>3. Further, the Committee observes that Schedule Four of the Constitution assigns the National Government the function of training and capacity-building.</p> <p>4. While the National Government is responsible for meeting the cost of training of postgraduate doctors, County Governments have been forced to bear the heavy cost of paying salaries for resident doctors whose services are rendered at national level. In effect, this has resulted in a reverse subsidy of national health referral services by County Governments.</p> <p><u>Pending Labour Disputes</u></p> <p>1. The Committee takes note that health service delivery has been hampered by pending labour disputes in Laikipia, Kirinyaga, Meru, Homa Bay, Vihiga, and Taita Taveta counties.</p> <p>2. There is a need for the pending disputes to be resolved amicably and in an expedited manner owing to the increased demand for health services in the current pandemic situation.</p>	

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p><u>Vulnerable Health Workers</u> Health workers who are pregnant, aged over 58 years and/or who have pre-existing chronic conditions face a higher risk of infection and death arising from COVID 19.</p> <p><u>Mental Health and Psychosocial Support for Health Workers</u> Frontline health workers dealing with COVID-19 patients face increased risk of infection and death, as well as high levels of stigmatisation, isolation and alienation.</p>	
<p><i>Personal Protective Equipment</i></p>	<p>Regarding Personal Protective Equipment (PPEs): -</p> <ol style="list-style-type: none"> 1. The Committee observes that, as at the time of the writing of this Report, according to the MoH, 3,682 PPEs had been delivered and distributed to various health facilities across the country. 2. However, the Committee notes that while the MoH maintains that adequate quantities of Personal Protective Equipment (PPEs) have been provided to counties and health facilities, these claims were at variance with the overwhelming majority of stakeholders who appeared before the Committee, including the COG and health worker associations and unions. 	<p>Based on the foregoing, the Committee recommends that:</p> <ol style="list-style-type: none"> 1. The MoH provides a comprehensive forecasting and quantification of all PPE needs in the country with a view towards providing an objective basis for assessing the overall gaps and needs. 2. The MoH engages health workers as the end users in all stages of quality assessment for both locally manufactured and exported PPEs. 3. The KEBS act to ensure strict adherence to set standards for PPEs from both local and export sources.

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>3. The Committee recognises and lauds efforts by the National Government to engage local manufacturers in enhancing the supply of PPEs, including a commitment to purchase KShs.300 million worth of reusable masks for vulnerable members of the society.</p> <p>4. With regards to the promotion of local manufacture of PPEs, the Committee further takes note that the Government stands to make significant cost savings: According to the MoH, while the average cost of an exported PPE kit is KShs.15,000.00, a locally assembled one of good quality amounts to KShs.3000.</p> <p>5. With regards to the quality and standards of PPEs, the Committee notes that strict adherence to KEBS standards must be assured for PPEs from both exported and local sources.</p>	<p>4. The PPB put measures in place to restrict access to specialised PPEs such as N-95 and surgical masks from members of the general public.</p> <p>ACTION: MoH, CoG, County Governments.</p>
<p>Testing/ Diagnostics</p>	<p>With regards to testing, the Committee takes note that:</p> <ol style="list-style-type: none"> 1. So far, over 12,000 Kenyans have received testing. 2. According to the MoH, for purposes of cost-effectiveness, the Government has adopted a targeted mass testing strategy that is focused on exposed cohorts rather than entire populations or groups. 3. Kenya has an installed testing capacity in excess of 37,000 tests per day (considering the reference 	<p>With regards to testing/diagnosis of COVID-19, the Committee recommends that:</p> <ol style="list-style-type: none"> 1. The MoH acts to fast track the activation of GeneXpert machines and supply of sample collection kits to counties; 2. The MoH act to fast track the accreditation of KEMRI regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia; as well as ILRI, ICIPE, AMREF and UNITID/UON.

