

SPECIAL ISSUE

Kenya Gazette Supplement No. 163 (Senate Bills No. 19)



REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT

SENATE BILLS, 2025

NAIROBI, 26th September, 2025

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THE AUTISM MANAGEMENT BILL, 2025**A Bill for****AN ACT of Parliament to provide for an integrated and coordinated approach on the management of autism; and for connected purposes****ENACTED** by the Parliament of Kenya, as follows —

1. This Act may be cited as the Autism Management Act, 2025. Short title.

2. In this Act— Interpretation.

“Autism” means the Autism Spectrum Disorder (ASD);

“Cabinet Secretary” means the Cabinet Secretary responsible for matters relating to health;

“medical practitioner” means a person duly registered under the Medical Practitioners and Dentists Act as a medical practitioner; and Cap 253.

“executive committee member” means the county executive committee member responsible for matters relating to health.

3. The objects of the Act are to— Objects of the Act.

- (a) provide a framework for integrated approach towards the early screening, diagnosis, management and support of persons with autism;
- (b) promote access to quality and affordable diagnostic and management services for persons with autism;
- (c) to provide for the development of a national information management system for autism;
- (d) provide for continuous training for medical practitioners and caregivers in relation to autism;
- (e) promote public awareness about the causes, management and means of prevention of autism and to ensure access to information relating to autism in accordance with the provisions of the Access to Information Act ;

- (f) provide for the support of persons with autism and care givers of persons with autism;
- (g) ensure allocations of adequate resources to programmes geared towards the diagnostic, management and support of persons with autism; and
- (h) promote research and dissemination of information on the causes, diagnostic and management of autism.

Cap 7M

4. (1) For the realisation of the objectives set out under section 3, the National Government shall—

Responsibilities
of the National
Government.

- (a) develop, establish, co-ordinate and monitor the implementation of national standards and policies relating to autism;
- (b) formulate and monitor a National Autism Strategy that aligns with international best practices;
- (c) establish National Diagnostic Centers in all existing referral hospitals in order to ensure early detection and management of autism;
- (d) undertake capacity building for various stakeholders including continuous training of medical practitioners and care givers;
- (e) promote public awareness by undertaking continuous public education and sensitisation campaigns to eradicate stigma, promote understanding of autism, and foster a more inclusive society;
- (f) promote research and innovation and establish linkages with international research agencies for the adoption of best practices on autism detection, management and support;
- (g) develop a framework to increase accessibility of affordable medical services for persons with autism;
- (h) in collaboration with the county governments and other non-state actors, develop a national data base to ensure that accurate figures of persons with autism are obtained in the country for purposes of planning;

- (i) provide technical assistance and capacity building to county governments; and
- (j) ensure that education and information dissemination on the prevention, treatment and management of autism and the care of persons with autism shall form part of health care services by healthcare providers.

(2) The Cabinet Secretary shall set aside specific allocation from the national health budget to support autism activities including early screening programs, diagnostic infrastructure, training of professionals and caregivers, and public awareness campaigns.

5. (1) For the realisation of the objectives set out under section 3, the county governments shall—

Responsibilities
of the county
governments.

- (a) implement the national standards and policies relating to autism;
- (b) formulate and monitor a county autism strategy that aligns with the national strategy;
- (c) establish County Diagnostic Centers in all existing county level 4 and 5 hospitals in order to ensure early detection and management of autism;
- (d) establish community-level caregiver support groups;
- (e) establish a county database to ensure that accurate figures of persons with autism are obtained in the county for purposes of planning and share the information with the national government for purposes of updating the national data base;
- (f) put in place measures for accessibility of affordable medical services for persons with autism within the county hospitals.

(2) The county executive committee member shall set aside specific allocation from the county health budget to support autism activities including early screening programs, diagnostic infrastructure, training of professionals and caregivers, and public awareness campaigns.

6. (1) The Cabinet secretary and each county executive committee member shall—

Establishment of
Autism units.

- (a) establish an autism unit within the ministry of health or the relevant county department mandated to deal with matters relating to public health; and
 - (b) ensure a diagnostic centre is staffed with trained professionals and appropriate diagnostic tools.
- (2) An autism unit shall be responsible for—
- (a) collection and collating data on autism prevalence at the national and county level respectively;
 - (b) establishing and updating the national and county database respectively.
 - (c) Co-ordinating all the autism programs in the area of operation including training and public awareness campaigns; and
 - (d) perform all such other things or acts as directed by the Cabinet secretary or the county executive committee member.

(3) The county autism units shall periodically share data with the national government for purposes of updating the national database.

7. The national government and county governments, in collaboration with stakeholders shall through the autism units—

Education and information.

