

REPUBLIC OF KENYA



NATIONAL ASSEMBLY

*Approved for
tabling
SWA
2/8/23*

THIRTEENTH PARLIAMENT – SECOND SESSION – 2023

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO.2)
BILL, 2022, (NATIONAL ASSEMBLY BILL, NO. 45 OF 2022)

THE NATIONAL ASSEMBLY	
DATE: 03 AUG 2023	
DAY: THURSDAY	
TABLED BY:	HON. (DR) PUKOSE ROBERT, MP
CLERK-AT THE TABLE:	Anne Shubuko

CLERK'S CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

AUGUST, 2023

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CHAIRPERSON'S FOREWORD

This report contains proceedings of the Departmental Committee on Health on its consideration of the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022 by Hon. Abdul Rahim Dawood, MP which was published on 28th October, 2022. The Bill was read the First Time in the House on Wednesday, 15th February, 2023 and was thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provision of Standing Order 127.

The principal objective of the Bill is to amend the Cancer Prevention and Control Act, No. 15 of 2012 to make provision for training of health cadres in the specialized medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.

Following the placement of an advertisement in the print media on Thursday, 23rd February 2023 seeking public and stakeholder views on the Bill pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3), the Committee received submissions from six (6) stakeholders.

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its sittings. The Committee further wishes to thank the sponsor of the Bill, Hon. Abdul Rahim Dawood, MP who attended the meeting at the Committee's invitation during consideration of the Bill and all stakeholders who submitted their comments on the Bill. Finally, I wish to express my appreciation to the Honorable Members of the Committee and the Committee Secretariat who made useful contributions towards the consideration of the Bill and production of this report.

On behalf of the Departmental Committee on Health and pursuant to Standing Order 127 (4), it is my pleasant privilege and honour to present to this House, the Report of the Committee on its consideration of the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022.

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

PART ONE

1.0 PREFACE

1.1 ESTABLISHMENT AND MANDATE 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.*
2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
3. In executing its mandate, the Committee oversees the Ministry of Health with its two State Departments namely the State Department for Medical Services and the State Department for Public Health and Professional Standards.

1.2 COMMITTEE MEMBERSHIP

4. The Departmental Committee on Health was constituted by the House on 27th October 2022 and comprises of the following Members:

Chairperson

Hon. (Dr.) Robert Pukose, MP
Endebes Constituency
UDA Party

Vice-Chairperson

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

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

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

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

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

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

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

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

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

Hon. (Prof.) Jaldesa GuyoWaqo
Moyale Constituency
UPIA Party

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

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ANC Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following secretariat:

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 Chepkemai
Legal Counsel II

Mr. Yakub Ahmed
Media Relations Officer II

Ms. Rahab Chepkilim
Audio Recording Officer II

Ms. Abigail Muinde
Research Officer III

Mr. Hiram Kimuhu
Fiscal Analyst III

Mr. Benson Kimanzi
Serjeant-At-Arms III

Mr. Salat Abdi Ali
Senior Serjeant-At-Arms

PART TWO

2.0 OVERVIEW OF THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO.2) BILL, 2022, NATIONAL ASSEMBLY BILL NO. 45 OF 2022

6. The principal objective of the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022 (hereinafter referred to as “the Bill”) is to amend the Cancer Prevention and Control Act, No. 15 of 2012 (the principal Act) to provide for training of health cadres in the specialized medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and incorporate the use of e-health and telemedicine.
7. The Bill contains four (4) clauses. Clause 1 of the Bill provides the short title of the Bill.
8. Clause 2 of the Bill introduces new definitions namely “e-health” and “telemedicine” in section 2 of the Cancer Prevention and Control Act.
9. Clause 3 of the Bill expands the functions of the National Cancer Institute of Kenya to include promoting the use of e-health and telemedicine in the prevention and management of persons with cancer and promoting treatment of persons with cancer as a component of primary healthcare.
10. Clause 4 of the Bill amends section 31 of the Cancer Prevention and Control Act, No. 15 of 2012 by introducing a new sub-section that requires the National Cancer Institute of Kenya to collaborate with the national government department responsible for health to promote the training of human resource for oncology services.

PART THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

11. Article 118 (1) (b) of the Constitution of Kenya provides as follows—

“Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees.”

12. Standing Order 127(3) provides that—

“The Departmental Committee to which a Bill is committed shall facilitate public participation on the Bill through an appropriate mechanism, including—

- (a) inviting submission of memoranda;*
- (b) holding public hearings;*
- (c) consulting relevant stakeholders in a sector; and*
- (d) consulting experts on technical subjects.*

13. Standing Order 127(3A) further provides that—

“The Departmental Committee shall take into account the views and recommendations of the public under paragraph (3) in its report to the House.”

3.2 PUBLIC PARTICIPATION IN THE REVIEW OF THE BILL

14. The Cancer Prevention and Control (Amendment) (No. 2) Bill, 2022, sponsored by Hon. Abdul Rahim Dawood was published on 28th October 2022. Pursuant to Standing Order 127(1), the Bill was committed to the Departmental Committee on Health having been read the First Time in the House on 15th February 2023.
15. Pursuant to the aforementioned provisions of the Constitution and Standing Orders, on public participation, the Committee through local daily newspapers of Thursday, 23rd February 2023 published an advertisement inviting the public to submit memoranda on the Bill. The advertisement is annexed to this report as Annexure 4.
16. The Committee also sought comments on the Bill from relevant stakeholders namely the Ministry of Health, the National Cancer Institute of Kenya, the Office of the Attorney General and the Kenya Law Reform Commission vide letter dated 11th July 2023 annexed to this report as Annexure 5.
17. Further, vide a letter dated 11th July 2023 annexed to this report as Annexure 6, the Committee invited various stakeholders including the Office of the Attorney General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 18th July, 2023 at the 2nd Floor Boardroom, Continental House, Parliament Buildings.

3.2.1 SUBMISSIONS ON THE BILL

18. The Committee received submissions through oral presentations and written memoranda from the following institutions:
 - (a) The Ministry of Health, State Department for Medical Services;
 - (b) The National Cancer Institute of Kenya (NCI-Kenya);
 - (c) The Office of the Attorney General and Department of Justice;
 - (d) The Kenya Law Reform Commission (KLRC);
 - (e) The Law Society of Kenya (LSK); and
 - (f) The Kenya Society of Hematology and Oncology (KESHO) - An organization of cancer stakeholders in Kenya from health care professionals, experts in cancer advocacy and education, pharmaceutical companies supplying cancer medicines and equipment, cancer patients, survivors and their relatives.
19. The **Ministry of Health, State Department for Medical Services**, whilst expressing its agreement with the position taken by the National Cancer Institute of Kenya, submitted as follows:
 - (a) The Ministry supported the introduction of the proposed definitions in clause 2 as well as the introduction of the additional function of NCI-Kenya of promoting the use of e-health and telemedicine for the prevention and management of persons with cancer as proposed in the new paragraph (ba) in clause 3. The Ministry noted that these additions were well aligned with the health sector's focus on the use of technology to enhance access to services;
 - (b) The Ministry supported clause 4 which proposes the inclusion of sub-section (3) to section 31 of the Cancer Prevention and Control Act. The Ministry cited that this was going to ensure provision of quality oncology services by trained oncology specialists; and
 - (c) The Ministry proposed an amendment to clause 3 by replacing the word "treatment" with "management in the proposed paragraph (bb) as cancer treatment is a specialized service that cannot be provided at the primary health care setting. The Ministry submitted that using the word "management" is appropriate as it encompasses prevention, screening, early detection and palliative care which can be provided at the primary health care level.
20. The **National Cancer Institute of Kenya** submitted as follows:
 - (a) The Institute supported the introduction of the proposed definitions in clause 2 as well as the introduction of the additional function of NCI-Kenya of promoting the use of e-health and telemedicine for the prevention and management of persons with cancer as proposed in the new paragraph (ba) in clause 3. The Institute noted that these additions were in line with the current technological advancements in the health sector as they sought to enhance service provision and information sharing;