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>laboratories and GeneXpert equipment in the countries). However, the actual testing capacity is dependent on the availability of reagents and consumables, equipment health and the capacity of health workers to collect such a large number of samples every day.</p> <p>4. The expansion of Kenya's testing capacity will require a concomitant increase in human personnel.</p> <p>5. Takes note of, and lauds efforts by the MoH and KEMRI to scale-up testing. The Committee nonetheless notes that having exhausted most of its capacity in the personnel, equipment, reagents and materials being used in the screening and testing of COVID-19 patients, KEMRI is in urgent need for KShs.790 million, to meet its institutional needs in personnel, reagents, consumables, and research and equipment needs;</p> <p>6. Counties have a cumulative potential capacity to run 3000 tests per day through GeneXpert machines. However, a key constraint is the availability of sample collection kits.</p> <p>7. Private sector capacity in scaling up Kenya's testing capacity has not been fully tapped owing to regulatory hurdles including delayed and costly validation processes for testing kits by KEMRI.</p>	<p>3. Specialised personnel, and in particular, qualified Clinical Pathologists be engaged in the guidance, validation and interpretation of testing services at all accredited COVID-19 laboratories.</p> <p>4. That additional funding of KShs.790 million be provided to KEMRI through a supplementary budget for use in bolstering its capacity in personnel, reagents, consumables, equipment and research.</p> <p>5. The MoH and KEMRI act to fast track the test validation process for private sector players, and that specific measures be taken to reduce the costs thereof.</p> <p>6. That the MoH institute external quality assurance measures and controls for purposes of ensuring consistency and standardisation of results amongst accredited laboratories.</p> <p>7. The recruitment of additional personnel with the requisite skills to meet the increased demands that have been brought about by the expanded testing capacity</p> <p>8. Increased investment in laboratory systems strengthening with a view towards enabling Kenya's response in the current COVID-19</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>8. Further expansion in the country's testing capacity can be realised through the accreditation of additional labs, including:</p> <ul style="list-style-type: none"> - Regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia to conduct COVID 19 testing. - ILRI, AMREF, ICIPE, UNITID/UON. 	<p>pandemic, as well as future pandemics and other health risks.</p> <p>ACTION: MoH/KEMRI, COG, County Governments, KEMRI</p>
Isolation	<p>The Committee notes that: -</p> <ol style="list-style-type: none"> 1. According to submissions made by the MoH, the total projected need for isolation beds at the time of the writing of this report was 3,116 (2,280 county isolation beds, and 836 national isolation beds). 2. In order to control against the risk of cross-contamination, and for purposes of minimising disruption to the delivery of other essential services, it is necessary to designate specific facilities for isolation use at the regional/county level. 	<p>Based on the foregoing, the Committee recommends that, considering increased cases of COVID-19 in the counties, the MoH/KMPDC and County Governments act promptly to designate specific isolation facilities in all regions/counties.</p> <p>ACTION: MoH, COG, County Governments</p>
Quarantine	<p>With regards to quarantine facilities, the Committee notes that: -</p> <ol style="list-style-type: none"> 1. Various state agencies and departments have been involved in various capacities in the planning and implementation of quarantine arrangements including: the Presidency, the MoH/KMPDC, Min. of Interior, Min. of Transport and Infrastructure, Min. of Education, County Governments (Nairobi, 	<p>Based on the foregoing, the Committee recommends that: -</p> <ol style="list-style-type: none"> 1. Considering increased cases of COVID-19 in the counties, the MoH/KMPDC and County Governments act promptly to designate specific quarantine facilities in all counties.

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>Mombasa, Kilifi and Kwale), KMA, Min. of Youth and Public Service, Min. of Tourism, private sector/hotel owners and the Kenya Red Cross.</p> <p>2. As of the time of the writing of this report, according to the MoH, a total of 2,678 persons had been held under mandatory quarantine. Of these, a total of 1,309 persons in fifteen (15) quarantine facilities had their mandatory quarantine period extended for an additional two-weeks owing to alleged non-adherence to quarantine guidelines.</p> <p>3. A total of 106 quarantine facilities have been identified by the KMPDC in Nairobi, Mombasa, Kwale and Kilifi Counties.</p> <p>4. Of the persons held under mandatory quarantine, 102 have so far tested positive for COVID-12.</p> <p>5. The cost of accommodation at the selected facilities is prohibitive to ordinary citizens, at between KShs.2,000 and KShs.10,000 per person per day. Particularly for persons affected by extensions, according to the MoH, there have been reported incidents of persons being unable to pay their bills.</p>	<p>2. Measures be instituted to subsidise the costs of quarantine in order to protect ordinary citizens from catastrophic expenditure.</p> <p>ACTION: MoH, COG, County Governments</p>
<p>Community Health Workforce</p>	<p>The Committee notes that the deployment of an effective community health strategy was key to the success of West Africa in containing the Ebola crisis in 2014. Accordingly, there is a need for a shift in focus of the Governments' response from the national to the</p>	<p>In relation to enabling the effective use of Kenya's Community Health Workforce, the Committee recommends:</p> <p>1. That the Senate expedites the passage of the Community Health Services Bill.</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>grassroots level if Kenya is to effectively meet the challenges and demands posed by the escalating COVID-19 outbreak situation.</p>	<ol style="list-style-type: none"> 2. That the MoH expedite the publication of a comprehensive policy framework and strategic plan to guide the delivery of Community Health Services. 3. The allocation of additional resources to County Governments for purposes of implementing a comprehensive Community Health Strategy. 4. That compensation for CHWs be standardised across all counties, and be pegged to at least 50% of the minimum wage. 5. That the health, safety and wellbeing of CHWs involved in Kenya's frontline response be guaranteed through equipping them with adequate PPEs. 6. That CHWs be recognised as an essential workforce in Kenya's response plan. <p>ACTION: MoH, COG, County Governments</p>
<p>Mental Health and Psychosocial Support</p>	<p>The Committee notes that: -</p> <ol style="list-style-type: none"> 1. The MoH has made laudable progress in instituting measures for mental health and psychosocial support in relation to the COVID-19 pandemic including the establishment of a toll-free tele-counselling support centre, deployment of a community mental health strategy etc. 	<p>Based on the foregoing, the Committee recommends that: -</p> <ol style="list-style-type: none"> 1. The MoH act to expedite the publication and implementation of the Mental Health Taskforce Report 2. MoH and NHIF to fast track the inclusion of a mental health and substance abuse treatment package under the NHIF.

