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Healthy people, empowered communities
WEEKLY BULLETIN
MAY 15TH - MAY 29TH 2023 Vol 7/23

KANCO FETED

PROFESSOR ALLAN RAGI THE EXECUTIVE DIRECTOR KANCO RECEIVES THE PRESTIGIOUS INTERNATIONAL SOCRATES AWARD IN LONDON, UNITED KINGDOM

Professor Allan Ragi was awarded in the Social Organisations and Funds Category for the impeccable impact that he has had at the helm of KANCO. This award, which is an addition to the many significant recognitions that the KANCO Executive Director has under his belt is a recognition of his passion and hardwork in the region's public health sector.

The award included a certificate, a license by the Europe Business Assembly Corporation of Social Partnership and rights to use the International Socrates Awards trademark and the medal.

The medal of the "International Socrates Award" is made of precious metals with a Socrates image in profile which is covered with pure gold (999,9 standard) and encrusted with Swarowski crystals. There is an inscription on a medallion "Primus Inter Pares" meaning First Among Equals. The medallion is attached to the medal atlas ribbon.

The award was a cherry topping on the two week-trip by our Executive Director to America and Europe. Professor Allan Ragi, who was accompanied to the trip by Jack Ndegwa - Head of Programs and Policy KANCO - held a series of meetings with public health stakeholders and decision makers.

Jack Ndegwa (fourth from left) joins other members for a photo session Ed Mountfield, Vice President, Operations Policy and Country Services, WorldBank

Mr. Ndegwa, together with others met Ed Mountfield the Vice President Operations and Policy and Country Services at Worldbank. The Vice President is responsible for overseeing and providing leadership on the bank's operational policies.

KANCO PARTICIPATES IN THE COUNTRY NATIONAL DIALOGUE ON HEALTH FINANCING - CIVIL SOCIETY ORGANIZATIONS ENGAGEMENT PROCESS

MORE MONEY FOR HEALTH: The attendees pose for a photo session at the end of the two day conference

Key Facts:

- The meeting was a result of the resolutions made by African leaders in the health sector during the African Union Summit held in Addis Ababa, Ethiopia, in February 2019.
- During this summit, African leaders agreed to prioritise investments in primary health care and to increase domestic funding for health to help achieve Universal Health Coverage (UHC) for all Africans by 2030. They also committed to strengthening their health systems and investing in innovative technologies to improve access to quality health care for their populations.

KANCO in partnership with HENNET, NEPHAK, Stop TB Partnership Kenya and WACI Health with support from the Global Fund held a National Dialogue on Health Financing by the Civil Society Organisations to make the policy decision around sustainable domestic investments for health by bringing new information to decision- makers on increased domestic resources for health.

The CSO's will formulate a policy paper that will then be presented to the country's policy makers for evaluation and adoption in future budgeting plans and processes.

Current health financing in Kenya is inadequate. According to the Abuja Declaration, Kenya has a commitment to allocate 15% of its government budget to health. WHO recommends that recurrent expenditure should account for 60-70% of total health spending, while infrastructure and development should account for 10-15% each.

Kenya needs to proactively innovate in health financing and emphasise the importance of data-driven planning to make the case for increasing domestic investment in health. This is occasioned by a lack of uptake of County Statistics Policies by the Counties.

NEWS

THE 4TH NATIONAL NUTRITION SYMPOSIUM IS HELD AT SAFARI PARK HOTEL, NAIROBI COUNTY

Zipporah Njeri M&E KANCO (left) and Philip Njoroge (center) following proceedings ath the Nutrition Symposium

Brief Summary:

- The event was marked on the 12th and 13th of April
- It was organized jointly by the ministry and partners include Unicef, World Food Programme, Nutrition International, and Action Against Hunger
- According to the Ministry of Health the symposium is a critical step towards a healthier and nourished future.

The two days event was organised under the theme, 'Eradicating malnutrition in all its forms: Stepping up political, multi-sectoral, and interdisciplinary action towards nutrition resilience'.

According to the Ministry of Health, the symposium was a critical step towards a healthier and nourished future.