(1) promote public awareness about the causes, means of prevention, treatment and management of autism through a comprehensive nation-wide education and information campaign.

(2) conduct education and information campaigns in schools, institutions of learning and in all communities throughout Kenya.

(3) provide training, sensitization and awareness programmes on the prevention, treatment and management of autism to—

- (a) medical practitioners;
- (b) community and social workers;
- (c) educators; and
- (d) other stakeholders involved in the dissemination of information to the public on autism prevention, treatment and management.

(4) ensure the involvement and participation of individuals and groups affected by autism in the education and information programs.

(5) Ensure that the information provided under this section covers issues such as support and attitudes towards affected persons and psychological support for care givers.

8. (1) The Kenya Institute of Curriculum Development shall —

Teacher training and syllabus.

(a) ensure that autism awareness is integrated in both pre-service and in-service training.

Cap 211A

(b) develop a training curriculum to be integrated into syllabuses on the management of autism in order to ensure the care of persons with autism is taught at all levels of education.

9. In addition to the provisions of this Act, persons with autism shall enjoy all the rights, protection and privileges as provided for under the Persons Living with Disability Act, 2025 and other relevant laws.

Provisions of the Persons Living with Disability Act.

10. The Cabinet Secretary may, in consultation with the Council of Governors, make regulations for the better carrying out of the provisions of this Act.

Regulations.

MEMORANDUM OF OBJECTS AND REASONS

Statement of the Objects and Reasons for the Bill

The principle object of the Bill is to provide for the diagnostic, management and support of persons with autism. The Bill is anchored in Article 43(1)(a), of the Constitution which guarantees every individual the right to the highest attainable standard of health.

According to the Analytical Monograph on Autism conducted by the National Council for Persons with Disability (NCPWD)(2024),it is estimated that nearly 75 million people have autism spectrum disorder, which represents 1% of the world's population. The World Health Organization (WHO) estimates that one out of 59 children are born with Autism and related Developmental Disabilities with Kenya having an estimated 402.57 per 100, 000 persons with autism. Despite these numbers, autism awareness, diagnosis, and support systems remain limited in Kenya, with challenges such as late diagnoses, a shortage of trained professionals, and limited access to specialized education. On May 30, 2014 the WHO passed the first ever global Autism Resolution dubbed the "Comprehensive and Co-ordinated Efforts for the Management of Autism Spectrum Disorder." The resolution was cosponsored by 50 states and received the support of all of the 194 member countries at the annual assembly of the WHO. Kenya therefore adopted this important instrument.

To support the early detection component, the Bill provides for the establishment of regional autism diagnostic centers within existing public hospitals. These centers will be staffed with trained professionals and outfitted with appropriate diagnostic tools. the Bill also mandates the National government and the county government to establish autism units which will be responsible for co-ordinating autism activities and collecting and maintaining data, which will aid in national policy development and service planning.

In recognising the importance of capacity building, the Bill mandates training programs for key stakeholders. Medical practitioners will receive specialised training on autism recognition and management. Teachers and education officers will be equipped with autism-inclusive teaching strategies, and autism awareness will be integrated into both pre-service and in-service teacher training. Caregivers, including parents and guardians, will also receive training and psychosocial support, while county governments will be responsible for establishing community-level caregiver support groups.

The Bill mandates the National Government and county governments through the autism Units to oversee implementation and co-ordination

efforts. The National Government will develop national policies, set implementation standards, co-ordinate among government and non-government stakeholders, and promote research and innovation on autism. The County government will implement the policies within counties.

In addition to direct support measures, the Bill addresses the importance of public awareness. It mandates that both national and county governments undertake continuous public education and sensitization campaigns to combat stigma, promote understanding of autism, and foster a more inclusive society.

To finance its objectives, the Bill obligates the National and the county governments to ensure allocations of adequate resources to programmes geared towards the diagnostic, management and support of persons with autism.;

Finally, the Bill empowers the Cabinet Secretary responsible for matters related to health to make regulations to operationalise the provisions of the Act.

Statement on the delegation of legislative powers and limitation of fundamental rights and freedoms

The Bill propose to delegate legislative powers to the Cabinet Secretary in charge of matters related to health to develop regulations for the better carrying out of the provisions of the proposed law. The Bill does not limit fundamental rights and freedoms.

Statement of how the Bill concerns county governments

Under paragraph 2 of Part 2 of the Fourth Schedule to the Constitution, county health services including promotion of primary health care are devolved functions. The Bill provides for the management and support of persons living with autism.

Statement that the Bill is not a money Bill within the meaning of Article 114 of the Constitution

This Bill is not a money Bill within the meaning of Article 114 of the Constitution.

Dated the 12th February, 2025.

KAREN NYAMU,
Senator.