- (b) The Institute proposed an amendment to clause 3 by replacing the word “treatment” with “management in the proposed paragraph (bb) as cancer treatment is a specialized service that cannot be provided at the primary health care setting. The Institute submitted that using the word “management” was appropriate as it encompasses prevention, screening, early detection and palliative care which can be provided at the primary health care level;
 - (c) The Institute supported clause 4 however it proposed that the clause be redrafted as follows—
“The Institute shall collaborate with the national government, universities, middle level colleges and the private sector to promote the training of oncology professionals”. This would promote a multi-disciplinary approach in the provision of oncology care by focusing on training of health care workers from all cadres in oncology; and
 - (d) The Institute proposed the addition of the following new paragraphs in clause 3—
“to provide for e-health and telemedicine infrastructure in all cancer treatment centres”; and
“to provide regulate and secure e health, provision of cancer diagnosis, treatment and rehabilitation services”. The Institute indicated that these additions would enhance service provision and information sharing within the health sector.
21. The **Office of the Attorney-General and Department of Justice** whilst supporting the Bill, went ahead to propose an amendment of the proposed new paragraph (ba) by deleting the words “persons with” e-health and telemedicine should prevent and manage cancer and not persons with cancer.
22. The **Kenya Law Reform Commission** whilst supporting the Bill, submitted as follows:
- (a) The Commission supported the expansion of the functions of the National Cancer Institute of Kenya to include promotion of use of e-health and telemedicine in the prevention and management of persons with cancer and the promotion of the treatment of persons with cancer as a component of primary healthcare;
 - (b) The Commission noted that Bill was aligned to, and supported the implementation of the Kenya Cancer Policy 2019-2030 and the National Cancer Control Strategy 2023-2027 which encourages the use of digital innovations to improve cancer treatment; and
 - (c) The Commission noted that the Bill promoted the use of e-health and telemedicine for the treatment of persons with cancer in statutory harmony with the Health Act, No. 21 of 2017.
23. The **Law Society of Kenya (LSK)** whilst supporting the Bill, submitted as follows:
- (a) The LSK noted that Bill is progressive as it would revolutionize cancer treatment as utilization of e-health and telemedicine would increase access to specialized care, enhance early detection and diagnosis and facilitate remote monitoring of patients undergoing treatment hence reducing the cost of cancer treatment; and
 - (b) The LSK indicated that the Bill sought to entrench the provision of cancer treatment as an integral part of primary healthcare thereby ensuring accessible and comprehensive care for all cancer patients in Kenya especially at the community level. This integration would promote early detection, prevention and timely intervention

that would improve outcomes and reduce cancer burden on individuals and the society at large;

- (c) The LSK further noted that the Bill should be enacted as it offered a collaborative, cost-effective and comprehensive patient-centered approach to cancer care which was a significant step towards the improvement of cancer prevention, control and treatment outcomes in the country.

24. The **Kenya Society of Hematology and Oncology (KESHO)** whilst supporting the Bill, submitted as follows:

- (a) KESHO proposed the deletion of the expression “Cabinet Secretary” and its substitution with the words “people of Kenya” in section 5(a) of the Cancer Prevention and Control Act, 2012. It explained that current section 5 (a) restricts the NCI-Kenya’s function to reporting to the Cabinet Secretary and yet the NCI-Kenya has been engaging directly with Kenyans from all walks of life;
- (b) KESHO proposed the deletion of the word “co-ordinate” and substitution with the word “promote” in section 5 (d) of the Cancer Prevention and Control Act, 2012. It indicated that the function of coordination of services provided in Kenya for the welfare and treatment of persons with cancer could not be successfully implemented by a single institute. It requires nationwide infrastructure comprising of personnel and offices in all counties as happens in other developed countries. The Ministry of Health already has such infrastructure;
- (c) KESHO proposed the deletion of paragraph (i) of section 5 of the Cancer Prevention and Control Act, 2012 citing that the provision was vague. The provision suggests that the NCI-Kenya has funds to subscribe to journals and buy textbooks etc. and then distribute the same to all institutions which was untenable even in developed countries;
- (d) KESHO proposed the deletion of the words “national government department responsible for public health” and substitution with the words “Ministry of Health and Education” in section 33(2) of the Cancer Prevention and Control Act, 2012. It noted that education and information on cancer was cross-cutting and the NCI-Kenya was already working with all the relevant stakeholders including Universities and Kenya Medical Research Institute (KEMRI) beyond the Ministry of Health;
- (e) KESHO proposed the deletion of the words “in collaboration with the Institute, shall conduct” appearing in section 32 and 33 of the Cancer Prevention and Control Act, 2012 and substitution therefor with the words “the institute will work with county governments” and “the Institute will work with cities or urban areas” respectively. It indicated that cancer institutes worldwide did not have capacity to enforce such collaboration. County governments and cities may also decide to conduct cancer campaigns on their own without collaboration with the NCI-Kenya; and
- (f) KESHO proposed the deletion of subsection (1) of section 36 of the Cancer Prevention and Control Act, 2012 and noted that the NCI-Kenya should make its own internal rules. Cancer care in Kenya should not be a reserve of a singular person.

25. The Report contains an analysis of the above stakeholder submissions on the Bill noting the general comments in support of or against the amendments. The analysis is presented in a table annexed to this report as Annexure 3 which highlights the stakeholder comments and the Committee resolution on the various clauses of the Bill.

PART FOUR

COMMITTEE OBSERVATIONS

26. The Committee having considered the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022 and submissions from stakeholders makes the following observations:

- (a) E-health and telemedicine are recognized as key facilitators of effective health service delivery under the Health Act, No. 21 of 2017;
- (b) The amendment expands the functions of the National Cancer Institute of Kenya to include the promotion of the use of e-health and telemedicine in the management of cancer. This is in line with the government's plan of leveraging on technology to enhance service delivery in the health sector generally and improvement in the management of cancer care in particular, as espoused in the Health Act, No. 21 of 2017, the National Cancer Control Strategy 2023-2027 and the Kenya Cancer Policy 2019-2030;
- (c) The amendment also provides for the training of all health cadres in oncology. This will guarantee the provision of quality oncology services facilitating the realization of the right to the highest attainable standard of health guaranteed under Article 43(1)(a) of the Constitution of Kenya, 2010;
- (d) The amendment further entrenches and integrates cancer care as a component of primary health care which presents numerous benefits in the fight against cancer in the country. The amendment will therefore ensure that preventive and promotive health services at the community, dispensary and health centres support the management of cancer through addressing risk factors, awareness creation, education, behaviour change screening, treatment of pre-cancerous lesions, streamlined referral pathway, psychological support, nutritional support, palliative and supportive care among others; and
- (e) Cancer treatment, being a highly specialized service cannot be provided at the primary healthcare setting as it requires specialized health workers and equipment. The Bill should therefore provide for cancer management as opposed to cancer treatment as the former encompasses prevention, screening, early detection, diagnosis, supportive care, treatment and palliative care which can be provided at the primary healthcare setting.

PART FIVE

5.0 COMMITTEE RECOMMENDATIONS

Upon considering the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022 and submissions from stakeholders, the Committee recommends the following amendments:

CLAUSE 3

THAT Clause 3 of the Bill be amended—

(i) in the proposed new paragraph (ba), by deleting the words “persons with”.

Justification: E-health and telemedicine should prevent and manage cancer and not persons with cancer.

(ii) in the proposed new paragraph (bb), by deleting the word “treatment” and substituting therefor the words “the management”.

Justification: Use of the word “treatment” is limiting. Management is more appropriate as it is construed broadly in the medical field as encompassing diagnosis, treatment and supportive care.

(iii) by inserting the following new paragraphs immediately after the proposed new paragraph (bb)—

“(bc)to secure and regulate the use of e-health in cancer management and the provision of cancer diagnosis, treatment and rehabilitation services and other medical care related to cancer;”

Justification: To expand the functions of the National Cancer Institute of Kenya for enhanced service provision and information sharing on cancer management.

CLAUSE 4

THAT Clause 4 of the Bill be amended by deleting the proposed new subsection (3) and substituting therefor the following new subsection—

“(3) The Institute shall collaborate with the national government, universities, colleges and the private sector to promote the training of oncology professionals”.

Justification: For a multi-disciplinary approach in the provision of oncology care through focus on training of health care workers from all cadres in oncology.

SIGNED.......... DATE.....1/8/2023.....

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



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – SECOND SESSION (2023)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ADOPTION LIST OF THE DEPARTMENTAL COMMITTEE ON HEALTH ON THE
CONSIDERATION OF THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO.2) BILL, 2022,
2023

We, the undersigned Members of the Departmental Committee on Health do hereby append our
signatures to adopt this Report Date: 27/7/2023.