It was organised jointly by the ministry and partners include Unicef, World Food Programme, USAID, PATH, nutrition international, Action Against Hunger, concern worldwide, and the Kenya National Bureau of Statistics.

Others included the Kenya Red Cross the International potato centre, UKAID, Food and Agriculture Organisation of the United Nations, and the Global Alliance for Improved Nutrition (GAIN).

This comes as a section of Kenyans continue to bear the brunt of the prolonged drought that has hit the country with children and women being the worst hit.

According to Unicef, at least Sh17 billion will be required to meet the needs of children and families affected by drought in Kenya in 2023.

The target is to reach at least 300,000 people through emergency monthly cash transfers.

Estimates show that around 2.8 million people in drought-affected areas need monthly cash transfers to buy food and water, clothes, medicines, pay school fees, and other daily essentials.

Unicef has been supporting the government to scale up nutrition services.

KANCO PARTICIPATES IN THE KAJIADO COUNTY COUNTY NUTRITION TECHNICAL FORUM

The technical forum comprising of the County Health Director and sub-county nutrition heads met to track the progress and review the challenges relating to nutrition in the County.

Joyce Katiku - Programns officer KANCO makes her remarks

Kajiado county has a high prevalence of undernutrition, with 26.9% of children under five years of age being stunted (low height-for-age), 4.9% wasted (low weight-for-height), and 11.4% underweight (low weight-for-age). Additionally, the county has a high prevalence of anaemia among children under five years of age, with 60.2% of children being affected.

The situation is further compounded by inadequate access to safe drinking water and sanitation facilities, which are essential for preventing diarrhoea and other waterborne illnesses that can contribute to malnutrition. Food insecurity is also a major issue in the county, particularly during periods of drought and erratic rainfall.

The County in collaboration with development partners and other stakeholders, has been implementing various interventions to address the nutrition situation in the county. These interventions include the provision of nutrition education, the promotion of exclusive breastfeeding, the distribution of nutrient-rich foods, the treatment of malnutrition, and the improvement of water and sanitation facilities.

BUNGOMA COUNTY SCOOPS THE BEST FULLY COVID VACCINATED TEENAGERS AWARD IN THE COUNTRY

BUNGOMA FETED - CS Nakhumicha presents the immunisation award.

Bungoma County has scooped an award for best performing County in fully Covid 19 Vaccinated teenagers 2022 in the Country beating other 46 Counties.

In a function held at Safari Park hotel in Nairobi and graced by Health Cabinet Secretary Dr. Susan Nakhumicha, Bungoma emerged tops in the country in the uptake of COVID-19 vaccination to prevent the deadly disease which ravaged the Country between 2019-2021.

During the occasion Bungoma County health and sanitation director Dr.Caleb Watta received the award on behalf of the County from the cabinet secretary.

The event took place during the day to mark the world immunisation week.

Watta thanked the CS for the recognition she bestowed on Bungoma County and added that the trophy will strengthen the bond between the national government and the devolved unit.

“This shows that our efforts have been recognized, we have got a strong team of health workers who are behind our succe through team work,” the director said.

Kenya has made significant strides in immunisation coverage over the past decade, with the country achieving remarkable progress in reducing childhood morbidity and mortality due to vaccine-preventable diseases. The government has put in place a strong vaccination program aimed at ensuring that every child is fully immunised by the age of one year.

According to data from the World Health Organization (WHO), Kenya has achieved an impressive 80% coverage of the basic childhood vaccines, including Bacille Calmette-Guerin (BCG), polio, Diphtheria, Pertussis, Tetanus (DPT), and measles vaccines. Additionally, the country has made progress in increasing vaccination coverage for newer vaccines, such as the pneumococcal conjugate vaccine (PCV) and rotavirus vaccines, which protect against pneumonia and diarrhea, respectively, two of the leading causes of child deaths in Kenya.

The Kenyan government has been actively involved in improving immunisation coverage through various initiatives, including increasing the number of health facilities offering vaccination services, developing a comprehensive electronic immunization registry, and training healthcare workers on vaccination and cold chain management.

