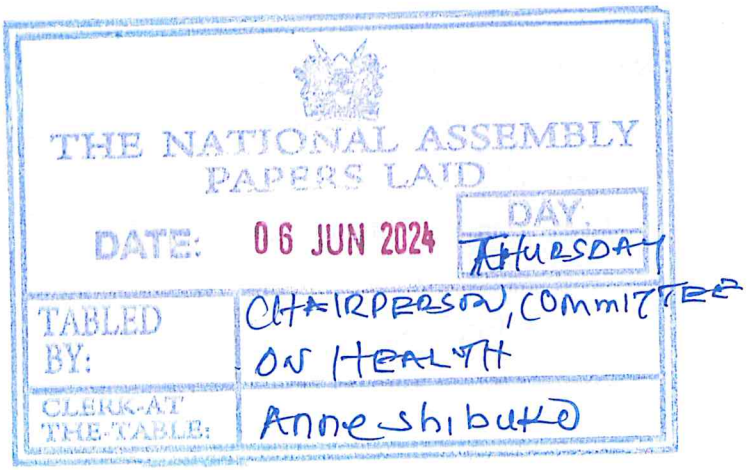
Approved
Obess DS/NA
05/06/2024

REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT – THIRD SESSION – 2024
DIRECTORATE OF DEPARTMENTAL COMMITTEE
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT OF THE XXIV FIGO WORLD CONGRESS OF GYNAECOLOGY AND OBSTETRICS IN PARIS CONVENTION CENTRE, FRANCE ON 9TH TO 13TH OCTOBER, 2023



Directorate of Departmental Committees,
Clerk's Chambers,
Parliament Buildings,
NAIROBI.
JUNE, 2024

TABLE OF CONTENTS

ANNEXTURES

ANNEXTURE 1: Committee minutes

ANNEXTURE 2: Committee report adoption list

ABBREVIATIONS AND ACRONYMS

FIGO	- Federation of Gynaecology and Obstetrics
HPV	- Human papillomavirus
ICI	- Childbirth Initiative
PPH	- Postpartum haemorrhage
SDG	- Sustainable Development Goals
SRHS	- Sexual and Reproductive Health Services
UHC	- Universal Health Coverage
WHO	- World Health Organization

CHAIRPERSON'S FOREWORD

The Departmental Committee on Health attended the XXIV Figo World Congress of Gynaecology and Obstetrics held in Paris Convention Centre, France from 9th to 13th October 2023.

The International Federation of Gynaecology and Obstetrics (FIGO) is a renowned global organisation dedicated to advancing women's health and promoting excellence in the field of gynaecology and obstetrics. FIGO World Congresses are held every three years, bringing together leading experts, healthcare professionals, researchers, and advocates in the field to share knowledge, discuss emerging trends, and collaborate towards enhancing women's health worldwide.

The objective of the congress was to equip participants and Members with important tools to improve women's health rights and reduce disparities in healthcare available to women and new-borns, as well as to advance the science and practice of obstetrics and gynaecology.

Over 10,000 Health Professionals; obstetricians and gynaecologists from FIGO's 130 national member societies alongside midwives, nurses, general practitioners and other specialists working in the field of women's health, policy and decision-makers, Non-Governmental Organisations (NGOs), World Health Organisation (WHO) and the United Nations (UN) gathered in the Paris Convention Centre for FIGO World Congress 2023.

The Congress marked a significant milestone in the field of gynaecology and obstetrics, fostering collaboration and knowledge exchange. This report offers a comprehensive overview of the key highlights, themes, and contributions of this memorable event.

May I take this opportunity to commend the Committee's delegation to the Conference for representing the Committee well at the Conference. May I express gratitude to the offices of the Speaker and Clerk of the National Assembly for always providing leadership and guidance and appreciate the Committee secretariat for exemplary performance in providing technical and logistical support.

On behalf of the Departmental Committee on Health, it is my pleasant privilege and duty to present to the House a report of the Committee on its attendance to the XXIV Figo World Congress of Gynaecology and Obstetrics held from 9th to 13th October 2023 at the Paris Convention Centre in Paris France.

THE HON. DR. ROBERT PUKOSE, CBS, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

CHAPTER ONE

1. PREFACE

1.1 Establishment of the Committee

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament.

   The mandate and functions of the Committee include:

   a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;
   b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;
   ba) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;
   c) To study and review all legislation referred to it;
   d) To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;
   e) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;
   f) Vet and report on all appointments where the constitution or any other law requires the National Assembly to approve, except those understanding Order 204 (Committee on appointments);
   g) To examine treaties, agreements and conventions;
   h) To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;
   i) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and
   j) To examine any questions raised by Members on a matter within its mandate.

1.2 Mandate of the Committee

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider all matters relating to the health sector. The Committee oversights the Ministry of Health with its two States Departments i.e., State Department for Medical Services and State Department for Public Health and Professional Standards.

3. These Semi-Autonomous Government Agencies (SAGAs); Kenya National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenyatta University Teaching, Research and Referral Hospital (KUTRRH); Kenya Medical Training College (KMTC); Kenya Medical Supplies Agency (KEMSA); Kenya Medical Research Institute (KEMRI); National Aids Control Council (NACC); National Hospital Insurance Fund (NHIF) fall under the Ministry of Health.

1.3 COMMITTEE MEMBERSHIP

4. The Committee was constituted by the House on 27th October 2022 and comprises the following Members;

Chairperson
Hon. (Dr) Robert Pukose, CBS, MP
Endebess Constituency
UDA Party

Vice-Chairperson
Hon. Ntwiga, Patrick Munene MP
Chuka/Igambang'ombe Constituency
UDA Party

Members

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)
UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency
Ford Kenya Party

Hon. Kipng'ok Reuben Kiborek, MP
Mogotio Constituency
UDA Party

Hon. (Dr) Nyikal James Wambura, MP
Seme Constituency
ODM Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency
UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)
UDA Party

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency
ODM Party

Hon. (Prof.) Jaldesa Guyo Waqo, MP
Moyale Constituency
UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

1.4 COMMITTEE SECRETARIAT

5. The committee is serviced by the following secretariat staff:

Mr. Hassan Abdullahi Arale
Clerk Assistant I/Head of Secretariat

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel II

Ms. Faith Chepkemoi
Legal Counsel II

Mr. Hillary Mageka
Media Relations Officer

Ms. Rahab Chepkilim
Audio Recording Officer II

Ms. Abigael Muinde
Research Officer III

Mr. Hiram Kimuhu
Fiscal Analyst III

Ms. Sheila Chebotibin
Senior Serjeant-At-Arms

Ms Angela Jepkemboi Cheror
Public Communication Officer III

Mr. Eric Lungai
Hansard Officer III

CHAPTER TWO

2. INTRODUCTION

6. The National Assembly Departmental Committee on Health attended the XXIV Figo World Congress of Gynaecology and Obstetrics from 9th to 13th October 2023 at the Paris Convention Centre in Paris, France.

7. FIGO is a renowned global organisation dedicated to advancing women's health and promoting excellence in the field of gynaecology and obstetrics. FIGO World Congresses are held every three years, bringing together leading experts, healthcare professionals, researchers, and advocates in the field to share knowledge, discuss emerging trends, and collaborate towards enhancing women's health worldwide.

8. FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, new born, child and adolescent health and non-communicable diseases (SDG3). FIGO also works to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing FGM and gender-based violence (SDG5).

9. Over 10,000 Health Professionals; obstetricians and gynaecologists from FIGO's 130 national member societies alongside midwives, nurses, general practitioners and other specialists working in the field of women's health and policy and decision-makers, NGOs, WHO and UN organisations gathered together in the Paris Convention Centre for FIGO World Congress 2023.

10. The XXIV FIGO World Congress, held at the Paris Convention Centre, France marked a significant milestone in the field of gynaecology and obstetrics, fostering collaboration and knowledge exchange. This report offers a comprehensive overview of the key highlights, themes, and contributions of this memorable event.

2.1 Objectives of the Conference

11. The main objective of FIGO was to ensure that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and well-being throughout their lives.

12. FIGO leads global programme activities, with a particular focus on Sub-Saharan Africa and South East Asia. FIGO advocates on the global stage, working to raise the status of women and enable their active participation in achieving their reproductive and sexual rights. They provide education and training for members of the Societies and build capacities of those in low-resource countries through strengthening leadership, translating and disseminating good practice and promoting policy dialogues.

13. The aim of the conference and the most significant outcome of the XXIV FIGO World Congress was the formation of collaborations and partnerships among professionals and organisations dedicated to women's health. These partnerships are expected to lead to innovative projects and initiatives aimed at improving women's

healthcare globally. Additionally, the congress reinforced FIGO's role as a global leader in advocating for women's health and rights.

14. Equip Members as lawmakers with the tools to make informed healthcare policy decisions to enhance the quality of life for the people of Kenya in line with the government's agenda of enhancing Universal Health Coverage (UHC);

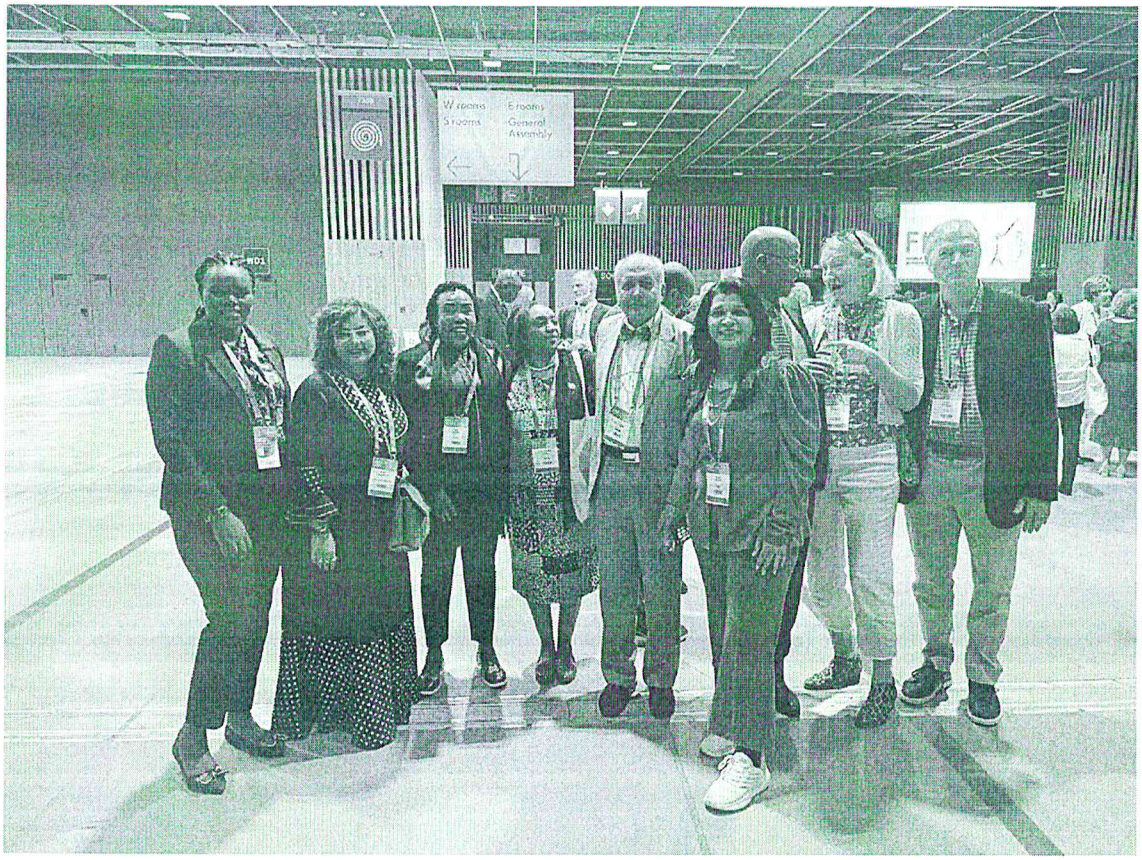
2.2 The Delegation

15. The Committee was represented at the Conference by the following-

1. The Hon. Prof. Jaldesa Guyo Waqo, **M.P- Leader of Delegation**
2. The Hon. Mary Maingi, **MP**
3. Ms Gladys Kiprotich - **Delegation Secretary**

Photo 1: Leader of Delegation, Prof. Jaldesa Guyo Waqo MP and Hon. Mary Maingi, MP pose for a photo with one of the delegates attending the congress.

Photo 2: Some of the delegates who attended the conference. Among them is first XXIV FIGO World Congress of Gynaecology and Obstetrics President from sub-Saharan Africa, Dr Anne-Beatrice Kihara.



2.3 Key Themes and Topics

16. The 2023 FIGO World Congress covered a wide range of themes and topics reflecting the diverse challenges and opportunities in the field of gynaecology and obstetrics. Some of the key themes and topics included:

CHAPTER THREE

3.0 DELIBERATIONS

DAY ONE: MONDAY 9TH OCTOBER 2023

a) Childbirth and Postpartum Haemorrhage

17. Postpartum haemorrhage is defined as estimated blood loss of more than 500 ml within 24 hours of a vaginal birth or 1000 ml after caesarean section, or any blood loss sufficient to compromise haemodynamic stability. In women with lower body mass (less than 60kg), a lower level of blood loss may be clinically significant

18. Obstetric hemorrhage is the leading cause of maternal mortality and bleeding after childbirth. Postpartum hemorrhage (PPH) accounts for two-thirds of cases of obstetric hemorrhage and for approximately one-quarter of all maternal deaths worldwide.

19. Childbirth and postpartum hemorrhage are critical events, and proper medical care, both during pregnancy and childbirth, its crucial for the health and well-being of the mother and the newborn. Early detection and management of complications significantly contribute to reducing maternal mortality.

20. The implementation of the country-adapted PPH clinical protocol should be monitored at all levels of care where maternity services are provided.