NO	NAME	SIGNATURE
1.	The Hon. Dr. Pukose Robert, 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. Titus Khamala, M.P	
5.	The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P.	
6.	The Hon. Prof. Jaldesa Guyo Waqo, M.P.	
7.	The Hon. Owino Martin Peters, M.P.	
8.	The Hon. Wanyonyi Martin Pepela, M.P	
9.	The Hon. Lenguris Pauline, M.P	
10.	The Hon. Mary Maingi, MP	
11.	The Hon. Muge Cynthia Jepkosgei, M.P	
12.	The Hon. Oron Joshua Odongo, M.P.	
13.	The Hon. Kibagendi Antony, M.P.	
14.	The Hon. Mathenge Duncan Maina, M.P	
15.	The Hon. Kipngor Reuben Kiborek, M.P	

Health committee

Annexure 1 : Minutes of Committee sittings

**MINUTES OF EIGHTY THIRD SITTING OF THE DEPARTMENTAL
COMMITTEE ON HEALTH HELD IN PANARI HOTEL ON TUESDAY, 27TH
JULY, 2023 AT 9.00 A.M**

PRESENT

1. The Hon. Dr. Pukose Robert, M.P – **Chairperson**
2. The Hon. Dr. Nyikal James Wambura, M.P.
3. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
4. The Hon. Titus Khamala, M.P
5. The Hon. Oron Joshua Odongo, M.P
6. The Hon. Kibagendi Antony, M.P
7. The Hon. Prof. Jaldesa Guyo Waqo, M.P
8. The Hon. Mary Maingi, MP
9. The Hon. Mathenge Duncan Maina, M.P
10. The Hon. Lenguris Pauline, M.P
11. The Hon. Muge Cynthia Jepkosgei, M.P
12. The Hon. Wanyonyi Martin Pepela, M.P

ABSENT WITH APOLOGY

1. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
2. The Hon. Owino Martin Peters, M.P
3. The Hon. Kipngor Reuben Kiborek, M.P

COMMITTEE SECRETARIAT

- | | |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant II |
| 2. Ms. Gladys Kiprotich | - Clerk Assistant III |
| 3. Ms. Faith Chepkemai | - Legal Counsel II |
| 4. Ms. Abigel Muinde | - Research Officer III |
| 5. Mr. Benson Kimanzi | - Serjeant At Arms |
| 6. Mr. Hiram Kimuhu | -Fiscal Analyst III |
| 7. Ms. Rahab Chepkilim | - Audio Officer |
| 8. Mr. Mageka | -Media Relations |

INATTENDANCE – MINISTRY OF HEALTH AND KMTC

- | | |
|----------------------------|--|
| 1. Ms. Mary Muthoni | -PS-State Department for Public Health |
| Professional Standards | |
| 2. Dr. Kelly Oluoch | -CEO KMTC |
| 3. Ambassador.Rubure Muita | -KMTC Chair |
| 4. Dr. Mwangi-DDA | -KMTC |
| 5. Ms. Lucy Kuria | - DEP.REGISTRA QA-KMTC |
| 6. Mr. Adan Harakhe | -DA-SDPH\$PS |
| 7. Mr. Collins William | -PCO-MOH |
| 8. Mr. Fredick Omiah | -PLO-PRN MOH-SDPH\$PS |
| 9. Mr. Simon Karanja | -MOH-PH\$PS |
| 10. Ms. Jacinta Kinuthia | -MOH- PH\$PS |
| 11. Ms. Elizabeth Ochanda | - SDPH\$PS |
| 12. Ms. Gladys Tum | -MOH-PLO |

MIN. NO. NA/DC-H/2023/315: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10.00 a.m. with a word of prayer by The Hon. Dr. Pukose Robert, M.P -Chairperson.

The Chairperson welcomed everyone into the meeting. He then requested everyone to introduce themselves before inviting the principal secretary to make submissions.

MIN. NO. NA/DC-H/2023/316: SUBMISSION BY THE PRINCIPAL SECRETARY STATE DEPARTMENT FOR PUBLIC HEALTH PROFESSIONAL STANDARDS

The principal secretary submitted that, KMTC Board resolved to partner with KUCCPS to have KMTC students 2023/2024 admitted through KUCCPS system. Subsequently, senior management staff of KMTC and KUCCPS held consultative meetings which culminated into a draft Memorandum of Understanding (MOU) to provide a framework for a working relationship between KUCCPS and KMTC.

Based on the above the September 2023 student intake admission was advertised through the KUCCPS portal on 24th July 2023 with closing date of 4th August 2023.

The Memorandum of Understanding (MOU) to provide collaboration on admission of students between KUCCPS and KMTC was submitted to the Ministry for concurrence.

MEMBERS CLARIFICATIONS

- a) The Committee seeks to understand the Difference between placement and admission by the KUCCPS.
- b) The KMTC to explain on how it will ensure fairness in distribution of student's admissions to ensure regional balance.
- c) Whether the advice on memorandum of understanding (MOU) between KMTC and KUCCPS in regards to placement of KMTC students 2023/2024 through KUCCPS system was sought from the office of the Attorney General.
- d) Where there any fake certificates detected by KMTC during the previous admission.
- e) The Committee sort to understand if there were any principles between government agencies to ensure uniformity in policy which checks compliance with the laws and statute.
- f) Does KMTC have a legal department and what was the best advice and did it give the power to KUCCPS.

RESPONSE

KUPPS will do replacement of qualified students to the various courses, (it will receive and sort applications) KMTC will receive a list of the qualified applicants from KUPPS for admission. KMTC was aiming to leverage on the existing technology at KUPPS that provides for automated verification of the KCSE certificates with Kenya National Examination Council. Previously KMTC would subject the certificates uploaded by the applicants for verification by the Kenya National Examination Council.

During the previous year's admission KMTC, had detected one hundred and seventy-five fake certificated uploaded by applicants.

On the issue of whether KMTC will lose/forgo any monies (Ain Aid) collected from the applicants, the committee was informed that KMTC charges Ksh 2,000 from each applicant. Half (Ksh 1,000) of the amount will be paid to KUCCPS for the services offered while KMTC will retain the balance.

RECOMMENDATION

The committee recommend extension of admission days by KUCCPS by additional 10 days to closed on date 15th August, 2023.

WAYFORWARD

The committee resolved to have a meeting on Thursday 10th August, 2023 with Principal Secretary State Department for Higher Education and Research, Chief Executive Officer for Kenya Universities and Colleges Central Placement Service (KUCCPS) Ministry of Education together with the KMTC Chief Executive Officer and the KMTC Board.

MIN. NO. NA/DC-H/2023/317: ADOPTION OF THE REPORT ON THE CANCER PREVENTION AND CONTROL (AMENDMENTS) (NO.2) BILL, 2022, NATIONAL ASSEMBLY BILL NO. 45 OF 2022 BY THE HON. ABDUL RAHIM DAUD MP

The report on the Cancer Prevention and Control (Amendments) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022 by the Hon. Abdul Rahim Daud, was confirmed as the true record of the Committee deliberations after it was proposed by the Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P and seconded the Hon. Prof. Jaldesa Guyo Waqo, MP. as follows; that,

- (a) E-health and telemedicine are recognized as key facilitators of effective health service delivery under the Health Act, No. 21 of 2017;
- (b) The amendment expands the functions of the National Cancer Institute of Kenya to include the promotion of the use of e-health and telemedicine in the management of cancer. This is in line with the government's plan of leveraging on technology to enhance service delivery in the health sector generally and improvement in the management of cancer care in particular, as espoused in the Health Act, No. 21 of 2017, the National Cancer Control Strategy 2023-2027 and the Kenya Cancer Policy 2019-2030;
- (c) The amendment also provides for the training of all health cadres in oncology. This will guarantee the provision of quality oncology services facilitating the realization of the right to the highest attainable standard of health guaranteed under Article 43(1)(a) of the Constitution of Kenya, 2010;
- (d) The amendment further entrenches and integrates cancer care as a component of primary health care which presents numerous benefits in the fight against cancer in the country. The amendment will therefore ensure that preventive and promotive health services at the community, dispensary and health centres support the management of cancer through addressing risk factors, awareness creation, education, behaviour change screening, treatment of pre-cancerous lesions, streamlined referral pathway, psychological support, nutritional support, palliative and supportive care among others; and
- (e) Cancer treatment, being a highly specialized service cannot be provided at the primary healthcare setting as it requires specialized health workers and equipment. The Bill should therefore provide for cancer management as

opposed to cancer treatment as the former encompasses prevention, screening, early detection, diagnosis, supportive care, treatment and palliative care which can be provided at the primary healthcare setting.

COMMITTEE RECOMMENDATIONS

Upon considering the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022, National Assembly Bill No. 45 of 2022 and submissions from stakeholders, the Committee recommends the following amendments:

1. CLAUSE 3

THAT Clause 3 of the Bill be amended—

(i) in the proposed new paragraph (ba), by deleting the words “persons with”.

Justification: E-health and telemedicine should prevent and manage cancer and not persons with cancer.

(ii) in the proposed new paragraph (bb), by deleting the word “treatment” and substituting therefor the words “the management”.

Justification: Use of the word “treatment” is limiting. Management is more appropriate as it is construed broadly in the medical field as encompassing diagnosis, treatment and supportive care.

(iii) by inserting the following new paragraphs immediately after the proposed new paragraph (bb)—

“(bc) to secure and regulate the use of e-health in cancer management and the provision of cancer diagnosis, treatment and rehabilitation services and other medical care related to cancer;”

Justification: To expand the functions of the National Cancer Institute of Kenya for enhanced service provision and information sharing on cancer management.

2. CLAUSE 4

THAT Clause 4 of the Bill be amended by deleting the proposed new subsection (3) and substituting therefor the following new subsection—

“(3) The Institute shall collaborate with the national government, universities, colleges and the private sector to promote the training of oncology professionals”.

Justification: For a multi-disciplinary approach in the provision of oncology care through focus on training of health care workers from all cadres in oncology.

MIN. NO. NADC-H/2023/318: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 1.30 p.m.

Sign.....Date.....