In recent years, the government has also implemented innovative strategies to increase vaccination coverage in hard-to-reach areas, such as mobile vaccination teams, community health workers, and vaccination campaigns targeting nomadic populations.

Despite these successes, there are still challenges to achieving universal immunisation coverage in Kenya. These include inadequate funding, limited human resources, and poor infrastructure in some parts of the country. The COVID-19 pandemic has also presented new challenges, with disruptions in supply chains and health services leading to a decrease in immunisation coverage in some areas.

In conclusion, Kenya has made significant progress in improving immunisation coverage over the past decade, with the government implementing various strategies to ensure that every child is fully vaccinated. However, there is still work to be done to achieve universal immunisation coverage, particularly in hard-to-reach areas and in the face of new challenges such as the COVID-19 pandemic. The government, in collaboration with development partners, must continue to invest in the vaccination program to ensure that all children in Kenya have access to life-saving vaccines.

WESTERN, NYANZA RECORD HIGH MALARIA POSITIVITY CASES

THIS IS ACCORDING TO DATA FROM THE MINISTRY OF HEALTH SURVEY THAT WAS DETAILED DURING THE WROLD MALARIA DAY CELEBRATIONS

TIME TO DELIVER ZERO MALARIA: INVEST, INNOVATE, IMPLEMENT"

Health experts have said that Western and Nyanza regions have recorded high numbers of malaria positivity cases in the survey conducted by the Ministry of Health.

Speaking at Bungoma County Referral Hospital on Tuesday during World Malaria Day, Dr Charles Chege said that over the years Western and Nyanza regions have recorded high numbers of malaria cases.

Chege is the head of vector control national malaria program.

He also said malaria is among the killer diseases in the world.

Chege also said World Malaria Day is important because it allows the Ministry of Health to see the milestones achieved to fight malaria in Kenya.

"We have had many interventions put in place to ensure that malaria cases reduce and therefore this day allows us to review them and see where we can direct more strength," Chege said.

Among the interventions put in place by the Ministry of Health to eliminate malaria include the issuance of mosquito nets in mass net campaigns.

He, however, called on parents with children less than one year and expectant women to ensure that they sleep under a treated mosquito net.

Chege said that Bungoma has a 24 per cent of malaria positivity rate with 20 per cent in Webuye East, 46 per cent in Sirisia, 14 per cent in Kimilili, 26 per cent in Kabuchai and 41 per cent in Bumula.

He urged residents in the Western and Nyanza regions to present themselves at health facilities to test if they have malaria noting fever and joint pains are the common signs.

He affirmed that the ministry has put strategies in place to work with county governments to fight malaria.

"Counties should have all the strategies in place to work with county governments to fight malaria.

"Counties should have all the strategies adhered to fight malaria, we shall ensure that counties uptake interventions," he said.

Chege applauded USAID, KANCO and other sponsors for being at the forefront to support the government's fight against malaria.

Source: The Star Newspaper 26th April 2023

ALL IN A DAYS WORK...

A group of doctors, nurses, and hospital staff were gathered together in the break room. They were all sharing stories about their most embarrassing moments at work.

One nurse shared, "I once walked into a patient's room and asked how they were feeling, only to realize that it was the wrong patient. I apologized and quickly left, feeling mortified."

A doctor chimed in, "I once had a patient come in with a broken leg. I examined him and said, 'Don't worry, we'll have you back on your feet in no time!' It wasn't until after he left that I realized what a terrible pun I had accidentally made."

The group laughed and shared a few more stories, but it was the hospital administrator who had the most embarrassing tale of all. "One time, I was rushing to a meeting with important hospital executives. I was so focused on getting there on time that I didn't realize until it was too late that I had a pair of hospital scrubs hanging out of the back of my pants. I was mortified, but luckily the executives were very understanding!"

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THE CIVIL SOCIETY SHOULD AVOID ARMCHAIR ACTIVISM

It may be very easy to lose track of all the meetings and minutes that the Civil Society Organisation members have to keep up with every other day. Some, if you may realise, could be a mere duplication of another meeting or conference held a few months or years back, and often, we discuss the same issues albeit in different venues and different speakers.