21. Minimising the risk of PPH starts during the antenatal period, by the identification and treatment of anaemia, identify any women with increased risk of PPH and plan for their delivery. Risk factors for developing PPH may present antenatal or intrapartum, so care plans should be modified as these risks emerge. Women with known risk factors should be delivered in health facilities with capacity for blood transfusion and surgery.

b) Taking the next step to eliminate cervical cancer

22. Eliminating cervical cancer is a multifaceted goal that involves various strategies, including prevention, early detection, and treatment. Some key steps that were indicated and can be taken to work towards elimination of cervical cancer include:

    i. **Vaccination:** Human papillomavirus (HPV) vaccines are effective in preventing the most common types of HPV that cause cervical cancer. Implementing vaccination programs, especially targeting young individuals before they become sexually active, is crucial.

    ii. **Screening and Early Detection:** Regular screening through Pap smears helps detect precancerous changes in the cervix early, allowing for timely intervention and HPV Testing: HPV testing can be used as a primary screening tool or in combination with Pap smears to enhance early detection.

    iii. **Education and Awareness:** Raise public awareness campaigns about the importance of HPV vaccination, regular screenings, and the early signs of cervical cancer and Community Outreach Programs: Target communities

with limited access to healthcare resources to provide information and services.

iv. **Healthcare Infrastructure:** Improving Access to Healthcare by ensuring that healthcare facilities are accessible to all, especially in rural or underserved areas and Training Healthcare Professionals to equip healthcare providers with the skills and knowledge to perform screenings, diagnosis, and treatment.

v. **Treatment and Support:** Timely Treatment to ensure that women diagnosed with cervical cancer receive prompt and appropriate treatment. Supportive Care: Provide emotional and psychological support to women undergoing treatment for cervical cancer.

vi. **Research and Innovation:** Continued Research and investing in research to develop new technologies, treatments, and diagnostic tools for cervical cancer and fostering global international collaboration in research efforts to share knowledge and resources.

vii. **Policy and Advocacy**: Advocate for the development and implementation of policies that support cervical cancer prevention, vaccination, and treatment.

viii. Collaborate with international organisations to align efforts and resources for a global approach to cervical cancer elimination.

ix. **Gender Equality and Empowerment**: Empower women through education, enabling them to make informed decisions about their health.

x. Address underlying socioeconomic factors that may contribute to disparities in cervical cancer prevention and treatment.

xi. **Monitoring and Evaluation:** Data Collection implements robust systems for monitoring and evaluating the effectiveness of prevention and treatment programs. Use collected data to refine and improve strategies based on real-world outcomes.

23. Eliminating cervical cancer requires a comprehensive and integrated approach involving governments, healthcare professionals, communities, and international organisations. By addressing prevention, early detection, treatment, and broader social factors, significant progress can be made in reducing the burden of cervical cancer globally.

c) Breast health and benign breast disease

24. Breast health is a crucial aspect of overall well-being for women, and benign breast diseases are common conditions that affect many individuals. Breast health and benign breast diseases:

Breast Health:

i. **Breast Self-Exams (BSE):** Regular self-exams can help women become familiar with the normal appearance and feel of their breasts, making it easier to detect changes.

ii. **Clinical Breast Exams (CBE):** Regular clinical exams by healthcare professionals help in the early detection of abnormalities or changes in the breasts.

iii. **Mammography:** Mammograms are X-ray exams that can detect breast cancer in its early stages. Regular screening mammograms are recommended for women of a certain age, depending on guidelines and risk factors.
iv. **Healthy Lifestyle:** Maintaining a healthy lifestyle with regular exercise, a balanced diet, and limited alcohol intake can contribute to overall breast health.
v. **Breastfeeding:** Breastfeeding has been associated with a reduced risk of breast cancer. It is also beneficial for the overall health of both the mother and the child.
vi. **Regular Check-ups:** Routine check-ups with a healthcare provider can help monitor breast health and address any concerns.

d) Benign Breast Diseases:

25. Benign breast diseases are non-cancerous conditions that can affect the breasts. They are common and often do not increase the risk of developing breast cancer. Some examples include:
    i. **Fibrocystic Changes:** Non-cancerous changes in breast tissue, often characterised by lumps, discomfort, or swelling that may vary with the menstrual cycle.
    ii. **Fibroadenomas:** Smooth, rubbery lumps that are usually painless. They are common in women of reproductive age.
    iii. **Cysts:** Fluid-filled sacs that can develop in the breast tissue. Cysts may cause pain or tenderness.
    iv. **Adenosis:** Enlargement of the lobules in the breast tissue. It is generally harmless but may be associated with discomfort.
    v. **Ductal Ectasia:** Widening and inflammation of the milk ducts, often occurring near menopause.

e) Diagnosis and Management of Benign Breast Diseases:

26. It is essential for women to be proactive about their breast health, including routine screenings, and self-exams, and prompt medical attention for any changes or concerns. Regular communication with healthcare providers and adherence to recommended screening guidelines contribute to maintaining optimal breast health.

Diagnosis and Management of Benign Breast Diseases:

i. **Clinical Evaluation:** A healthcare provider may perform a clinical breast exam and obtain a detailed medical history.
ii. **Imaging Studies:** Mammograms, ultrasound, or MRI may be used to further assess the breast tissue.
iii. **Biopsy:** In some cases, a biopsy may be recommended to confirm the diagnosis and rule out cancer.
iv. **Pain Management:** Treatment for benign breast conditions may include pain management strategies or lifestyle modifications.
v. **Monitoring:** Some benign conditions may require regular monitoring but not necessarily active treatment.

f) Non-surgical gynaecology

27. Non-surgical gynaecology refers to medical practices and procedures within the field of gynaecology that do not involve surgery. Gynaecologists specialising in non-

surgical approaches address a wide range of women's health issues using various diagnostic, therapeutic, and preventive methods.

28. Non-surgical gynaecology emphasizes conservative approaches to women's health, focusing on medical management, lifestyle modifications, and non-invasive procedures when appropriate. Gynaecologists in this field play a crucial role in promoting women's health, preventing disease, and addressing a variety of gynaecological concerns without resorting to surgery unless necessary. Here are some common aspects of non-surgical gynaecology:

    i. **Preventive Care:** Well-Woman Exams: Regular check-ups to monitor overall reproductive health, including pelvic exams, Pap smears, and breast exams and Contraception Counselling: Providing information on and prescribing various contraceptive methods.

    ii. **Management of Menstrual Disorders:** Menstrual Irregularities and addressing issues such as heavy or irregular menstrual bleeding without resorting to surgery and menstrual pain (dysmenorrhea), managing pain through medications, lifestyle changes, or other non-surgical interventions.

    iii. **Family Planning:** Guiding family planning, fertility, and conception and IUD Insertion/Removal: Non-surgical placement and removal of intrauterine devices for contraception.

    iv. **Management of Gynaecological Infections:** Diagnosis, treatment, and prevention counselling for STIs and addressing common infections such as bacterial vaginosis or yeast infections with medications.

    v. **Pelvic Floor Disorders:** Non-surgical approaches, including pelvic floor exercises and the use of pessaries and Management through lifestyle changes, pelvic floor exercises, and, in some cases, medical devices.

    vi. **Hormone Replacement Therapy (HRT):** Managing symptoms of menopause through the use of hormone replacement therapy when appropriate.

    vii. **Adolescent Gynaecology:** Addressing the gynaecological needs of adolescent girls, including education on reproductive health and menstrual hygiene.