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

MINUTES OF SEVENTY SEVENTH SITTING OF THE DEPARTMENTAL
COMMITTEE ON HEALTH HELD IN 2ND FLOOR CONTINENTAL HOUSE
PARLIAMENT BUILDINGS ON TUESDAY, 18TH JULY, 2023 AT 9.00 A.M

PRESENT

1. The Hon. Dr. Pukose Robert, M.P – **Chairperson**
2. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
3. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
4. The Hon. Kibagendi Antony, M.P
5. The Hon. Prof. Jaldesa Guyo Waqo, M.P
6. The Hon. Owino Martin Peters, M.P
7. The Hon. Mary Maingi, MP
8. The Hon. Mathenge Duncan Maina, M.P
9. The Hon. Kipngor Reuben Kiborek, M.P

ABSENT WITH APOLOGY

1. The Hon. Titus Khamala, M.P
2. The Hon. Dr. Nyikal James Wambura, M.P.
3. The Hon. Oron Joshua Odongo, M.P
4. The Hon. Lenguris Pauline, M.P
5. The Hon. Muge Cynthia Jepkosgei, M.P
6. The Hon. Wanyonyi Martin Pepela, M.P

COMMITTEE SECRETARIAT

- | | |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant II |
| 2. Ms. Gladys Kiprotich | - Clerk Assistant III |
| 3. Ms. Faith Chepkemai | - Legal Counsel II |
| 4. Mr. Eric Lungai | - Hansard Officer III |
| 5. Ms. Abigel Muinde | - Research Officer III |
| 6. Mr. Adhi salat | - Serjeant At Arms |
| 7. Ms. Rahab Chepkilim | - Audio Officer |

INATTENDANCE

- | | |
|---|---|
| 1. Mr. Harry Kimutai, CBS PS | -State Department for Medical Services |
| 2. Ms.Mary Muthoni
Professional Management | -PS-State Department for Health Standards and |
| 3. Dr.Sehah Muteru | -Ag.Director-NQCL |
| 4. Dr.Fred M.Siyoi | -PPB-CEO |
| 5. Dr.Charles G.Githinji | -PPB-Chairman |
| 6. Ms.Mary Kitegi | -Office Of Attorney General |
| 7. Ms.Annette Omwoyo | -Kenya Law Reform Commission |
| 8. Samson D.Maundu | -AG offices -Principal Parliamentary Council |
| 9. Dr.Barshir Isaak | -Ag director family health |
| 10. Dr.Martine Mwangi | -Ag Head Directorate NCI-Kenya |
| 11. Dr.Mary Nyangasi | -Head National Cancer Program,MOH |
| 12. Dr.Kamene Kimenye | -Ag.Director Of Public Health |
| 13. Mr.Collins H.Odhiambo | -Deputy Ceo, Law Society Of Kenya |
| 14. Dr.edward serem | -DSSDDMS |
| 15. Dr.Tom Menge | -Head Directorate Health Products MOH |
| 16. Ms.Sharon Munanie | -LSK secretariat |
| 17. Dr.Simon Kibias | -SDDMS |

18. Ms.Tabitha Waweru
19. MS.Arunga Nancy

-Division Of Community Health
-Corporate Secretary PPB

MIN. NO. NA/DC-H/2023/298: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10.00 a.m. with a word of prayer by The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson, introductions were then done.

MIN. NO. NA/DC-H/2023/299: SUBMISSIONS BY STAKEHOLDERS ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL (NA BILL NO. 45),2022 AND THE KENYA DRUGS AUTHORITY BILL (NA BILL NO. 54) 2022.

The following stakeholders appeared before the committee and presented their views and the proposed amendments;

1. The Attorney General and Department of Justice
2. Kenya Law Reform Commission
3. National Cancer Institute
4. Ministry of Health
5. The Law Society of Kenya

1. The Cancer Prevention and Control (Amendment) (No.2) Bill (NA Bill No. 45),2022

(a) The Ministry of Health, State Department for Medical Services

The Ministry expressed that it is in agreement with the position taken by the National Cancer Institute of Kenya.

(b) The National Cancer Institute of Kenya

The Institute supported the introduction of the proposed definitions in clause 2 as well as the introduction of the additional function of NCI-Kenya of promoting the use of e-health and telemedicine for the prevention and management of persons with cancer as proposed in the new paragraph (ba) in clause 3. The Institute noted that these additions are in line with the current technological advancements in the health sector and they sought to enhance service provision and information sharing;

The Institute proposed an amendment to clause 3 by replacing the word "treatment" with "management in the proposed paragraph (bb) as cancer treatment is a specialized service that cannot be provided at the primary health care setting. The Institute submitted that using the word "management" is appropriate as it encompasses prevention, screening, early detection and palliative care which can be provided at the primary health care level;

The Institute supported clause 4 however it proposed that the clause be redrafted to "*The Institute shall collaborate with the national government, universities, middle level colleges and the private sector to promote the training of oncology professionals*". This would promote a multi-disciplinary approach in the provision of oncology care by focusing on training of health care workers from all cadres in oncology; and

The Institute proposed the addition of the following new paragraphs—
“to provide for e-health and telemedicine infrastructure in all cancer treatment centres”;
and
“to provide regulate and secure e health, provision of cancer diagnosis, treatment and rehabilitation services”. The Institute indicated that these additions would enhance service provision and information sharing within the health sector.

(c) The Office of the Attorney General and Department of Justice

proposed an amendment of the proposed new paragraph (ba) by deleting the words “persons with” e-health and telemedicine should prevent and manage cancer and not persons with cancer.

(d) Kenya Law Reform Commission

The Commission supported the expansion of the functions of the National Cancer Institute of Kenya to include promotion of use of e-health and telemedicine in the prevention and management of persons with cancer and the promotion of the treatment of persons with cancer as a component of primary healthcare;

The Commission noted that Bill was aligned to, and supported the implementation of the Kenya Cancer Policy 2019-2030 and the National Cancer Control Strategy 2023-2027 which encourages the use of digital innovations to improve cancer treatment; and

The Commission noted that the Bill promoted the use of e-health and telemedicine for the treatment of persons with cancer in statutory harmony with the Health Act, No. 21 of 2017.

(e) The Law Society of Kenya (LSK)

The LSK noted that Bill is progressive as it would revolutionize cancer treatment as utilization of e-health and telemedicine would increase access to specialized care, enhance early detection and diagnosis and facilitate remote monitoring of patients undergoing treatment hence reducing the cost of cancer treatment; and

The LSK indicated that the Bill sought to entrench the provision of cancer treatment as an integral part of primary healthcare thereby ensuring accessible and comprehensive care for all cancer patients in Kenya especially at the community level. This integration would promote early detection, prevention and timely intervention that would improve outcomes and reduce cancer burden on individuals and the society at large;

The LSK further noted that the Bill should be enacted as it offered a collaborative, cost-effective and comprehensive patient-centered approach to cancer care which was a significant step towards the improvement of cancer prevention, control and treatment outcomes in the country.

2. The Kenya Drugs Authority Bill (NA Bill No. 54) 2022.

a) Ministry of Health

The Ministry was informed that a private members Bill cannot be withdrawn to enable the executive prepare its own legislation. The Ministry should therefore highlight its comments/amendments on a private member Bill being considered by the Committee.

The Ministry was thereafter directed to relook its submissions on the Kenya Drugs Authority Bill (NA Bill No. 54) 2022 and submit its comprehensive memoranda in two weeks' time.

b) Kenya Law Reform Commission

The KLRC submitted that the Bill needs to handle the transition from the Pharmacy and Poisons Act effectively and provide for the transition mechanism in the regulation, training and licensing of professionals in the pharmacy sector. The Commission to submit a written memorandum on the Bill to the Committee.

c) The Law Society of Kenya

Supported the Bill and proposed the following amendments:

Clause 7(f) on disqualification from the position of director general be amended to provide as follows "a director, officer, employee, partner in or shareholder of any specified pharmaceutical or other institution whose principal business is subject to regulation under this Act".

Clause 21(1) on Scientific advisory committees be amended to provide for a specific number of committee members that each advisory committee will comprise of. It should also set out where members of these advisory committees are to be drawn from and what expertise they should possess.

Clause 29(2) on Registration of medicines and medical services be amended to provide a timeline within which an application for registration of a medicine is supposed to be granted.

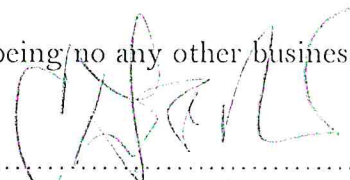
In Clause 2 (b)(b) (ii) on Definitions, the word "if" should be replaced with 'of' to read '.....restoring, correcting or modifying of functioning of organs in humans or animals...'

WAYFORWARD

National Cancer Institute to give guidance to the Cabinet Secretary on the management of the cancer at the Primary Health Care. The Cabinet Secretary to fast track the development of regulations under the Cancer Control and Prevention Act as well as the cancer fund regulations.