We must be keen on tracking progress and must change tact to ensure some of the recommendations we give are adopted. Failure to which, our children will be sitting in the same air-conditioned boardrooms and conference halls discussing the same things in years to come.

Civil Society Organisations (CSOs) in Kenya play a critical role in advocating for improved health care services and policies. They are the voice of the people, bringing to light the challenges faced by communities and providing solutions to policymakers. However, despite the numerous meetings held by CSOs daily, little is being done to track and review progress. This is a worrying trend that needs to change if we are to achieve the desired impact.

Tracking progress is critical for any organisation to know if they are making a difference and whether their efforts are yielding the intended results. CSOs need to be intentional about tracking progress, measuring their impact and reviewing their strategies regularly. This will help them to identify areas where they need to improve and celebrate successes.

Collaboration is also critical for CSOs to amplify their impact. No single organisation can achieve the desired change in isolation. It is essential for CSOs to work together, leveraging each other's strengths and expertise, to achieve common goals. Collaboration can also help in avoiding duplication of efforts, ensuring that resources are used efficiently, and that services are delivered effectively.

To track progress and collaborate with other sector CSOs, CSOs can adopt several strategies. First, they can set clear goals and objectives that are measurable. This will help in monitoring progress and assessing the impact of their interventions. CSOs can also develop monitoring and evaluation frameworks that enable them to track progress against set targets. Regular reporting and feedback mechanisms can also be established to inform stakeholders of progress made and challenges faced.

CSOs can also collaborate with other sector CSOs through networks and coalitions. Networks provide a platform for CSOs to share information, learn from each other, and work together towards common goals. Coalitions, on the other hand, enable CSOs to pool resources and expertise towards a common agenda. By collaborating, CSOs can also leverage the power of collective advocacy, influencing policymakers and other stakeholders towards improving the health sector.

A PUBLICATION OF KENYA AIDS NGOS CONSORTIUM
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OPINION

KENYAN DATA HEALTH GOVERNANCE LAWS ARE JUMBLED UP AND STREAMLINING THEM SHOULD BE URGENT BUSINESS FOR LEGISLATORS

By Kinyua wa Kibiru - Communications; KANCO

INTRODUCTION

Transform Health and KANCO are collaborating on a data health governance campaign. The campaign is aimed at advocating for the enactment of proper health data governance policies and regulations.

WHAT IS HEALTH DATA GOVERNANCE?

The American Health Information Management Association defines Data Governance as the overall administration, through clearly defined procedures and plans, that assures the availability, integrity, security, and usability of the structured and unstructured data available to an organization. Healthcare data governance programs include the people, processes, and systems used to manage data throughout the data lifecycle allowing data to benefit organisations.

Section 105 of the Health Act provides for the Health information system

(1) The Ministry of health shall facilitate the establishment and maintenance of a comprehensive integrated health information system.

(2) The Cabinet Secretary in consultation with the Director General may, for the purpose of creating, maintaining or adapting databases within the national health information system desired in subsection (1), prescribe categories or kinds of data for submission, collection and the manner and format in which and by whom the data is to be compiled or collated and submitted to the Ministry of health.

(3) The Cabinet Secretary shall, in consultation with the Director General, prescribed policy guidelines for establishment of an integrated comprehensive health information management system, which shall include—

(a) an integrated comprehensive health information system relating to the national government health functions;

(b) an integrated comprehensive health information system relating to every county and in respect of county functions;

(c) the consolidation and harmonization of health information obtained under paragraph (a) and paragraph (b);

(d) the minimum standards applicable for establishment and maintenance of health information systems;

(e) a guide on the minimum indices to be captured by each county health information system;

(f) the mechanism for ensuring inter-connectivity between each county information system and the national system;

(g) the guiding principles for management and administration of health information banks; and

(h) any other information on health services, including sources of health financing, human resources available in health sector.