    viii. **Chronic Pelvic Pain Management:** Identifying and managing the underlying causes of chronic pelvic pain through medications, physical therapy, and other non-surgical approaches.

    ix. **Colposcopy and LEEP:** These procedures, while involving instruments, are considered less invasive than traditional surgery. Colposcopy is used to examine the cervix, and LEEP (Loop Electrosurgical Excision Procedure) is used for the removal of abnormal cervical tissue.

    x. **Minimally Invasive Procedures:** Non-surgical alternatives such as hysteroscopy or endometrial ablation to address specific gynaecological issues without major surgery.

g) **Drivers and proposed solutions to the caesarean delivery epidemic**

29. The increase in caesarean delivery rates, often referred to as the "caesarean delivery epidemic," is a global concern. While caesarean sections are sometimes necessary and life-saving, high rates without medical indication can lead to unnecessary risks and healthcare costs. Some drivers contributing to the caesarean delivery epidemic and proposed solutions are:

i. **Medical Indications:** Caesarean sections are at times performed without clear medical indications in low-risk pregnancies, contributing to the overall increase.

ii. **Maternal Request:** Some women request caesarean sections for non-medical reasons, such as convenience or fear of vaginal delivery.

iii. **Provider Practices:** Defensive Medicine and Fear of legal consequences may lead healthcare providers to choose caesarean sections to avoid potential litigation.

iv. **Hospital Policies and Culture:** Hospital reimbursement structures may favour caesarean deliveries, influencing decision-making. Hospitals may also prefer scheduled caesareans for logistical reasons.

v. **Lack of Access to Vaginal Birth After Caesarean (VBAC):** Women with a previous caesarean may face barriers in accessing support for attempting a vaginal birth in subsequent pregnancies.

vi. **Maternal Obesity and Advanced Maternal Age:** Providers may be more inclined to recommend caesareans for women with certain risk factors.

vii. **Cultural and Societal Factors:** Societal beliefs about the safety of caesareans compared to vaginal deliveries may influence decision-making.

Proposed Solutions:

i. **Evidence-Based Practice:** Develop and adhere to evidence-based guidelines for caesarean deliveries, emphasising the importance of medical indications.
ii. **Provider Education:** Educate healthcare providers on the risks and benefits of caesarean sections and promote shared decision-making with patients.
iii. **Continuous Support in Labour:** Provide continuous labour support, such as through the presence of doulas, to reduce the need for interventions.
iv. **VBAC Support:** Encourage and support women with a previous caesarean to attempt a VBAC if clinically appropriate.
v. **Incentive Alignment:** Align hospital reimbursement policies to discourage unnecessary caesarean deliveries and encourage evidence-based practices.
vi. **Patient Education:** Ensure that pregnant individuals are well-informed about the risks and benefits of different delivery methods, promoting shared decision-making.
vii. **Quality Improvement Initiatives:** Implement quality improvement programs that regularly assess caesarean delivery rates, providing feedback to healthcare providers and institutions.

viii. **Legal Reforms:** Consider legal reforms to reduce defensive medicine practices and promote a focus on patient-centred care.

ix. **Community Engagement:** Increase awareness among the public about the risks associated with unnecessary caesarean sections and the benefits of vaginal birth.

x. **Collaborative Care Models:** Encourage collaborative care models involving obstetricians, midwives, and other healthcare providers to optimise care and decision-making.

30. Addressing the caesarean delivery epidemic requires a comprehensive, multi-faceted approach involving healthcare providers, policymakers, and the community. By aligning incentives, promoting evidence-based practices, and supporting informed decision-making, it is possible to reduce unnecessary caesarean deliveries while ensuring safe and appropriate care for both mothers and babies.

DAY TWO: TUESDAY, 10TH OCTOBER 2023

a) Health System Strengthening for the Achievement of SDGs for Women and Newborns

31. Health system strengthening for the achievement of Sustainable Development Goals (SDGs) for women and new-borns is a critical and multifaceted approach. The SDGs, particularly Goal 3, aim to ensure healthy lives and promote well-being for all at all ages. There are some key aspects of health system strengthening in the context of achieving SDGs for women and new-borns:

i. **Maternal and Child Health Services:** Strengthening health systems involves improving access to quality maternal and child health services. This includes antenatal care, skilled attendance at birth, postnatal care, and essential new-born care. Ensuring that women receive timely and comprehensive healthcare services during pregnancy and childbirth is crucial for both maternal and child well-being.

ii. **Family Planning Services**: Access to family planning services is integral to women's health. Strengthening health systems involves promoting family planning education, increasing access to a range of contraceptive methods, and ensuring that women can make informed choices about their reproductive health.

iii. **Skilled Birth Attendance**: Ensuring that women have access to skilled birth attendants and delivering in a healthcare facility can significantly reduce maternal and neonatal mortality. Health system strengthening includes training and retaining skilled healthcare professionals, as well as improving infrastructure and resources in health facilities.

iv. **Emergency Obstetric and New-born Care**: Strengthening health systems involves developing and maintaining effective emergency obstetric and new-born care services to address complications that may arise during pregnancy and childbirth. This includes access to emergency obstetric surgery and neonatal intensive care.

v. **Community Engagement and Education**: Empowering communities with knowledge about maternal and child health is crucial. Health systems should invest in community engagement programs that promote health education, encourage healthy behaviours, and create awareness about the importance of seeking timely healthcare.

vi. **Health Information Systems**: Strengthening health information systems helps in monitoring and evaluating the impact of interventions. Robust data collection and analysis systems can provide insights into maternal and child health outcomes, helping policymakers make informed decisions.

vii. **Infrastructure and Resources**: Adequate infrastructure, including well-equipped health facilities, is essential. Health systems need sufficient resources, including medical equipment, medications, and trained personnel, to provide quality maternal and child health services.

viii. **Integration of Services**: Integration of maternal and child health services with other healthcare initiatives, such as HIV/AIDS prevention and treatment, can optimize resources and improve overall health outcomes for women and new-borns.

ix. **Addressing Social Determinants of Health:** Health system strengthening should also address social determinants of health, such as poverty, gender inequality, and lack of education, as these factors significantly impact the health of women and new-borns.

32. In summary, achieving the SDGs for women and new-borns requires a comprehensive and coordinated approach to strengthen health systems. This involves addressing both the immediate healthcare needs and the underlying social and economic determinants that impact maternal and child health.

b) Contraceptive and family planning

33. Contraception and family planning are essential components of reproductive healthcare that allow individuals and couples to make informed decisions about the timing and spacing of pregnancies. Access to a range of contraceptive methods empowers individuals to control their fertility, supporting maternal and child health, as well as broader socioeconomic development. Here are key aspects related to contraception and family planning:

i. **Types of Contraceptives:** include Barrier Methods, Hormonal Methods, and Long-Acting Reversible Contraceptives (LARCs and Emergency Contraception).

ii. **Family Planning Services:**
Counselling and Education: Providing information and counselling about contraceptive options, family planning, and reproductive health is crucial to help individuals make informed choices.
Access to Services: Ensuring access to a variety of contraceptive methods through healthcare facilities, community clinics, and outreach programs is essential.
Affordability: Making contraceptives affordable and available to all socioeconomic groups helps overcome barriers to access.

iii. **Benefits of Family Planning:**
Maternal Health: Family planning contributes to reducing maternal mortality by preventing unintended pregnancies and unsafe abortions.
Child Health: Proper spacing of pregnancies improves child health outcomes, reducing the risk of preterm births and low birth weight.

