KANCO AND RESULTS CANADA CONVENE MEETINGS BETWEEN CANADIAN MEMBERS OF PARLIAMENT AND CIVIL SOCIETY ORGANISATIONS AND LATER WITH KENYAN MEMBERS OF PARLIAMENT

Prof. Allan Ragi, Executive Director KANCO led other members of the civil society in a meeting with Results Canada and Canadian Members of Parliament in Nairobi on Monday, 16th January 2023. On Friday 20th, the Canadian legislators were hosted at the National Assembly of Kenya mini chambers at the county hall for another consultative meeting with members of the Kenyan Parliament drawn from the Health, Finance and Education Committees.

During the meetings that brought together key players in the health advocacy sector, the Canadian Members of Parliament engaged the civil society and their Kenyan counterparts and canvassed the key challenges in the Country’s health sector:

- The Canadian team gave an assurance of its continued support towards Kenya’s health advocacy undertakings and promised to continue supporting programmes conducted in the Country. This support will go towards the mitigation of various challenges among them the lack of support for first-time responders, supply chain and system strengthening, pandemic preparedness, access of diagnostics and immunisation vaccines among many others.

In the meeting with Kenyan MPs, the challenges posed by devolution become a key note-exchanging-discussion. The Health Committee Chairperson Hon. Julius Sunkuli stated that despite the great progress in devolution, there were still some challenges such as the inordinate quality of hospitals and other infrastructure across the county. The inability for doctors and other key medical workers to work across all the counties was iden-
tified as another challenge to devolution of health. Prof. Allan Ragi noted with great concern the ballooning numbers of teenage mothers and teenage pregnancies in the country and implored on the civil society as well as the Parliamentarians to tackle the issue. His sentiments come quick in the wake of the revelations in the Demographic and Health Survey report released by KNBS on 17th January that painted a grim image of the rate of teenage pregnancies and teenage mothers in the country.

The engagements between the civil society and policy makers is very timely, with the onset of the new Parliament and more so in preparation of the forthcoming budget appropriation. The Health Committee assured the

### 2023 OFFICIAL GLOBAL PUBLIC HEALTH DAYS:

- 30 January - World Neglected Tropical Diseases Day
- 24 March - World TB Day
- 7 April - World Health Day
- 14 April - World Chagas Disease Day
- 25 April - World Malaria Day
- 24 to 30 April - World Immunization Week
- 28 May - World Nutrition Day
- 31 May - World No Tobacco Day
- 14 June - World Blood Donor Day
- 28 July - World Hepatitis Day
- 1 to 7th August - World Breastfeeding Week
- 31 August - International Overdose Awareness Day
- 17 September - World Patient Safety Day
- 16 October - World Food Day
- 4 November - World Diabetes Day
- 18 to 24 November - World Antimicrobial Awareness Week
- 1 December - World AIDS Day

### MINISTRY OF HEALTH BEGINS POSTING INTERNS ACROSS THE PUBLIC HOSPITALS

The ministry of health has commenced posting the first batch of over 800 medical interns to public hospitals. The development follows a directive issued by health Cabinet Secretary Susan Nakhumicha a fortnight ago following constructive dialogue with leadership of the Kenya Medical Practitioners and Dentists Union (KMPDU) and the Council of Governors (COG). During the meeting with KMPDU officials and COG committees on health and labour, which was held at the beginning of this year, various pending issues that cut across both levels of government were discussed and the road map towards their resolutions escalated.

According to the health CS, 874 medical interns will be posted during the ongoing exercise.

### DON’T BE COMPLACENT ABOUT COVID IN 2023

Stark scenes from China show the pandemic is far from over. One solution is a laser-like focus on strengthening public-health systems.

In many places, life took on a semblance of pre-COVID normality in 2022, as countries shed pandemic-control measures. Governments ended lockdowns, reopened schools and scaled back or abandoned mask-wearing mandates. International travel resumed.

This belies the devastation that the disease continues to cause. The starkest example is in China, one of the last countries to ease pandemic-control measures in the face of the fast-spreading Omicron variant. Scenes emerging from Chinese hospitals now are reminiscent of the havoc that Omicron wrought in Hong Kong nearly a year ago.
KANCO is joining other organisations in the advocacy for proper health data governance. The Transform Health initiative is a timely clamour for the revamping of our health data laws and policy.