(4) All health care providers shall—

(a) establish and maintain a health information system as part of the health information system as specified under subsection (1); and

(b) ensure compliance with the provision of paragraph (a) as a condition necessary for the grant or renewal of annual operating licenses.

(5) Any health care provider that neglects or fails to comply with the provision of subsection (3)(a) of this section commits an offence and on conviction shall be liable to imprisonment for a term of six months or a fine of five hundred thousand shillings or to both.

(6) Nothing in the foregoing precludes a county government from making laws with regards to health information system for that county and the city, urban and municipal areas within that county

Further, Sec 46 of the Data Protection Act provides for personal data relating to health:-

(1) Personal data relating to the health of a data subject may only be processed —

(a) by or under the responsibility of a health care provider; or

(b) by a person subject to the obligation of professional secrecy under any law.

(2) The condition under subsection (1) is met if the processing—

(a) is necessary for reasons of public interest in the area of public health; or

(b) is carried out by another person who in the circumstances owes a duty of confidentiality under any law.

NOTABLE CONCERNS AND POLICY GAPS

The health sector has enacted laws and policies that require and recognize data protection when

health data is processed. While these identified laws and policies address distinct issues and acknowledge certain data protection principles, they are, in specific instances, inconsistent with the Data Protection Act. As a result, it is necessary to amend these laws and policies to ensure full compliance with the DPA. Specifically, the Health Act, Health Sector ICT Standards and Guidelines for mHealth Systems, Standards and Guidelines for Electronic Medical Record Systems in Kenya, Kenya's National eHealth Policy 2016-2030, Kenya's National eHealth Policy 2014-2030, and Kenya's Health Information Policy 2014-2030 must be amended.

Section 25 of the **Data Protection Act** sets out **data protection principles** which guide the lawful processing of personal data. These principles apply to the processing of health data and must be implemented across all existing laws and policies. While the principles of lawfulness, fairness, transparency, accuracy, data minimization, purpose limitation, storage limitation, security, and accountability are included in a few policies, they are not adequately addressed when discussing health data processing in all of them. Security is mentioned in all laws and policies except the Health Act, purpose limitation is mentioned only in the Kenya Standards and Guidelines for mHealth Systems, data minimization is mentioned in the Kenya National eHealth Policy, and consent is mentioned in both the Kenya National Patients' Rights Charter and the Kenya Standards and Guidelines for mHealth Systems.

Technological advancements affecting data processing, access to data, data retention, and overall data management create new challenges that, if not addressed adequately, could infringe on data subjects' rights, highlighting the importance of laws and policies that comply with the Data Protection Act.

The **rights of the data subject** are relevant to the processing of health data. For instance, the principle of accuracy requires that data collected is accurate and, where necessary, kept up to date and that all reasonable steps are taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay.

This principle is only enforceable where data subjects (patients) can exercise these rights. Among the highlighted laws and policies, only the Kenya National Patients' Rights Charter and the Kenya National eHealth Policy refer to data subjects' rights. These rights must be provided for in all the policies that relate to the processing of health data.

Health care involves a diverse set of public and private data collection systems. The existing laws and policies attempt to provide the necessary standards and guidelines for the **processing of health data across these systems**. The Kenya National eHealth Policy identifies data transfer as a goal for expanding access to electronic health services. It is notable, however, that the laws and policies fall short in adequately providing for data transfer not only across borders where the circumstances would merit but also across data collection systems, as might occur in the case of referrals.

Health data is not only relevant to healthcare professionals in carrying out their respective duties. This information can be shared with third-party entities within the healthcare system, for example, insurance companies and government agencies like NHIF. The laws and policies note in different contexts the duty of privacy and confidentiality for those who directly process health data but fail to give provisions and guidance where third parties are likely to be involved. This is not only necessary for data sharing with public or private insurance companies; it is especially relevant with the recognition of mHealth services and the use of eHealth systems.

The table (page 10) summarises these inconsistencies.