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>2. Despite this, the effects of the pandemic and the attendant prolonged containment portend serious short- and long-term consequences on the mental health of individuals and the society.</p> <p>3. The MoH established a Mental Health Taskforce in December, 2019 with a mandate to assess mental health systems and the mental wellbeing of Kenyans.</p> <p>4. Further, in view of both the short and long-term consequences of the prolonged containment measures, urgent action is needed to provide for the inclusion of a mental health and substance abuse treatment package under the NHIF.</p> <p>5. Further, it is imperative to ensure that the delivery of mental health services, particularly at Mathare National Hospital are not disrupted during the pandemic period.</p> <p>6. Similarly, essential drugs for mental health treatment must remain available and accessible despite the pandemic.</p> <p>7. The communication and messaging strategy employed by the MoH has had the inadvertent effect of criminalising COVID-19 patients, and increasing stigmatisation.</p>	<p>3. MoH to institute measures to ensure the minimal disruption in the delivery of mental health services, particularly at Mathare National Hospital.</p> <p>4. There is a need for the MoH to shift the its COVID 19 message from one that emphasises criminality, to one that emphasises more on social responsibility and solidarity.</p> <p>ACTION: MoH, NHIF</p>
Private Sector Support	The Committee notes that the COVID-19 pandemic has presented unique challenges to the private health	Based on the foregoing, the Committee recommends that: -

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
	<p>sector that threaten to cripple it including, but not limited to:</p> <ul style="list-style-type: none"> a) diminished access to essential medical supplies and commodities including PPEs owing to global supply chain pressures that have significantly driven up costs; b) fragmentation of the supply chain between the public and private sector owing to legal provisions of the KEMSA Act that preclude the private sector from accessing goods from KEMSA; c) regulatory hurdles with regards to obtaining approvals for the setting up of isolation facilities in private hospitals; costly and lengthy approvals for validation of tests entering the market etc.; and d) risk of bankruptcy owing to reduced demand for services owing to current containment measures, and delayed disbursements by the NHIF. 	<ol style="list-style-type: none"> 1. The Ministry of Industrialization, Trade and Enterprise Development act promptly to: (i) include Medicines and Medical Supplies in the list of products listed for exemption from PVoC requirements; and (ii) provide for VAT Zero Rating for Medical Devices by way of a Legal Notice within a period of seven (7) days. 2. The MoH/KMPDC act to ease regulatory requirements for the approval of isolation facilities by private hospitals. 3. The MoH/KEMRI act to fast track test validation processes and ease the cost thereof. 4. The MoH/KEMSA and KHF act to allow for the incorporation of private sector needs in the procurement of PPEs and other essential medical supplies and commodities. 5. The NHIF expedite the release of all NHIF payments due to private hospitals for purposes of mitigating against the risk of bankruptcy/closure of hospitals. 6. Consideration be made for the inclusion of private hospitals in the disbursement of COVID-19 funds. <p>ACTION: Ministry of Industrialization, Trade and Enterprise Development, MoH, KEMRI, KEMSA and NHIF</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
<p>Telemedicine/ Telehealth</p>	<p>The Committee notes that: -</p> <ol style="list-style-type: none"> 1. The utilisation of telehealth/telemedicine services will have a huge impact on enhancing access to specialist services, addressing existing disparities in access to care and promoting quality affordable care. 2. Within the current context of the COVID-19 pandemic, the adoption of technology and mobile health solutions will have the potential impact of increasing the speed and delivery of health services, while minimising risk to health workers. 3. Further, the utilisation and adoption of telemedicine /telehealth services will serve to enhance access and availability of care for non-COVID essential services 	<p>Based on the foregoing, the Committee recommends that the MoH and KMPDC fast track the development and approval of e-Health regulations, policies, protocols and guidelines for purposes of guiding the delivery of telemedicine/telehealth services.</p> <p>ACTION: MoH, KMPDC</p>
<p>Regulation</p>	<p>The Committee notes that the term of the Pharmacy and Poisons Board has expired, thus exposing the country to gaps and challenges in the regulation of essential medical supplies and commodities.</p>	<p>The Committee recommends that the MoH fast track the appointment of the PPB, and submit a report thereon to the Senate within fourteen (14) days</p>
<p>Medical Supplies as a public and essential good</p>	<p>The Committee notes that there is a risk of unscrupulous traders taking advantage of the current COVID-19 pandemic to hoard medical supplies and distort prices.</p>	<p>Based on the foregoing, the Committee recommends that the MoH/PPB to act and declare medical supplies a public and essential good, and institute price control measures in order to ensure continued access and stable pricing during the COVID-19 outbreak period.</p> <p>ACTION: MoH/PPB</p>