Health data refers to any information that is related to an individual’s physical or mental health status. This can include things like medical records, lab test results, prescription information, and demographic information such as age and gender. Health data can be collected from a variety of sources, including electronic health records (EHRs), medical devices, and wearables.

Speaking to KANCO Weekly Bulletin, Head Policy & Programmes KANCO Mr. Jack Ndegwa espoused on the relevance of the campaign. “KANCO is pleased to be part of this campaign. We should all be very concerned about health data. First and foremost, health data is sensitive and personal information that, if mishandled, can have serious consequences for individuals and society. For example, if health data is not properly protected, it can be accessed by unauthorized individuals, who may use it for identity theft or other forms of fraud. This can have serious financial and emotional consequences for the individuals affected. Another reason as to why we should be concerned about health data is that it is often used to make important decisions about an individual’s health and well-being.” Ndegwa added. “For example, doctors and other healthcare providers use health data to diagnose and treat patients, and insurance companies use it to make decisions about coverage and reimbursement. If this data is inaccurate or incomplete, it can lead to misdiagnoses and inappropriate treatment, which can have serious health consequences.”

Overall, health data is an important resource that can be used to improve health outcomes and drive innovation in healthcare. However, it is also a sensitive and personal resource that must be protected and used responsibly. This requires strong governance, including policies, procedures and technologies to ensure the quality, integrity, and security of health data, as well as compliance with legal and regulatory requirements. Additionally, it’s important to educate individuals about their rights and how their data is being used.
FNBS releases the 7th demographic and health survey

Key Facts:
- The 2022 survey aims to provide up-to-date estimates of demographic, health, and nutrition indicators to help with population and health-related program planning, implementation, monitoring, and evaluation at the national and county levels.
- The sample was designed to include 42,300 households, with 25 households chosen for each cluster, for a total of 1,692 clusters spread across the country, with 1,026 clusters in rural areas and 666 in urban areas.

Fifteen per cent of girls and women in Kenya aged between 15 and 19 have ever been pregnant with Samburu County leading with 50 per cent of women within the age bracket having ever been pregnant. This is according to the Kenya Demographic and Health Survey (KDHS) 2022 Key Indicators Report released on Tuesday, 17th January 2023.

Other counties with the highest rates include West Pokot at 36 per cent, Marsabit 29%, Narok 28% and Meru 24%. Homa Bay and Migori have 23 per cent while Kajiado, Siaya and Baringo recorded 22, 21 and 20 per cent respectively. Counties with the lowest percentage include Nyeri and Nyandarua with five per cent. Kirinyaga and Murang’a recorded seven per cent each and Kitui, Bomet and Nairobi with nine per cent each.

The primary objective of the 2022 KDHS was to provide up-to-date estimates of socioeconomic, demographic, health and nutrition indicators. This would then guide the planning, implementation, monitoring and evaluation of population, health, and nutrition programmes at national and county levels.

The survey also reveals a tremendous progress in women’s health. Kenya has continued to meet the need for contraception and has exceeded her target for the prevalence rate of contraception with both steadily increasing. Between 2014 and 2022, the Contraceptive Prevalence Rate (CPR) increased from 58 to 63 percent while the percentage of unmet family planning needs during the same time decreased from 18 to 14 percent.

More progress for women is seen in maternal health with continued universal attainment of prenatal care coverage by health providers at 98 percent and considerable improvement of 4th ANC attendance to 66 percent in 2022 as opposed to 58 percent of pregnant women in 2014.

Kenya has seen consistent improvement in skilled birth attendance since the removal of user fees for maternity care in June 2013 (the Linda Mama Initiative).

From 41 percent in 2003 to 62 percent in 2014, and a stunning leap to 89 percent in 2022. This has surpassed the Kenya Health Policy goal of 80 percent skilled birth attendance by 2030.

The health and survival of children is another gain the country has made in the last eight years. Despite the setbacks brought on by the Covid-19 Pandemic, the country has maintained high performance in terms of childhood immunizations, with eight out of ten children under 24 months being fully immunised in 2022.

For the first time, the KDHS gathered information on early childhood development, which showed that 83 percent of kids between the ages of 24 and 35 months were progressing normally.

There is also gain in continuous decline in childhood stunting, which fell from 26 percent to 18 percent over the course of eight years.

The number of Kenyans who have health insurance also increased from 19 percent in 2018 to 25 percent in 2022 even though it’s below the country’s 80 percent coverage target.
During his visit, Dr. John Nkengkasong met President William Ruto at State House. He also met Cabinet Secretaries and Governors.