Empowerment: Family planning empowers individuals, especially women, by giving them the ability to make decisions about their reproductive health, education, and career.

iv. **Challenges and Barriers:**
Cultural and Religious Beliefs: Sociocultural factors may influence the acceptability and use of contraceptives.
Lack of Awareness: Some individuals may not be aware of the available contraceptive methods or may have misconceptions.
Stigma: Societal stigma around reproductive health issues may hinder open discussions and access to services.

v. **Global Initiatives:**
Family Planning 2020 (FP2020): A global partnership that aims to enable 120 million additional women and girls to use contraceptives by 2020.
United Nations Sustainable Development Goals (SDGs): Goal 3 includes targets related to ensuring universal access to sexual and reproductive health care, including family planning.

vi. **Male Involvement:**
Recognizing the importance of involving men in family planning decisions and discussions, as it is a shared responsibility.

34. Contraception and family planning are integral components of sexual and reproductive health. Providing comprehensive, accessible, and culturally sensitive services is crucial for supporting individuals and couples in making choices that align with their reproductive goals.

c) Ensure access to sexual and reproductive health services (SRHS) and information.

35. Access to accurate information and affordable, safe products enables young people to access services they need to protect their health, lives, and futures.

36. National universal health care (UHC) programmes should make contraception available to all young people who need it, employing resources in both the public and private sectors. Where local laws permit, comprehensive reproductive health services should also include access to safe abortion and post-abortion care.

37. Funding contraceptive services for young women and girls at risk of unwanted or unintended pregnancies is an essential service, integral to UHC.

d) Engage consistently in health care counselling

38. Health care counselling with a young person is incomplete if it does not mention sexual health, including safe, consensual, pleasurable sex, contraception, and infection prevention.
39. When informed, young people are better able to make sexual and reproductive choices that are best for them. Post-abortion and postpartum care offers an additional opportunity for reducing potential future risk of unplanned pregnancies.
40. Addressing issues of rape, incest, and other forms of gender-based violence are critical elements of care for young people.

e) Address complications during pregnancy and childbirth with quality of care

41. Sharing information with policy makers about the options for addressing complications during pregnancy and childbirth – the leading cause of death globally

for 15–19-year-olds and ensuring that open and honest discussions about contraception are held by the full range of practitioners serving youth, so that young people can protect their health and save lives.

42. Collaborating with other providers in the public and private sectors to ensure coherence and follow-up of specialized care, including addressing the consequences of traditional harmful practices such as FGM.

f) Explore opportunities to contribute to special areas of SRHS

43. Lack of respectful care and information that ignores their rights and interests can prevent young people from seeking sexual and reproductive health care. This may include support for gender identity and sexual orientation.

44. Providers must commit to having open dialogues on sexual health – including contraception and infection prevention – to expand access and save lives.

45. **Special attention should be given to young people in humanitarian settings,** immigrants, homeless people, and vulnerable people with other conditions.

DAY THREE: WEDNESDAY, 11TH OCTOBER 2023

Keynote Speakers and Notable Sessions

a) Pregnancy Complications

46. Complications of pregnancy include physical and mental conditions that affect the health of the pregnant or postpartum person, their baby, or both. Physical and mental conditions that can lead to complications may start before, during, or after pregnancy. It's very important for anyone who may become pregnant to get health care before, during, and after pregnancy to lower the risk of pregnancy complications.

47. Every year, 303,000 women die due to complications during pregnancy or childbirth, and 2.5 million children die in their first month of life.

48. To achieve the Sustainable Development Goals (SDGs), we pregnancy complications and adverse events at delivery must manage as much as possible. Identifying risk factors, ideally before conception, and enacting preventative strategies is essential for reducing maternal mortality. These include:

i. **Pre-existing conditions**: Non-Communicable Diseases (NCDs) such as obesity, diabetes, hypertension, heart and kidney diseases
ii. uterine abnormalities, previous uterine surgery, including caesarean section, or the presence of uterine fibromas

iii. Adolescent pregnancy, which doubles the likelihood of developing preeclampsia and systemic infections and increase by about 5-fold the risk of uterine infections.

iv. Advanced maternal age increases the probability of foetus chromosomal abnormalities and the risk of developing complications during pregnancy such as gestational diabetes (50% increase) and hypertensive disorders (70% increase)

v. Fetal exposure to maternal smoking triples the risk of sudden infant death syndrome, while passive smoking in the first few months of life doubles it

b) Preventative Strategies

49. Strong communication between healthcare providers and pregnant women increases the likelihood of positive outcomes, however this is often not possible for women in low-resource settings. Only 59% of the births in the sub-Saharan Africa Region, where maternal mortality is highest, are attended by skilled health personal.

50. The World Health Organization (WHO)'s antenatal care model is recommended to identify personal risk profiles, conduct appropriate and preventative strategies, and engage multispecialty advice in referral centres in case of abnormalities:

51. Prenatal screenings include ultrasound examinations and blood samples to screen for specific chromosome abnormalities, although invasive tests (villocentesis or amniocentesis) are the only valid methods to obtain a definite diagnosis

52. Ultrasound investigations evaluate fetal wellbeing, especially the second trimester morphology ultrasound to assess fetal organ development

53. Vaginal-rectal swab and urine culture towards the end of pregnancy are advisable to check for Group B Streptococcus

54. Mothers can actively contribute to a healthy pregnancy, with lifestyle factors including optimal nutritional intake, adequate exercise and avoidance of toxins

c) Safe Delivery Choices

55. Even a woman with an uneventful pregnancy and no detectable risk factors may have sudden complications during labour. Prompt contact with a healthcare provider or hospital is essential if the mother begins losing blood or amniotic fluid.

56. A planned or emergency caesarean section is indicated in specific conditions such as placenta previa, abnormalities of the maternal pelvis, abnormal fetal presentations, or sever maternal / fetal complications.

57. Immediately after birth it is important to check the mother's blood loss, heart rate and blood pressure to promptly diagnose any haemorrhage.

58. The congress further featured several prominent keynote speakers who shared their insights and expertise in the field of gynaecology and obstetrics. Notable sessions included:

i. **Innovations in Maternal Care:** presentation involved the ground breaking innovations in maternal care, including the use of telemedicine and remote monitoring to improve prenatal and postpartum care in underserved regions.

ii. **The Future of Fertility Preservation**: This session, explored the latest advancements in fertility preservation techniques, with a focus on implications for women's reproductive choices and healthcare policies.

iii. **Cervical Cancer Elimination**: A Global Challenge": A panel discussion involving international experts discussed strategies for achieving the elimination of cervical cancer, including vaccination, screening, and treatment efforts.

iv. **Sexual and Reproductive Health Education**: A Comprehensive Approach": A workshop emphasized the importance of comprehensive sexual and reproductive health education for adolescents and young adults to promote informed decision-making.