MIN. NO. NADC-H/2023/301: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 1.30 p.m.

Sign..........Date.....29/7/2023.....

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

MINUTES OF THE THIRTY FIFTH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 5TH FLOOR CONTINENTAL HOUSE ON TUESDAY 4TH, APRIL, 2023 AT 1:30 PM.

PRESENT

1. The Hon. Dr. Pukose Robert, M.P - Chairperson.
2. The Hon. Prof. Jaldesa Guyo Waqo, M.P.
3. The Hon. Mathenge Duncan Maina, M.P
4. The Hon. Mary Maingi, MP.
5. The Hon. Muge Cynthia Jepkosgei, M.P
6. The Hon. Oron Joshua Odongo, M.P.

ABSENT WITH APOLOGY

1. The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson
2. The Hon. Wanyonyi Martin Pepela, M.P
3. The Hon. Dr. Nyikal James Wambura, M.P.
4. The Hon. Titus Khamala, M.P.
5. The Hon. Kibagendi Antony, M.P.
6. The Hon. Owino Martin Peters, M.P.
7. The Hon. Kipngor Reuben Kiborek, M.P
8. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
9. The Hon. Lenguris Pauline, M.P

COMMITTEE SECRETARIAT

- | | |
|-----------------------------|----------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant II |
| 2. Ms. Faith Chepkemoi | - Legal Counsel II |
| 3. Ms. Rahab Chepkilim | - Audio Officer |
| 4. Ms. Terry Gladys Makungu | - Intern |
| 5. Ms. Noel Naliaka | - Intern |

INATTENDANCE

Hon. Abdul Rahim Dawood-MP – Imenti North Constituency- Sponsor of the Bill.

MIN. NO. NA/DC-H/2023/149: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 1.30 p.m. with a word of prayer by the Hon. Dr. Robert Pukose, M.P the Chairperson and welcomed everyone to the meeting. Introductions was done by Members and Secretariat.

MIN. NO. NA/DC-H/2023/150: MEETING HON. ABDUL RAHIM DAWOOD ON CONSIDERATION OF CANCER RPREVENTION AND CONTROL BILL

The Hon. Abdul Rahim Dawood, MP presented the Cancer prevention and control Bill to amend the Cancer prevention and control Act. 2012 whose principal objective is to make provision for training of health cadres in the specialized medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.

The Bill seeks to amend section 2 of the principal act by introducing new definitions of the term "e-health" and "telemedicine".

The Bill seeks to amend section 5 of the principal Act by expanding the scope of functions of the National Cancer Institute to include to promote the use of e-health and telemedicine in the treatment in the treatment of cancer patients and to entrench treatment to Cancer patients as Primary health care.

The Bill seeks to amend section 9 of the principal Act to make provisions for promoting the training of health cadres in the specialized medical field of oncology.

The enactment of this Bill shall not occasion additional expenditure of the public funds.

WAYFORWARD

The committee concluded that, it will proceed with Bill and conduct public participation on the Bill around the Country starting 4th of May, 2023 before writing its report and tabling it.

MIN. NO. NA/DC-II/2023/151: ADJOURNMENT

There being no any other business, The Chairperson, adjourned the meeting at exactly 3.30 p.m.

Sign..........Date..........

HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

Annexure 2 : Report adoption schedule

Annexure 3 : Analysis of submissions by stakeholders on the Bill

SUMMARY OF THE ANALYSIS OF STAKEHOLDER MEMORANDA RECEIVED BY THE COMMITTEE ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO.2) BILL, 2022, NATIONAL ASSEMBLY BILL NO. 45 OF 2022

The table below highlights the stakeholder comments and the Committee resolution on the various clauses of the Bill—

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022				
	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
1	Clause 2	Ministry of Health (MOH) State Department for Medical Services	In agreement with the introduction of the proposed definitions Rationale: The proposal is well aligned with the health sector's focus on the use of technology to enhance access to services.	Adopted. The proposed definitions are aligned to the Health Act, No. 21 of 2017.
		The National Cancer Institute of Kenya (NCI)	In agreement with the introduction of the proposed definitions Rationale: The definitions are in line with the current technological advancements in the health sector and enhances service provision and information sharing.	
2	Clause 3 Paragraph (ba)	MOH	In agreement with the proposed introduction of paragraph (ba). Rationale: The proposal is well aligned with the focus of the health sector focus on the use of technology for the enhancement of access to services.	Adopted. The proposal is line with the government's plan of leveraging on technology to enhance service delivery.
		NCI	In agreement with the proposed introduction of paragraph (ba). Rationale: The proposal is in line with the current technological advancements in the health sector and enhances service provision and information sharing.	

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
3	Clause 3 Paragraph (bb)	MOH NCI	<p>Replace the word “treatment” with “management” in paragraph (bb).</p> <p>Rationale: Cancer treatment is a specialized service that cannot be provided at the primary health care setting. Using the word “management” is appropriate as it encompasses prevention, screening, early detection and palliative care which can be provided at the primary health care level.</p>	Adopted. Use of the word “treatment” is limiting. The word “management” is broader and encompasses diagnosis, treatment and supportive care.
		NCI	<p>Proposes the addition of the following new paragraph:</p> <p><i>“to provide for e-health and telemedicine infrastructure in all cancer treatment centres;”</i></p> <p>Rationale: To enhance service provision and information sharing within the health sector.</p>	Rejected. The proposed paragraph (bb) is general and covers the proposed function of provision of infrastructure which is too specific.
		NCI	<p>Proposes the addition of the following new paragraph:</p> <p><i>“to provide regulate and secure e health, provision of cancer diagnosis, treatment and rehabilitation services”</i></p> <p>Rationale: To enhance service provision and information sharing within the health sector.</p>	Adopted. For enhanced regulation of cancer care in the country.
		Office of the Attorney General and Department of Justice	<p>Delete the words “persons with” in the proposed paragraph (ba)</p> <p>Rationale: E-health and telemedicine should prevent and manage cancer and not persons with cancer.</p>	Adopted. The words are superfluous.

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
		Kenya Law Reform Commission	<p>In agreement with the proposed introduction of paragraph (ba).</p> <p>Rationale: The proposal is aligned to the Health Act, No. 21 of 2017, the Kenya Cancer Policy 2019-2030 and the National Cancer Control Strategy 2023-2027.</p>	Adopted. The Bill is aligned to the Health Act, No. 21 of 2017, the Kenya Cancer Policy 2019-2030 and the National Cancer Control Strategy 2023-2027.
		Law Society of Kenya	<p>In agreement with the proposed introduction of paragraph (ba) and (bb)</p> <p>Rationale: Utilization of e-health and telemedicine will improve the management of cancer through improved access to specialized care, early detection and diagnosis and remote monitoring of cancer patients.</p> <p>Integration of cancer treatment in primary healthcare ensures accessible and comprehensive care for all cancer patients in Kenya.</p>	Adopted. The proposal is line with the government's plan of leveraging on technology to enhance service delivery.
	Clause 4	MOH	<p>Supports proposed inclusion of sub-section (3) to section 31 of the Cancer Prevention and Control Act.</p> <p>Rationale: This will ensure provision of quality oncology services by trained oncology specialists.</p>	Adopted. The proposal is line with the government's plan of leveraging on technology to enhance service delivery in the health sector.
		NCI	<p>Supports the proposed amendment however redrafted it as follows—</p> <p><i>"The Institute shall collaborate with the national government, universities, middle level colleges and the private sector to promote the training of oncology professionals".</i></p>	Adopted with amendment. To empower the Institute to collaborate with relevant actors in the promotion of oncology training.

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022				
	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
			<p>Rationale: This will promote a multi-disciplinary approach in the provision of oncology care by focusing on training of health care workers from all cadres in oncology.</p>	
	General Comments	KESHO	<p>KESHO proposes a deletion of the expression "Cabinet Secretary" and its substitution with the words "people of Kenya" in section 5(a) of the Cancer Prevention and Control Act, 2012.</p> <p><i>Section 5(a): "advise the Cabinet Secretary on matters relating to the treatment and care of persons with cancer and to advise on the relative priorities to be given to the implementation of specific measures".</i></p> <p>Rationale: This restricts the NCI-Kenya's function to reporting to the Cabinet Secretary and yet the NCI-Kenya has been engaging directly with Kenyans from all walks of life.</p> <p>Delete the word "co-ordinate" and substitute with the word "promote" in section 5 (d) of the Cancer Prevention and Control Act, 2012.</p> <p><i>Section 5(d): "co-ordinate services provided in Kenya for the welfare and treatment of persons with cancer and to implement programmes for vocational guidance and counseling;"</i></p>	<p>Rejected.</p> <p>There is no need to amend section 5(a), (d) and (i) of the Cancer Prevention and Control Act, 2012 as proposed. Further, the proposed amendments to section 32 and 33 of the Cancer Prevention and Control Act, 2012 unduly expands the subject matter of the Bill.</p> <p>Standing Order 133(5) does not permit the inclusion of amendments which propose to unreasonably or unduly expand the subject of the Bill.</p>