NUGGETS OF WISDOM

"Knowledge is knowing that a tomato is a fruit. Wisdom is not putting it in a fruit salad." - Miles Kington

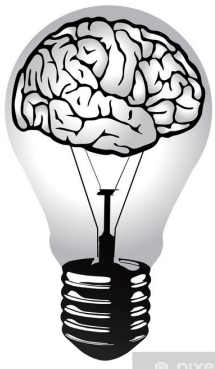
DATA PROTECTION ACT PRINCIPLES RELATING TO HEALTH DATA	HEALTH LAWS AND POLICIES RELATING TO HEALTH DATA, SPECIFICALLY, TO PROCESSING HEALTH DATA
Integrity and Confidentiality (security): the principle requires the processing of data in a manner that ensures the security of the personal data including protection against unlawful, unauthorized or accidental loss. This requires the implementation of appropriate technical and organisational measures to ensure the security of the data	With the exception of the Health Act, the laws and policies listed in the 'Approach' section fully capture the integrity and confidentiality principle outlined in the DPA, particularly in relation to data access. The Health Act, however, makes no reference to the security provision. It does recognize the right to privacy and provides that an individual has the right to be treated with dignity and respect and to have their privacy respected in accordance with the Constitution and the Act.
Purpose limitation: this refers to the collection and processing of data for specified, explicit and legitimate purposes with no further processing that is inconsistent with the original purpose for which the data was collected. For example, where health data is collected for the purpose of medical examination and treatment, it cannot be used for research purposes unless consent is obtained and the consent is properly communicated prior to the data collection.	The purpose limitation principle is present only in the Kenya Standards and Guidelines for mHealth Systems. All the other acts examined (listed in the Approach section) make no mention of it.
Data minimisation: this refers to the collection of data that is adequate, relevant and necessary in relation to the purpose for which it is collected.	The data minimisation principle is only found in the Kenya National eHealth policy. All the other laws and policies examined (listed in the Approach section) make no mention of it.
Consent: consent refers to the manifestation of express, unequivocal, free, specific and informed indication of the data subject's wishes by a statement or by a clear affirmative action, signifying agreement to the processing of personal data relating to the data subject. Consent often forms the legal basis for the lawful collection and processing of personal data and in this context health data. The DPA gives provisions on the conditions for consent.	The principle of consent is addressed in the Health Act (Section 9), the Kenya Standards and Guidelines for mHealth Systems, and the Kenya National Patients' Rights Charter. The first chapter of the Patients' Right Charter discusses patient rights; among these rights, are the right to confidentiality, the right to give informed consent to treatment, and the right to information while the second chapter discusses responsibilities, particularly the obligation to provide relevant, accurate information to health care providers.
Rights of a Data subject: in this context these are the rights of a patient exercisable with respect to the processing of their data. The Act provides for the rights of a data subject to include: the right to be informed on the use of their personal data; the right to access their personal data; the right to object processing of their personal data; the right to correct false or misleading data, and the right of deletion of false or misleading data.	This principle is present in the Kenya National Patients' Rights Charter and the Kenya National eHealth Policy. Patient rights are discussed in the Charter, including the right to confidentiality, the right to give informed consent to treatment, and the right to information. The Kenya National eHealth Policy discusses the importance of taking a patient-centered approach to managing and utilizing electronic data in a manner that ensures the confidentiality, integrity, and privacy of patients at all times. All the other acts examined (listed in the Approach section) make no mention of it.
Data Transfer: The Act provides for data transfer in the context of cross-border data transfer – that is, the transfer of data outside the Kenyan jurisdiction. Data can only be transferred outside of Kenya in accordance with the provisions prescribed under Section 48 and the establishment of appropriate safeguards under Section 49	This is part of the Kenya National eHealth Policy's goal of increasing access to electronic health services. Among the interventions that must be implemented to ensure electronic health service accessibility are the promotion of cross-border sharing of health information without compromising patient privacy. All the other acts examined (listed in the Approach section) do not address this principle.

ENLIGHTMENT

The human brain is capable of generating enough energy to power a light bulb? It's true! While the brain only weighs about 2% of the body's total weight, it uses approximately 20% of the body's energy.