‘Kenya recognises the special role that partners continue to play in the implementation of our Universal Health Coverage. In particular, we salute the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) in its global campaign to save lives from the HIV/AIDS pandemic. We look forward to working together as we reorganise our primary health through technology.’ President Ruto tweeted after his meeting with Nkengkasong earlier this week. The ambassador was accompanied during the visit by Meg Whitman, the US ambassador to Kenya.

PEPFAR will celebrate its 20 years anniversary on Jan 28, 2003, boasting of having saved 25 million lives & changed trajectory of the HIV/AIDS pandemic.

Since 2004 PEPFAR has invested more than $8billion in improving health outcomes for Kenyans.

“Thank you President William Ruto for the very productive conversation yesterday. I am truly inspired by your vision to transform healthcare in Kenya and to end HIV/AIDS as a public health threat by 2030! PEPFAR is committed to working closely with you to achieve these goals.” Dr. Nkengkasong wrote on his twitter after his meeting with the Kenyan Head of State.

The PEPFAR Kenya strategy for programming to be implemented during FY 2023 will focus on retaining people living with HIV on Antiretroviral therapy and continuing to prevent new HIV infections.

In recognition of the need for a more coordinated and multisectoral response to the growing cancer burden in Kenya, the National Assembly enacted the cancer prevention and control act (no. 15 of 2012) which established the National Cancer Institute of Kenya (NCI Kenya) as a state corporation. The overall mandate of the NCI Kenya is to coordinate all activities, resources and information related to cancer prevention and control in Kenya.

NCI-kenya recognizes that prioritizing and implementing cancer related interventions requires effective engagement and collaboration among all relevant stakeholders. Therefore, a stakeholder’s convention focused on cancer will take place from 2nd to 4th February 2023, culminating with the commemoration of world cancer day. This convention christened “The National Cancer Summit” is envisioned to bring together all stakeholders to discourse on identified areas of interest and to drive collective & impactful actions.

The MOH also led in marking the Cervical Cancer awareness month of January. The #ActNow campaign encouraged women to avoid cervical cancer, by protecting themselves by to scheduling regular cervical cancer screenings, such as Pap tests and HPV tests. These tests can detect cervical cancer early, when it is most treatable.

Cervical Cancer Awareness Month is observed in January in many countries, during which time organizations, healthcare providers, and individuals may participate in activities to raise awareness of cervical cancer. The main objective of cervical cancer awareness is to increase early detection and prevention of cervical cancer, leading to decrease in cervical cancer mortality and morbidity.

Another important step women can take to avoid cervical cancer is to get the HPV vaccine. The HPV vaccine is a safe and effective way to protect against the HPV strains that cause the majority of cervical cancer cases. The vaccine is recommended for girls and young women, but it is also available for women up to age 45.
“UNIVERSAL HEALTH COVERAGE” IS SLOWLY BECOMING A MERE PLATITUDE

It is very easy to lose the plot when it comes to some of these ambiguous phrases, such as Universal Health Coverage and the many other forms it is described in. The connotations, or simply the spirit of UHC and what it stands for may not be as simple as the three letter word may seem.

Let me explain.

At the start, the idea of UHC must have seemed straightforward enough. Lots of countries “covered” only part of their population, and several were making efforts to expand coverage to “uncovered” populations. China, for example, started out on this process in 2003, trying to expand coverage to the rural population that lost coverage when the old rural cooperative medical scheme collapsed following the de-collectivization of agriculture in 1978.

It didn’t take long, however, for someone to point out that in a sense everyone already has coverage. China’s rural health facilities continued to receive subsidies even after 1978. Thailand already had a network of government facilities even before it launched its UC scheme. Mexican families without a social security member already had access to the network of government facilities run by the ministry of health even before the Seguro Popular scheme was launched.

Coverage was already universal. That wasn’t the issue. Rather the issue was that not everyone enjoyed the same depth of coverage. People outside a “scheme” (often the less well off) were liable for higher out-of-pocket payments than those inside a “scheme” (often the better off). So what was need-
ed was not universal coverage (which existed already) but rather “deep coverage for everyone” (or DCFE). The argument was accepted, but the acronym DCFE was horrible. Adding a D to make UDHC didn’t get any support either so it was decided to stick with UHC but add a second dimension to coverage—depth.