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
			<p>Rationale: This function cannot be successfully implemented by a single institute. It requires nationwide infrastructure comprising of personnel and offices in all counties as happens in other developed countries. The Ministry of Health already has such infrastructure.</p> <p>Delete paragraph (i) of section 5 of the Cancer Prevention and Control Act, 2012.</p> <p><i>Section 5(i): "provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with cancer, including those controlled and managed by the Government".</i></p> <p>Rationale: The provision is vague. It suggests that the NCI-Kenya has funds to subscribe to journals and buy textbooks etc. and then distribute the same to all institutions which is untenable even in developed countries.</p> <p>Delete the words "national government department responsible for public health" and substitute with the words "Ministry of Health and Education" in section 33(2) of the Cancer Prevention and Control Act, 2012.</p>	

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
			<p><i>Section 33(2): "For the purposes of subsection (1), the national government department responsible for public health in collaboration with the Institute shall provide training for the healthcare providers to acquire skills for proper information dissemination and education on cancer prevention control and palliative care".</i></p> <p>Rationale: Education and information on cancer is cross-cutting and the NCI-Kenya is already working with all the relevant stakeholders including Universities and KEMRI beyond the Ministry of Health.</p> <p>Delete the words "in collaboration with the Institute, shall conduct" appearing in section 32 and 33 of the Cancer Prevention and Control Act, 2012 and substitute therefor with the words "the institute will work with county governments" and "the Institute will work with cities or urban areas"</p> <p><i>Section 32: "Every county government, in collaboration with the Institute, shall conduct an educational and information campaign on cancer prevention, treatment and control within its area of jurisdiction in the manner contemplated under sections 29, 30 and 31".</i></p>	

THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO. 2) BILL, 2022

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT	COMMENTS
			<p><i>Section 33: "Every city or urban area, in collaboration with the Institute, shall conduct an educational and information campaign on cancer prevention, treatment and control within its area of jurisdiction".</i></p> <p>Rationale: Cancer institutes' worldwide do not have capacity to enforce such collaboration. County governments and cities may decide to conduct cancer campaigns on their own without collaboration with the NCI-Kenya.</p>	
			<p>Delete subsection (1) of section 36 of the Cancer Prevention and Control Act, 2012.</p> <p><i>36(1): "The Cabinet Secretary, on the recommendation of the Institute may make rules generally for the better carrying out of its functions under this Act".</i></p> <p>Rationale: NCI-Kenya should make its own internal rules. Cancer care in Kenya should not be a reserve of a singular person.</p>	<p>Rejected. Regulation making power is donated by Parliament to the Cabinet Secretary who exercises this power in consultation with the Institute. Further, the Statutory Instruments Act, No. 23 of 2013 provides for the process to be followed when rules and regulations are formulated and this is not left at the behest of an individual as is alluded here.</p>

**Annexure 4 : Copy of the newspaper advertisement
on public participation on the Bill**



SUPPLIER PREQUALIFICATION NOTICE 2023-2025

Kenya Women Microfinance Bank invites applications from interested, competent and eligible firms for pre-qualification for the under listed categories of goods, services and works for the period 2023-2025.

NO.	CATEGORY DESCRIPTION	NO.	CATEGORY DESCRIPTION
GENERAL			
1	Supply of printed stationery	48	Provision of hotel accommodation services
2	Supply of rubber stamps and seals	49	Provision of general investigative services, security training and due diligence
3	Supply of non-printed stationery	50	Provision of real estate agents' services
4	Supply of branded promotional materials (mail bags, branded t-shirts etc.)	51	Provision of insurance brokerage services
5	Supply of staff uniform	52	Provision of insurance services (underwriters only)
6	Supply, installation and maintenance of signage and branding	53	Provision of payroll services
7	Supply of furniture, fittings and furnishings	54	Provision of outsourced labour services
8	Supply and maintenance of potted plants and flowers	55	Provision of towing services
9	Supply and delivery of office consumables	56	Provision of security printing services (e.g. ATM card, cheque books)
10	Supply of newspapers, periodicals and magazines	57	Provision of financial audit/tax services
11	Supply of drinking water and water dispensers	58	Provision of car hire services including taxis, buses and minibuses
FACTORIES/MANAGEMENT			
12	Supply of hardware tools and equipment	59	Provision of OSHA audit services
13	Supply and maintenance of firefighting equipment and fire suppression systems	60	Provision of energy audit services
14	Supply and maintenance of generators	61	Provision of customer service survey services
15	Supply, installation and maintenance of ATM machines	62	Provision of translation services
16	Supply and maintenance of safes, fire resistant cabinets and strong room doors	63	Provision for lease of motor vehicles
17	Supply of note and coin counters, fake note detectors/UV lights and shredders	ICT EQUIPMENT AND RELATED SERVICES	
18	Supply of tyres and tubes	64	Supply of toners and computer consumables
19	Supply of LPG, fuel cards and diesel	65	Supply and maintenance of ICT equipment (computers, laptops, routers etc.)
20	Supply, installation and maintenance of air conditioning, refrigeration services and data centre cooling services	66	Supply and installation of software licenses e.g. antivirus
21	Provision of office cleaning and sanitary services	67	Supply and installation of access control systems, intruder alarm, CCTV system and electric fencing
22	Provision of fumigation and pest control services	68	Provision for lease and maintenance of access control systems, intruder alarm and CCTV system and electric fencing
23	Provision of vehicle storage	69	Supply and maintenance of power back-up systems ups, and power stabilizers
24	Provision of garbage disposal services	70	Supply and maintenance of telecommunication equipment (routers, PABX etc.)
25	Provision of asset tagging services	71	Provision of structured cabling works and networks maintenance services
26	Provision of garage for repair and maintenance of bank vehicles	72	Provision of leased printers and copiers
PROFESSIONAL SERVICES			
27	Provision of major building construction works	73	Provision of software development services
28	Provision of major drainage and plumbing works	74	Provision of IT consultancy services
29	Provision of major electrical installation, repair and maintenance works	75	Provision of website development and maintenance services
30	Provision of minor construction works, repairs and partitioning	76	Provision for lease of office equipment e.g. laptops, computers
31	Provision and maintenance of mechanical ventilation system	77	Provision of ICT audit and cybersecurity assessment services
32	Provision of architectural services	MARKETING	
33	Provision of interior design services	78	Provision of digital marketing services
34	Provision of mechanical engineering consultancy services	79	Provision of outdoor advertising services
35	Provision of electrical engineering consultancy services	80	Provision of print/media advertising services
36	Provision of civil structural engineers - consortium	81	Provision of PR & creatives services
37	Provision of quantity surveyor (QS) services	82	Provision of experiential marketing, communication and promotion services
38	Provision of air travel agency services (IATA registered)	83	Provision of research services
39	Provision of vehicle valuation services	HR SERVICES	
40	Provision of property and land valuation services	84	Provision of pre-employment screening and background check services
41	Provision of international and local courier services	85	Provision of recruitment services
42	Provision of security guard services	86	Provision of HR consultancy services
43	Provision of cash-in-transit and offsite ATM management services	87	Provision of staff training services
44	Provision of event management services	88	Provision of team building services
45	Provision of catering services	LEGAL	
46	Provision of car tracking services	89	Provision of auctioneering and repossession services
47	Provision of photography and videography services	90	Provision of debt collection services
		91	Provision of legal services (Kisili, Migori, Kisumu, Kakamega, Kitale, Eldoret, Nakuru, Kericho, Machakos, Embu, Meru, Thika, Nairobi)

The supplier prequalification exercise will be conducted online via:



Tendersure™ platform is secure, transparent and provides an efficient prequalification process. Interested suppliers may access and register on www.tendersure.co.ke under the "Available Jobs" tab. Access to the prequalification will be granted upon payment of a non-refundable fee of KES 3,000.00 per category. All payments will be made via an online payment platform during the application process. Available payment methods include M-PESA, Visa Card and MasterCard amongst others. The online prequalification exercise closes on 17th March 2023 at 10pm EAT.

In case of any inquiry kindly contact us at help@tendersure.co.ke or +254 709 557 000.

All existing suppliers are required to participate alongside prospective suppliers in order to be evaluated and considered.

All participants who duly complete the prequalification process online will be notified of the outcome.

Prequalification is not a guarantee for business opportunity, bidders will be invited to submit their quotations on need basis based on the opportunities available. Kenya Women Microfinance Bank reserves the right to accept or reject any bid in whole or in part at its discretion.

Kenya Women Microfinance Bank is licensed and regulated by the Central Bank of Kenya (CBK).