The brain is constantly active, even when we're asleep, and it requires a significant amount of energy to function properly. In fact, the brain consumes more energy than any other organ in the body, including the heart.

To put it in perspective, the average 100-watt light bulb uses about 0.1 amps of electricity to produce light. The human brain, on the other hand, generates about 12 watts of electricity, which is enough to power a small light bulb.



This incredible feat is made possible by the approximately 100 billion neurons in the brain, which are constantly firing electrical signals to communicate with each other and control various bodily functions. The brain's electrical activity can be measured with an electroencephalogram (EEG), a test that records the brain's electrical signals through small electrodes placed on the scalp.

So, the next time you turn on a light bulb, remember that your brain is capable of generating just as much energy, if not more!


MY DATA OUR HEALTH
#MyDataOurHealth
"Health data is not just a collection of numbers and charts, but a powerful tool that can unlock the secrets to a healthier future. The value of this data lies not in its quantity, but in the insights we gain from it to drive better health outcomes for all."
Join the global campaign demanding regulation on the use of your personal health data
Join the movement bit.ly/mydataourhealth
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Healthy people, empowered communities
Transform Health

BACKPAGE

WHAT YOU NEED TO KNOW ABOUT THE NATIONAL HEALTH INSURANCE FUND REGULATIONS 2023

The draft regulations are meant to facilitate implementation of the changes that were introduced last year to the NHIF Act, including ensuring all Kenyans aged 18 and above contribute to the NHIF.

The regulations also set how much to be paid to the NHIF, how one can enrol and how hospitals can be enlisted as service providers.

The NHIF Act (1998) was amended and passed in Parliament on December 21, 2021 and assented into law on January 10, 2022.

The NHIF held public participation on the draft regulations published in 2022 and says it has taken into account the feedback received and consolidated that into the latest draft that, if passed, will actualise the amended Act.

The State wants to drop the old contribution system where salaried workers were contributing between Sh150 and Sh1,700 depending on their monthly pay while those in the formal sector were paying a flat rate of Sh500.

A salaried person will now be required to contribute a standard rate of 2.75 percent of the gross monthly salary towards the NHIF cover.

A self-employed person will be expected to make a special contribution of 2.75 percent of the declared or assessed gross monthly income, subject to a minimum of Sh300.

The government is committing to make a Sh13,300 monthly contribution to the NHIF on behalf of people identified as indigent or vulnerable.

The 2022 draft had proposed to retain the current contributions of between Sh150 and Sh1,600 by salaried people earning up to Sh99,999.

There was to be a flat rate of 1.7 percent deduction on salaries of Sh100,000 and above as opposed to the current flat rate of Sh1,700. Informal sector contributors were to continue paying Sh500.

If the proposed regulations are adopted as they are,

the current contribution formula is going to be phased out.

Some of the contributors are going to enjoy reduced contributions while others, especially the high-income earners, will pay more if the proposed formula is adopted. This is because the maximum contribution of Sh1,700 is going to be scrapped.

People in the informal sector who have been paying Sh500 per month are likely to enjoy a 40 percent reduction in contribution. While the regulations mention "declared or assessed" gross monthly income, it may be difficult for the NHIF to monitor income of the self-employed people and cause them to pay more than the lower limit of Sh300.

For the salaried people earning up to Sh30,000 a month, there is going to be a drop of between three percent and 45 percent in contributions. However, those earning above Sh30,000 to Sh100,000 will see a rise in contributions by between one percent and 77 percent. Those earning above Sh100,000 will see even steeper deductions.

Salaried workers earning Sh100,000 will start paying Sh2,750, up from the current 1,700, representing a 62 percent rise. Those taking home half a million shillings will see their deductions rise eight times to Sh13,750

The draft regulations are not clear on whether the increased contributions will result in enhanced benefits such as more ailments getting insured or reimbursements being increased so that top hospitals that have currently kept off the NHIF can be roped in. However, there is a reprieve for NHIF members suffering from chronic illnesses such as cancer, cardiovascular diseases, diabetes, respiratory disease and mental health condition.