The right to the highest attainable standard of health is guaranteed in the International Covenant of Economic, Social and Cultural Rights and the African Charter on Human and Peoples’ Rights (Article 16), as well as other regional and international human rights instruments. In pursuance of the right to health, the 58th World Health Assembly urged member states to work towards guaranteeing universally accessible health care to their populace based on the principles of equity and solidarity.

UHC entails ensuring that all people obtain the health services they need without suffering financial hardship. UHC encompasses all components of a health system. Achieving it necessitates investment in health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation. The essence of UHC however, is that everyone should have access to the health services that they need without risking financial ruin.

And yes the term UHC doesn’t capture the richness of the agenda we’ve been working on very well. There is indeed a risk that it draws people’s attention toward the rather empty question of who has coverage—the dimension of UHC that gave its name, but the one that turned out to the least useful.

But if we can manage this risk, UHC may yet serve as a useful rallying cry for the goals of equity, financial protection, and quality of care. We just have to downplay the original concept and explain that despite its name UHC isn’t just about giving everyone coverage. It’s about ensuring that in practice everyone—whether rich or poor—gets the care they need without suffering undue financial hardship as a result.
Recently the news have been awash with eerie stories that could signify the poor state of a majority of the people’s mental health. The greatest cause for this could be the fact that most people do not understand that the mind needs proper hygiene, same was as your teeth, or skin. The same way you brush your teeth everyday (twice or even thrice for some) or even how you take your car for service, is the same way you should treat your mind. You need to keep it in proper hygiene.

Mental hygiene, is a crucial aspect of overall well-being that is often overlooked or stigmatized in society. Mental hygiene is the practice of maintaining and promoting good mental health, and it is important for individuals to understand the importance of this practice in order to live a fulfilling and healthy life.

Mental health problems, such as depression, anxiety, and bipolar disorder, are common in today’s society. According to the World Health Organization (WHO), one in four people will experience a mental health problem at some point in their lives. This is a staggering statistic that highlights the need for increased awareness and understanding of mental hygiene.

Mental hygiene is a preventative practice that helps individuals maintain good mental health by identifying potential risks and taking steps to mitigate them. This can include things like regular exercise, a healthy diet, and social support. Additionally, mental hygiene also includes the practice of having therapy or seeking medication when needed. In fact, at times you should just walk into a therapist’s office even when you don’t necessarily feel too depressed, just to ensure things are in check. And that should mean that we also look into the high costs of therapy as we seek UHC.

The importance of mental hygiene is often overlooked in our fast-paced society. Many people view mental health problems as a weakness or a personal failing, rather than recognizing that they are real medical conditions that can be treated. This stigmatization can prevent people from seeking the help they need, leading to further deterioration of their mental health.

One of the most important things that can be done to promote mental hygiene is to break down the stigma surrounding mental health problems. This can be done through education and raising awareness about the prevalence of mental health problems, as well as the treatments available. Additionally, it is important to create a safe and supportive environment where people feel comfortable discussing their mental health without fear of judgement. We should also have a discussion on decriminalising attempted suicide.

Did you know that our nose can remember 50,000 different scents. The human nose is incredibly sensitive and can distinguish between a wide range of scents. In fact, it is estimated that our nose can remember up to 50,000 different scents, which is significantly more than our ability to remember visual images or sounds. This is why certain scents can evoke strong memories and emotions.

One shot
Or one opportunity
To seize everything you ever wanted
In one moment
Would you capture it
Or just let it slip?

You better lose yourself in the moment
You own it, you better never let it go
You only get one shot, do not miss your chance to blow
Opportunity comes once in a lifetime”

- Marshal Mathers [Eminem]
I hope this letter finds you well. As the editor of this newsletter, I am honored to have you as a reader and am grateful for your continued support. I am writing to update you on some exciting developments and to share some valuable information that I believe will be of interest to you.

First and foremost, I wanted to let you know that we have recently expanded the scope of our newsletter to include a broader range of topics. We will still be covering the latest industry news and trends, but we will also be delving deeper into specific areas of interest such as the latest research and advancements in medical technology, as well as sharing expert insights and analysis on a variety of topics.

In addition, we have also made some changes to the format of the newsletter. We have added new sections, such as a “Opinion” section, where we will be publishing your opinion on various issues.

Thank you for your continued support and we look forward to bringing you even more valuable content in the future.

Sincerely,
Kinyua wa Kibiru

P.S. Don’t forget to follow us on [social media platforms] for even more updates and insights!