REPUBLIC OF KENYA

THE NATIONAL ASSEMBLY

13TH PARLIAMENT - SECOND SESSION - 2023

In the matter of consideration by the National Assembly of:-

1. The Land (Amendment) (No.2) (National Assembly Bill No. 40 of 2022)
2. The National Transport & Safety Authority (Amendment) (National Assembly Bill No. 43 of 2022)
3. The Pensions (Amendment) (National Assembly Bill No. 44 of 2022)
4. The Cancer Prevention & Control (Amendment) (National Assembly Bill No. 45 of 2022)
5. The Public Service (Values and Principles) (Amendment) Bill (National Assembly Bill No. 46 of 2022)
6. The Geriatric Bill, (National Assembly Bill No. 50) of 2022.

PUBLIC PARTICIPATION (SUBMISSION OF MEMORANDA)

Pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3) of the National Assembly Standing Orders, the Clerk of the National Assembly hereby invites members of the public and relevant stakeholders to submit memoranda on the following Bills:

The Land (Amendment) Bill (National Assembly Bill No. 40 of 2022) sponsored by Hon. Simon King'ara, MP.

The principal object of the Bill is to amend the Land Act, No. 6 of 2012 to provide for registration of public land and land set aside for public purpose.

The National Transport & Safety Authority (Amendment) (National Assembly Bill No. 43 of 2022) sponsored by Hon. Simon King'ara, MP.

The principal objective of the Bill is to amend the National Transport & Safety Act, No. 33 of 2012 to assign additional functions to the Authority to include the establishment of systems and procedures for the registration and licensing of two and three wheeled public motorcycle taxis.

The Pensions (Amendment) (National Assembly Bill No. 44 of 2022) sponsored by Hon. Abdul Dawood, MP.

The principal objective of the Bill is to amend the Pensions Act, Cap. 189 to provide for a timeline within which pension shall be payable to an officer.

The Cancer Prevention & Control (Amendment) (No. 2) (National Assembly Bill No. 45 of 2022) sponsored by Hon. Didmus Barasa, MP.

The principal objective of the Bill is to amend the Cancer Prevention & Control Act, 2012 to provide for training of health cadres in the specialized medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and incorporate the use of e-health and telemedicine.

The Public Service (Values and Principles) (Amendment) Bill (National Assembly Bill No. 46 of 2022) sponsored by Hon. Abdul Dawood, M.P.

The principal objective of the Bill is to amend the Public Service (Values and Principles) Act, 2015 to require all state organs in the national and county governments and state corporations to submit annual reports on details of human resource in constitutional commissions, independent offices and County Public Service Boards and County Assembly Service Boards.

The Geriatric Bill (National Assembly Bill No. 50 of 2022) sponsored by Hon. Gathoni Wamuchomba, M.P.

The principal objective of the Bill is to give effect to Article 57 of the Constitution by establishing a legal framework for the treatment of elderly persons.

The Bills were Read a First Time on Tuesday, 15th and Wednesday, 16th February, 2023 and pursuant to Standing Order 127(1) of the National Assembly Standing Orders, committed to Departmental Committees of the National Assembly as set out in the schedule hereunder:

NO.	TITLE	COMMITTEE
1.	The Land (Amendment) (No.2) (National Assembly Bill No.40 of 2022)	Lands
2.	The National Transport & Safety Authority (Amendment) (National Assembly Bill No.43 of 2022)	Transport & Infrastructure
3.	The Pensions (Amendment) (National Assembly Bill No. 44 of 2022)	Finance & National Planning
4.	The Cancer Prevention & Control (Amendment) (No.2) (National Assembly Bill No. 45 of 2022)	Health
5.	The Public Service (Values and Principles) (Amendment) Bill (National Assembly Bill No. 46 of 2022)	Labour
6.	The Geriatric Bill (National Assembly Bill No.50 of 2022)	Social Protection

Copies of the Bills are available at the National Assembly Table Office, or on www.parliament.go.ke/the-national-assembly/house-business/bills

The memoranda should be addressed to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to ena@parliament.go.ke; to be received on or before Wednesday, 8th March, 2023 at 5.00 p.m.

SAMUEL NJORGE
CLERK OF THE NATIONAL ASSEMBLY

23rd February, 2023

"For the Welfare of Society and the Good Government of the People"

Annexure 5 :Letter inviting stakeholders to submit views on the Bill



THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK

P. O. Box 41842-00100
Nairobi, Kenya
Main Parliament Buildings

Telephone: +254202848000 ext. 3300
Email: cna@parliament.go.ke
www.parliament.go.ke/the-national-assembly

When replying, please quote

Ref. NA/DC-H/2022/005

23rd February, 2023

Hon. Justin B. N. Muturi, E.G.H

The Attorney General of the Republic of Kenya
Office of the Attorney General and Department of Justice
Sheria house
Harambee Avenue
NAIROBI.

Eng. Peter Kiplagat Tum, CBS

Principal Secretary
State Department for Medical Services
Ministry of Health
Afya House
NAIROBI

Dr. Josephine Mburu

Principal Secretary
State Department for Public Health and Professional Standards
Ministry of Health
Afya House
NAIROBI.

Mr. Joash Dache,

Secretary /Chief Executive Officer
Kenya Law Reform Commission (K.L.R.C)
P.O BOX 34999-00100.
NAIROBI,

Ms. Carole Kariuki.

Chief Executive Officer.
Kenya Private Sector Alliance (K.E.P.S.A)
P.O BOX 3556-00100
NAIROBI.

Dear

**RE: CONSIDERATION OF THE CANCER PREVENTION AND CONTROL
(AMENDMENT) (NO.2) BILL (NATIONAL ASSEMBLY BILL No. 45 OF 2022) BY THE
DEPARTMENTAL COMMITTEE ON HEALTH**

The Departmental Committee on Health is established under National Assembly Standing Order 216 (5) (c) which amongst others mandates it to "*study and review all legislation referred to it*"

The Cancer Prevention and Control (Amendment) Bill (*National Assembly Bill No.45 of 2022*) sponsored by Hon. Abdul Rahim Dawood, MP, (copy attached) committed to the Departmental Committee on Health for review and reporting to the House.

Article 118(1) (b) of the Constitution of Kenya and Standing Order 127 (3), require the Committee to conduct public participation in while considering the Bill. In this regard, the Committee has identified your organization as a key stakeholder in the consideration of the Bill and the purpose of this letter is to seek your memoranda on the Bill.

In view of short timeline within which the Committee is required to consider the Bill and report to the House, we will appreciate if the memoranda reaches the Committee through the Office of the Clerk of the National Assembly, First Floor, Main Parliament Building not later than Thursday, 9th March, 2023 at 5.00 pm. Soft copies of the memoranda may be emailed to the Committee through: cna@parliament.go.ke.

Our Liaison officers on this subject are Hassan A. Arale, Committee Clerk who may be contacted on Tel No. 0721480578 or email: hassan.arale@parliament.go.ke and Gladys Kiprotich, Tel No. 0718721253 or email: gladys.kiprotich@parliament.go.ke.

Yours *Sincerely,*

PETER K. CHEMWENO
For: CLERK OF THE NATIONAL ASSEMBLY

Copy to: - Ms. Susan Wafula
Cabinet Secretary,
Ministry of Health
Afya House
NAIROBI.



Annexure 6 : Letter inviting stakeholders for a meeting with the Committee on the Bill



THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK

P. O. Box 41842-00100
Nairobi, Kenya
Main Parliament Buildings
When replying please quote

Telephone: +254202848000 ext. 3300
Email: cna@parliament.go.ke
www.parliament.go.ke/the-national-assembly

Ref. NA/DDC/DC-H/2023/ (039)

11th July, 2023

Hon. Shadrack Mose,
Solicitor General,
Office of the Attorney General and Department of Justice,
Sheria House, Harambee Avenue,
NAIROBI

Ms. Mary Muthoni Muriuki
Principal Secretary
State Department for Public Health and Professional Standards
Ministry of Health
Afya House
NAIROBI

Mr. Harry Kimutai, CBS
Principal Secretary
State Department for Medical Services
Ministry of Health
Afya House
NAIROBI

Mr. Joash Dache
Secretary /Chief Executive Officer
Kenya Law Reform Commission
P.O. Box 34999-00100
NAIROBI

Dr. Fred Siyoi
Chief Executive Officer
Pharmacy and Poisons Board
P.O. Box 27663-00506
Lenana Road
NAIROBI

Dr. Elias Melly
Chief Executive Officer
National Cancer Institute of Kenya
P.O Box 30016, G.P.O
NAIROBI

Dr. David G. Kariuki
Chief Executive Officer,
Kenya Medical Practitioners and Dentists Council,
KMP & DC House,
Woodlands Rd, off Lenana Rd
P.O. Box 44839-00100
NAIROBI

Dear *Hon. Mose*,

**RE: MEETING WITH THE DEPARTMENTAL COMMITTEE ON HEALTH TO
DISCUSS BILLS.**

The Departmental Committee on Health is established under National Assembly Standing Order 216 (5) (c) and is mandated to among others, "*study and review all legislation referred to it*".