DAY FOUR: THURSDAY,12TH OCTOBER 2023

a) Health system strengthening support PPFP programme in counties Experiences from WHOFP accelerator project

59. The World Health Organization (WHO) plays a crucial role in supporting countries in strengthening their health systems, including reproductive health programs like PPFP. PPFP is an essential component of family planning that focuses on providing contraceptive services and information to women in the postpartum period.

60. The WHO works on various initiatives to accelerate progress in global health, and some of these may include projects related to family planning and health system strengthening. These initiatives often aim to enhance access to quality healthcare services, improve infrastructure, build capacity, and ensure the availability of essential commodities and skilled healthcare providers.

b) Global Women's Health Care and Policy: Health Systems Strengthening

61. FIGO position on the issue: Maternity care should be supportive, individualized, value-based and evidence-supported as a partnership model between health care practitioners and the Mother Baby–Family. The ICI was developed to promote quality in practice within a multidimensional approach to quality. This approach ensures evidence-based practice is focused on achieving better biomedical and psychosocial health outcomes for the Mother Baby–Family Unit. It also addresses health system issues that contribute to the achievement of quality of care in practice, including working conditions and relationships between health care practitioners.

62. Models of maternity care have shifted from a medical model to a value-based model grounded in partnership between provider and recipient. In the latter model, the health needs and expectations of the care recipient, as well as the desired health outcomes, are the driving forces behind decision-making and quality measurements. In maternal and new-born care with a woman-centred approach, there is a focus on the full scope of maternity care provided by health care practitioners. Strengthening our health systems and providing respectful care are essential elements in maternal and new-born health.

63. The International Childbirth Initiative (ICI) addresses pressing challenges in maternity care, to deliver care that is safe, respectful and grounded in evidence. This respect includes treating mothers and families with dignity, as well as ensuring that providers are treated with respect within their workplace. ICI has chosen to place the 'Mother Baby–Family' unit in the centre of care provision, as the care recipient.

Mother Baby–Family refers to an integral unit during pre-pregnancy, pregnancy, birth and infancy, with members influencing the health of each other. Within this triad, the Mother Baby dyad remains central in importance, as the care of one significantly impacts the other.

64. The addition of 'Family' to this unit conveys the importance of spouses, partners and the social or community family structure in which pregnancy is planned, fertilisation takes place, a child is born and a child is raised. The Family unit emphasises that maternal care activities and systems need to fulfil the needs of the Mother Baby–Family triad to achieve the full potential of safe and respectful maternity care. Responding to the challenge of disrespect and abuse in maternity care – a well-documented phenomenon – ICI follows the recommendation that this issue must be addressed through improved communication, awareness and monitoring, embedded within the healthcare facility.

c) The is no health without mental addressing the unmet burden

65. Mental health is an integral component of well-being, and addressing the unmet burden of mental health issues is essential for achieving holistic health.

66. Mental health encompasses emotional, psychological, and social well-being. It affects how people think, feel, and act. Mental health is vital at every stage of life, from childhood and adolescence through adulthood. When mental health needs are not adequately addressed, it can have a profound impact on various aspects of life, including physical health, relationships, work, and overall quality of life.

67. Several factors contribute to the unmet burden of mental health. Stigma, lack of awareness, inadequate access to mental health services, and societal misconceptions are among the challenges that prevent individuals from seeking help and receiving appropriate care.

68. Efforts to address the unmet burden of mental health include:

i. **Promoting Awareness**: Increasing awareness about mental health issues and reducing stigma can encourage individuals to seek help without fear of judgment.

ii. **Improving Access to Services:** Enhancing access to mental health services, including counselling, therapy, and psychiatric care, is crucial. This involves both increasing the availability of services and making them more affordable and accessible.

iii. **Integration of Mental Health into Primary Care**: Integrating mental health services into primary healthcare settings helps identify and address mental health issues early on, promoting a more comprehensive approach to healthcare.

iv. **Community Support Programs:** Establishing community-based support programs and initiatives can create a supportive environment for individuals facing mental health challenges. Peer support groups and community outreach efforts can play a significant role.

v. **Workplace Mental Health Programs**: Given the amount of time people spend at work, promoting mental health in the workplace is crucial. Employers can implement initiatives that foster a healthy work environment and provide resources for mental health support.

vi. **Education and Training**: Training healthcare professionals, educators, and the general public in recognising mental health symptoms and providing appropriate support is vital.

69. Addressing the unmet burden of mental health requires a comprehensive and multidimensional approach that involves individuals, communities, healthcare providers, and policymakers. By recognising the importance of mental health and implementing effective strategies, societies can work towards achieving overall well-being for everyone.

d) Sexual and Reproductive Health and Wellbeing

Maternal and New Born Health:

70. The congress addressed critical issues surrounding maternal and new born health, highlighting advancements in prenatal care, labour and delivery, and postpartum care. Discussions included strategies for reducing maternal mortality rates, enhancing childbirth experiences, and improving neonatal outcomes.

i. **Maternal Healthcare:** Antenatal Care involves regular check-ups during pregnancy to monitor and manage potential complications, having a skilled healthcare provider during childbirth reduces the risk of complications and Postpartum Care Monitoring and support during the postpartum period.

ii. **Reproductive Health:** Comprehensive discussions were held on the various aspects of reproductive health, including family planning, contraception, and fertility preservation. Experts explored the latest advancements in assisted reproductive technologies and the implications for reproductive health policies.

iii. **Gynaecological Cancers:** A significant focus was placed on gynaecological cancers, with updates on screening, early detection, and treatment. Discussions also delved into psychosocial support for cancer patients and the impact of personalized medicine on cancer care.

iv. **Women's Health Across the Lifespan:** The congress explored women's health issues at different life stages, from adolescence to menopause and beyond. Topics included menstrual health, sexual and reproductive health in the elderly, and the management of chronic conditions in women.

v. **Global Health Equity:** A central theme was the pursuit of global health equity, emphasizing the importance of addressing disparities in access to healthcare services, particularly in low- and middle-income countries. Participants discussed strategies to bridge the gap and ensure equitable care for all women.

vi. **Research and Poster Presentations:** The congress showcased a plethora of research studies and poster presentations, providing a platform for researchers to

disseminate their findings and innovations. Research topics covered a wide range of issues, including advancements in minimally invasive gynaecological surgery, innovative diagnostic tools for obstetric complications, and novel treatments for endometriosis and fibroids.

e) **Women's cancer**

71. Cancer that specifically affects women can occur in various parts of the body. Some of the most common types of cancers that predominantly or exclusively affect women include breast cancer, ovarian cancer, cervical cancer, and uterine (endometrial) cancer. Here's an overview of these women-specific cancers:

i. **Breast Cancer:**

Incidence: Breast cancer is one of the most common cancers among women globally.
Risk Factors: Age, family history, certain gene mutations (BRCA1 and BRCA2), hormonal factors, and lifestyle choices can contribute to the risk of breast cancer.
Screening: Mammography and clinical breast exams are common methods for early detection. Breast self-exams are also encouraged for women to become familiar with their breast tissue.