FOCUS AREA	OBSERVATIONS	RECOMMENDATIONS
<p>Research and Innovation</p>	<p>The Committee notes that: -</p> <ol style="list-style-type: none"> 1. Research and academic institutions in Kenya have played a crucial role in driving Kenya's response to the COVID-19 pandemic. Notably, the Committee lauds the achievements of the MoH and KEMRI in: initiating automated testing for COVID 19; developing a whole genome sequencing of the COVID-19 virus; and, developing screening kits, viral transport media etc. 2. The potential of Kenya's academic and research institutions in driving Kenya's response to the COVID-19 pandemic remains largely untapped owing to several years of neglect and inadequate funding. 	<p>Based on the foregoing, the Committee recommends that: -</p> <ol style="list-style-type: none"> 1. The Government leverages further on research and academic institutions in driving Kenya's response to the pandemic. 2. Additional funding be provided to research and academic institutions for purposes of facilitating research and innovation. <p>ACTION: MoH/ Ministry of Education/ Ministry of ICT, Innovation and Youth Affairs</p>
<p>Safe disposal of masks</p>	<p>The Committee notes the need for proper disposal of used PPEs, particularly masks, has arisen owing to unscrupulous actions per persons to sell used masks.</p>	<p>Based on the foregoing, the Committee recommends that the MoH and the Ministry of Environment and Forestry act expeditiously to institute measures to ensure the safe disposal of masks.</p>

CHAPTER FOUR

NEXT STEPS

During the 4th and 5th Weeks, the Committee has planned to conclude on the first round of stakeholder engagement, involving government officials at the national and county levels, workers in the health and other sectors affected by COVID-19, interest groups, and members of the public who submitted memoranda to the Committee.

This will be followed by tabling of the 4th and 5th Progress Reports of the Committee, covering submissions received, as well as the Committee observations and recommendations on: -

- a) **4th Progress Report** – thematic areas two and three, namely, Economic and Finance Issues; and Social, Public Order and Human Rights Issues, respectively; and
- b) **5th Progress Report** – thematic areas four and five, namely, Access to Food, Water and other Basic Commodities; and Support Services and Cross-Cutting Issues, respectively.

Thereafter, the Committee will continue to monitor measures taken by the national and county governments in responding to the COVID-19 pandemic, and the implementation of the recommendations thereon as adopted by the Senate from time to time.

As resolved by the Senate, the Committee will continue to submit its progress reports to Senators and the country on a weekly basis, until conclusion of its engagement, when the Committee shall table its final report.

ANNEXES

- Annex 1:** Minutes of the 32nd Sitting of the Ad Hoc Committee
- Annex 2:** Matrix of public submissions received as at 27th April, 2020
- Annex 3:** Written submissions from the Ministry of Health
- Annex 4:** Written submissions from the Council of Governors
- Annex 5:** Written submissions from the County Assemblies Forum
- Annex 6:** Written submissions from the Kenya Medical Association
- Annex 7:** Written submissions from the National Nurses Association of Kenya
- Annex 8:** Written submissions from the Pharmaceutical Society of Kenya
- Annex 9:** Written submissions from the Kenya Association of Clinical Pathologists
- Annex 10:** Written submissions from the Kenya Medical Practitioners and Dentists Union
- Annex 11:** Written submissions from the Kenya Union of Clinical Officers
- Annex 12:** Written submissions from the Coalition of Community Health Workers
- Annex 13:** Written submissions from the Kenya Healthcare Federation