ii. **Ovarian Cancer:**

Incidence: Ovarian cancer is less common but can be more challenging to detect in its early stages.
Risk Factors: Age, family history, inherited genetic mutations (e.g., BRCA1 and BRCA2), and factors related to reproductive history can influence the risk.
Symptoms: Ovarian cancer may not cause noticeable symptoms in the early stages. Later stages may present with abdominal pain, bloating, and changes in bowel habits.
Screening: There is no widely accepted routine screening test for ovarian cancer.

iii. **Cervical Cancer:**

Incidence: Cervical cancer is primarily caused by persistent infection with certain strains of the human papillomavirus (HPV).
Risk Factors: HPV infection, smoking, weakened immune system, and long-term use of oral contraceptives are some risk factors.
Prevention: HPV vaccination for young girls and screening through Pap smears and HPV tests are key preventive measures.

iv. **Uterine (Endometrial) Cancer**:

Incidence: Uterine cancer is more common among postmenopausal women.
Risk Factors: Hormonal imbalances, obesity, diabetes, and certain genetic conditions can increase the risk.
Symptoms: Abnormal vaginal bleeding, pelvic pain, and pain during intercourse may be indicative of uterine cancer.
Diagnosis: Endometrial biopsy and imaging tests are commonly used for diagnosis.

v. **Other Gynaecological Cancers**:

Besides ovarian, cervical, and uterine cancers, women can also be affected by cancers in other reproductive organs, such as vaginal and vulvar cancers.

Early detection and advances in treatment have significantly improved outcomes for women with these cancers. Regular screenings, awareness of symptoms, and lifestyle choices play crucial roles in prevention and early intervention. Additionally, ongoing research and medical advancements continue to enhance our understanding and management of women's cancers. Women are encouraged to discuss their risk factors and appropriate screening schedules with healthcare providers.

f) Inaugurated its first President from sub-Saharan Africa

72. At the XXIV FIGO World Congress of Gynaecology and Obstetrics in Paris, France on Oct 9–12, 2023, the organisation inaugurated its first President from sub-Saharan Africa, Dr Anne-Beatrice Kihara, who will bring strong clinical and leadership expertise to this role. Kihara is based in Kenya where she is a Senior Lecturer in the Department of Obstetrics and Gynaecology at the University of Nairobi (UoN) and Division Chair of the UoN–Kenyatta National Hospital Department of Obstetrics and Gynaecology.

73. Speaking during her inauguration, Kihara outlines some of her priorities, which include adolescent health and wellbeing, reducing maternal mortality and early postpartum haemorrhage globally—"we need not be losing mothers senselessly", she says—championing the inclusion of human papillomavirus vaccination in childhood immunisation programmes in low-income and middle-income countries (LMICs), improving access to contraception, and harnessing technology to provide reliable health information for young people.

74. She concluded that her vision for her two-year term focuses on tackling maternal deaths worldwide, promoting adolescent sexual reproductive health and rights and harnessing the power of technology to advance the field of obstetrics and gynaecology

CHAPTER FOUR

4. COMMITTEE OBSERVATIONS

75. The Committee makes the following observations:

1) Direct causes of Maternal morbidity and mortality include bleeding after childbirth, hypertensive diseases in pregnancy, obstructed labour, sepsis in pregnancy and abortion.

2) 14 million women still experience haemorrhage after childbirth, and of those globally, 70,000 die, losing about 8,000 women every day.

3) There is generally a low uptake of cancer screening services. Data from the country's health information system shows that less than 20% of health facilities in Kenya are screening for cervical cancer.

4) Currently, pathology and radiology services are weak in the country with an inadequate infrastructure and human resources. Only a few county hospitals can offer histopathology services contributing to diagnostic delays. Late diagnosis remains a key challenge.

5) Family planning contributes to reducing maternal mortality by preventing unintended pregnancies and unsafe abortions.

CHAPTER FIVE

5. COMMITTEE RECOMMENDATIONS

76. The Committee recommends the following, that:

1) The Ministry of Health should increase awareness and dissemination of information, improve equity, access to services, and improve the health of women, which will play a significant role in reducing the burden of cervical cancer in the country and countries around the world.

2) The Ministry of Health should ensure evidence-based policy implementation and sustained health system strengthening are necessary to move towards cervical cancer elimination as a public health problem

3) There is a need for the Ministry of Health to improve Access to Healthcare to ensure that the facilities are accessible to all, especially in rural or underserved areas and Training Healthcare Professionals, equipping healthcare providers with the skills and knowledge to perform screenings, diagnosis, and treatment of cancer.

4) Ministry of Health Integration of routine cervical cancer screening and clinical breast examination in Maternal and Child Health (MCH) and HIV service delivery points as well as routine outreach activities and introduction of Human Papillomavirus and Hepatitis B vaccination in the routine immunization schedule.

5) The Ministry of Health should enhance efforts towards research capacity building. Continued investment in research to develop new technologies, treatments, and diagnostic tools for cervical cancer. Global Collaboration in research should be fostered to share knowledge and resources. Health research in the country should also focus on the key health priorities and disease burden both the prevalent and emerging to have credible information on the disease burden.

6) The Ministry for Health should empower communities with knowledge about maternal and child health, which is crucial. Health systems should invest in community engagement programs that promote health education, encourage healthy behaviours, and create awareness about the importance of seeking timely healthcare.

7) The Ministry of Health should train of all healthcare providers, professionals or birth attendants in the practice of physiologic management, diagnosis, and management of PPH and Preparing and disseminating PPH prevention and treatment protocols

8) The Ministry of Health Should Monitor the incidence of Postpartum haemorrhage (PPH) and ensure quality assurance at local, regional, and national levels.

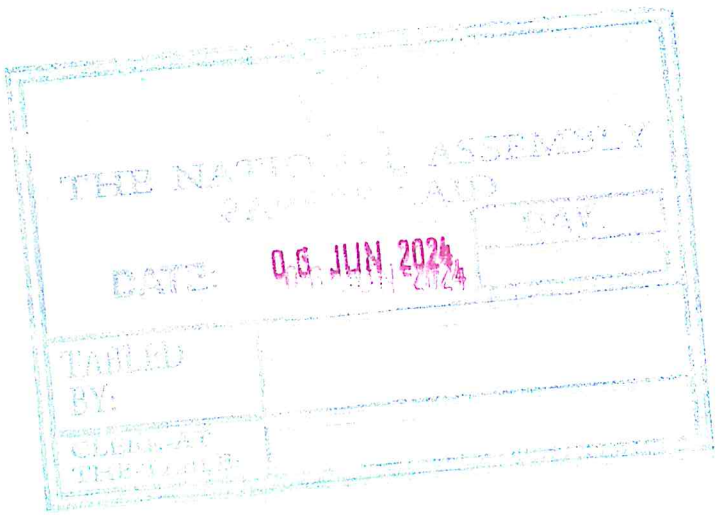
9) The Ministry for Health should declare Mental health be a national public health emergency because the high burden of mental illness is a threat to national development. The government should reduce the mental illness burden by providing funds for promotive, preventive and curative interventions and training healthcare professionals, educators, and the general public to recognise mental health symptoms and providing appropriate support, which is vital.

10) The Ministry for Health should ensure access to mental health services, including counselling, therapy, and psychiatric care, which is crucial. This involves both increasing the availability of services and making them more affordable and accessible.

SIGN: .....DATE: 30/09/2024.....

THE HON. DR. ROBERT PUKOSE, CBS, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH



Annex 1:

Minutes of the Committee sittings

MINUTES OF THE 38TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 3RD FLOOR, BUNGE TOWERS, PARLIAMENT BUILDINGS, ON TUESDAY, 30TH APRIL 2024 AT 10.30 A.M.

PRESENT

1. The Hon. Dr. Pukose Robert, CBS, M.P – **Chairperson**
2. The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson
3. The Hon. Dr. Nyikal James Wambura, M.P
4. The Hon. Owino Martin Peters, M.P
5. The Hon. Mary Maingi, MP
6. The Hon. Prof. Jaldesa Guyo Waqo, M.P
7. The Hon. Oron Joshua Odongo, M.P
8. The Hon. Lenguris Pauline, M.P
9. The Hon. Muge Cynthia Jepkosgei, M.P
10. The Hon. Wanyonyi Martin Pepela, M.P
11. The Hon. Kibagendi Antony, M.P

ABSENT WITH APOLOGY

1. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
2. The Hon. Titus Khamala, M.P
3. The Hon. Mathenge Duncan Maina, M.P
4. The Hon. Kipng'ok Reuben Kiborek, M.P

COMMITTEE SECRETARIAT

1. Mr. Hassan A. Arale - Clerk Assistant I
2. Ms. Gladys Kiprotich -Clerk Assistant III
3. Mr. Hiram Kimuhu -Fiscal analyst III
4. Ms. Abigel Muinde - Research Officer III
5. Ms. Faith Chepkemoi -Legal Counsel II
6. Mr. Eric Lungai -Hansard Reporter III
7. Mr. Hillary Mageka -Media Relations Officer III
8. Ms. Sheila Chebotibin - Senior Serjeant At Arms
9. Ms. Eunice Akai - Intern

MIN. NO. NA/DC-H/2024/156: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10 .30 a.m with a word of prayer by the Chairperson Hon. Dr. Pukose Robert, CBS, M.P. Thereafter, a round of introductions was made.

MIN.NO.NA/DC-H/2024/157: ADOPTION OF THE AGENDA

The agenda of the meeting was adopted having been proposed by the Hon. Kibagendi Antony, M.P and seconded by the Hon. Dr. Nyikal James Wambura, M.P.

MIN.NO.NA/DC-H/2024/158: CONFIRMATION OF MINUTES

1) Minutes of the 26th sitting were confirmed as a true record of the deliberations having been proposed by, the Hon. Dr. Nyikal James Wambura, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

2) Minutes of the 27th sitting were confirmed as a true record of the deliberations having been proposed by, the Hon. Owino Martin Peters, M.P and seconded by the Hon. Mary Maingi, MP

3) Minutes of the 28th sitting were confirmed as a true record of the deliberations having been proposed by, the Hon. Mary Maingi, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

4) Minutes of the 29th sitting were confirmed as a true record of the deliberations having been proposed by the Hon. Mary Maingi, M.P and seconded by the Hon. Owino Martin Peters, M.P.

5) Minutes of the 30th sitting were confirmed as a true record of the deliberations having been proposed by the Hon. Kibagendi Antony, M.P and seconded by the Hon. Oron Joshua Odongo, M.P

MIN.NO.NA/DC-H/2024/159: CONSIDERATION AND ADOPTION OF REPORT ON THE LEGISLATIVE PROPOSAL ON THE HEALTH (AMENDMENT) BILL, 2023 BY HON. JANE NJERI MAINA, MP

Upon consideration of the report on the Legislative Proposal of the Health (Amendment) Bill, 2023 the The Committee recommends that the honourable member to add a schedule of emmergency. Committee adopted the report after it was proposed by Hon. Oron Joshua Odongo, M.P and seconded by the Hon. Kibagendi Antony, M.P.

MIN.NO.NA/DC-H/2024/160: CONSIDERATION AND ADOPTION OF THE REPORT ON THE INQUIRY INTO THE ALLEGED FRAUDULENT PAYMENTS OF MEDICAL CLAIMS AND CAPITATION TO HEALTH FACILITIES BY THE NATIONAL HEALTH INSURANCE FUND (NHIF).

The agenda was deferred for consideration by the Committee in a retreat to be held from 30th May, to 2nd June, 2024.

MIN.NO.NA/DC-H/2024/161:CONSIDERATION AND ADOPTION OF THE FOREIGN TRAVEL REPORTS.

The following foreign reports were adopted;

1) The Committee adopted the report on the Experiential Learning Visit On The Harm Reduction Programme For Persons Who Use And Inject Drugs In Mauritius after it was proposed by the Hon. Ntwiga Patrick Munene, M.P and seconded the Hon. Dr. Nyikal James Wambura, M.P

2) The Committee adopted the report on the Participation In the Afro Regional Preparatory Meeting On The World Health Organization Framework Convention On Tobacco Control In Uganda after it was proposed by the Hon. Antoney Kibagendi, MP and seconded the Hon. Pauline Lenguris, MP.

3) The Committee adopted the report on The Xxiv Figo World Congress Of Gynaecology And Obstetrics In Paris Convention Centre, France after it was proposed by the Hon. Prof. Jaldesa Guyo Waqo, M.P and seconded the Hon. Mary Maingi, MP

MIN. NO. NADC-H/2024/162: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 12.25 p.m. The next meeting will be held on Thursday, 2nd May, 2024.

Sign.....Date.....4/6/2024.....

HON. DR. ROBERT PUKOSE, CBS, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

Annex 2:

Adoption List

THE NATIONAL ASSEMBLY
13TH PARLIAMENT - THIRD SESSION – 2024
DEPARTMENTAL COMMITTEE ON HEALTH
MEMBERS REPORT ADOPTION LIST

DATE: 30/04/2024

VENUE: 3rd Floor Bunge Tower, Parliament Building.

AGENDA: ADOPTION LIST OF REPORT ON XXIV FIGO WORLD CONGRESS OF GYNAECOLOGY AND OBSTETRICS FROM 9TH TO 13TH OCTOBER, 2023ON PARIS.

NO.	NAME	SIGNATURE
1.	The Hon. Dr. Pukose Robert, CBS, M.P.- **Chairperson**	
2.	The Hon. Ntwiga Patrick Munene, M.P.-**Vice-Chairperson**	P Munene
3.	The Hon. Maingi Mary, M.P.	
4.	The Hon. Muge Cynthia Jepkosgei, M. P	
5.	The Hon. Kipngor Reuben Kiborek, M.P.	
6.	The Hon. Wanyonyi Martin Pepela, M. P	
7.	The Hon. Mathenge Duncan Maina, M.P.	
8.	The Hon. Lenguris Pauline, M.P.	
9.	The Hon. Oron Joshua Odongo, M.P.	
10.	The Hon. Dr. James Nyikal Wambura, M.P.	
11.	The Hon. Kibagendi Antoney, M.P.	
12.	The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS M.P.	
13.	The Hon. Prof. Jaldesa Guyo Waqo, M.P.	
14.	The Hon. Titus Khamala, M. P	
15	The Hon. Owino Martin Peters, M.P.	