Pursuant to the provisions of Standing Order 127(1), the following Bills (copies attached) have been committed to the Committee for consideration and reporting to the House:

1. The Kenya Drugs Authority Bill (National Assembly Bill No. 54) 2022,
2. The Assisted Reproductive Technology Bill of (National Assembly Bill No. 61) 2022,
3. The Community Health Workers Bill (National Assembly Bill No. 53) 2022 and
4. The Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No. 45) 2022

Article 118(1) (b) of the Constitution and Standing Order 127(3) requires the Committee to conduct public participation while considering Bills. In this regard, the Committee has resolved to meet relevant stakeholders to submit their views and comments on the said Bills.

The purpose of this letter is to invite you for a meeting with the Committee to discuss the Bills. The meeting will be held on Tuesday, 18th July 2023 at 9.00 am in Parliament Buildings.

Our Liaison Officers on this subject are Mr. Hassan A. Arale, Committee Clerk who may be contacted on Tel No. 0721480578 or email: hassan.arale@parliament.go.ke and Ms. Gladys Kiprotich, Tel No. 0718721253 or email: gladys.kiprotich@parliament.go.ke.

Yours Sincerely,



PETER K. CHEMWENO
For: CLERK OF THE NATIONAL ASSEMBLY

Copy to: - **Hon. Justin B. N. Muturi, E.G.H**
Attorney General of the Republic of Kenya
Office of the Attorney General and Department of Justice
Sheria house
Harambee Avenue
NAIROBI

Ms. Susan Wafula
Cabinet Secretary,
Ministry of Health
Afya, House
NAIROBI

Dr. Charles Githua Githinji, PhD
Chairman of the Board
Pharmacy and Poisons Board
P.O. Box 27663-00506
Lenana Road
NAIROBI

Mr. Stanley Kahinga
Chairman
Kenya Medical and Dentists Council Board
P.O. Box 44839-00100
NAIROBI

Dr. Githingi Gitahi
Chairman
National Cancer Institute of Kenya
P.O Box 30016, G.P.O
NAIROBI

Annexure 7: Submissions by Stakeholders

17TH JULY 2023

Clerk

National Assembly
Parliament Buildings

RE: MEMORANDUM FROM NCI KENYA ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL NO.65 of 2019)

Introduction

The National Cancer Institute of Kenya (NCI Kenya) is a statutory body created under the Cancer Prevention and Control Act (No. 15 of 2012). This was in recognition of the need for a more coordinated health sector response to the growing cancer burden in Kenya. The overall mandate of the NCI Kenya is to coordinate and centralize all information and activities related to cancer prevention and control in Kenya.

NCI Position on the Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No. 65 of 2019)

The principal object of this Bill is to amend the Cancer Prevention and Control Act, 2012 to make provision for training health cadres in specialized medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.

Amendment of Section 2 of the Principal Act

- NCI-Kenya has no objection to the inclusion of new definitions for ‘e-Health’ as the use of electronic communication and information technology in the health sector
‘telemedicine’ as the provision of health care services and sharing of medical knowledge over distance using telecommunications and it includes consultative, diagnostic, and treatment services

Amendment of Section 5 of the Principal Act

- We support the addition of paragraph (ba) that provides for the institute to promote the use of e health and telemedicine in cancer care. We however propose use of the term “management” as opposed to “treatment” because management is a broad term that includes diagnosis, supportive care and treatment.
- We do not object to the proposed new paragraph (bb), however we are wary about the proposed inclusion of cancer treatment in primary health care services. Cancer treatment is a highly specialized service requiring specialized health workers and equipment. Primary health care, on the other hand, largely involves preventive and promotive health services at the community, dispensary and health centres: in

relation to cancer care, this will involve addressing risk factors, awareness creation, education, behaviour change screening, treatment of pre-cancerous lesions, streamlined referral pathway, palliative and supportive care among others.

The Institute, therefore, proposes that the paragraph reads “Promote cancer care as a component of primary healthcare. In this case, cancer care at primary health care will be largely supportive to treatment including psychosocial support, nutritional support, in addition to the preventive and promotive services offered at this level.

Amendment of Section 31 of Principal Act

- NCI Kenya supports the addition of paragraph 3 in section 31 to promote training of oncology professionals.

Summarized amendments

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT
1	Clause 2	The National Cancer Institute of Kenya (NCI-Kenya)	<ul style="list-style-type: none"> • <i>In agreement with the introduction of the proposed definitions</i> <p>Rationale: The definitions are in line with the current technological advancements in the health sector and enhances service provision and information sharing.</p>
2	Clause 3 Paragraph (ba)	The National Cancer Institute of Kenya (NCI-Kenya)	<ul style="list-style-type: none"> • <i>In agreement with the proposed introduction of paragraph (ba).</i> <p>Rationale: The proposal is in line with the current technological advancements in the health sector by enhancement of access to services, enhances service provision and information sharing.</p>
3	Clause 3 Paragraph (bb)	The National Cancer Institute of Kenya (NCI-Kenya)	<ul style="list-style-type: none"> • <i>Replace the word “treatment” with “management that include promote cancer prevention, public education and awareness creation, vaccination, screening and treatment of pre-cancerous lesions, streamlined referral pathway, palliative and supportive care as a component of primary healthcare”.in paragraph (bb).</i> <p>Rationale: Cancer treatment is a specialized service that cannot be provided at the primary health care setting. Using the word “management” is appropriate as it encompasses prevention, screening, early detection and palliative care which can be provided at the primary health care level.</p>

	CLAUSE	STAKEHOLDER	COMMENT/ PROPOSED AMENDMENT
	(c)		<ul style="list-style-type: none"> Proposes addition of another paragraph to read “to provide for e-health and telemedicine infrastructure in all cancer treatment centres”. Propose addition of another paragraph to read “to provide regulate and secure e health, provision of cancer diagnosis, treatment and rehabilitation services” <p>Rationale: This will enhance service provision and information sharing within the health sector.</p>
	Clause 4	The National Cancer Institute of Kenya (NCI-Kenya)	<ul style="list-style-type: none"> Supports the proposed amendment however redraft to “The Institute shall collaborate with the national government, universities, middle level colleges and the private sector to promote the training of oncology professionals”. <p>Rationale: This will promote a multi-disciplinary approach in the provision of oncology care by focusing on training of health care workers from all cadres in oncology.</p>

We thank you for your continued support towards the strengthening of cancer prevention and control in Kenya


Dr. Elias Melly
 Ag. Chief Executive Officer

NATIONAL CANCER INSTITUTE OF KENYA



LAW SOCIETY OF KENYA
Lavington, Opposite Valley Arcade
Gitanga Road
P.O. Box 72219-00200
NAIROBI
Tel. 387 4664
0720 904983

MEMORANDUM TO
PARLIAMENT

ON

THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2022
JULY, 2023

Eric Theuri, President Law Society of Kenya
Lavington, opp Valley Arcade,
Gitanga Road P.O Box 72219 - 00200 Nairobi | Kenya
Tel: +254 111 045 300
Email: lskpresidenttheuri@gmail.com/ president@lsk.or.ke
Website: www.lsk.or.ke

THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2022

Introduction

The Law Society of Kenya is a professional statutory body established under the Law Society of Kenya Act, No. 21 of 2014 with a mandatory membership of all Advocates in Kenya currently numbering to over 21,000.

The organs of the Society are the General Membership, the Council, the Branches and the Secretariat. The Council is the governing body of the Law Society of Kenya. It comprises a President, a Vice- President and eleven other members, all of whom must be members of the Law Society of Kenya. Council members are elected every two years by the members of the Society by means of a secret ballot conducted in accordance with the Law Society of Kenya Act.

Currently, the Council is comprised of The President, The Vice-president and 11 Council members namely:

- **President**, Eric Theuri
- **Vice President**, Faith Mony Odhiambo
- **General Membership Representatives**, Chrysostom Akhaabi, Kabata Mwaura, Tom K'opere
- **Nairobi Representatives**, Cohen Amanywa, Njoki Mboce, Ochieng Gor
- **Up-country Representatives**, Byron Menezes, Lindah Kiome, Michael Wabwile, Vincent Githaiga
- **Coast Representative**, Riziki Emukule
- **Secretary/CEO**, Florence W. Muturi

One of the Law Society of Kenya statutory objects as provided in section 4(a) of the Act is to assist the Government and the courts in all matters affecting legislation and the administration and practice of law in Kenya. Pursuant to the statutory mandate, the Law Society of Kenya makes the following submissions on The Cancer Prevention and Control (Amendment) Bill, 2022.

GENERAL COMMENTS

The Law Society of Kenya (LSK) proudly declares its firm support for the Cancer Prevention and Control Amendment Bill 2022. This progressive legislation aims to revolutionize cancer treatment by promoting the utilization of e-health and telemedicine technologies. Moreover, the bill seeks to establish cancer treatment as an integral part of primary healthcare, ensuring accessible and comprehensive care for all cancer patients in Kenya.

Background

Cancer is a grave health concern in Kenya, affecting numerous individuals and families across the nation. Traditional healthcare systems often face challenges in providing timely and adequate treatment due to limited resources and infrastructure. Recognizing the urgent need for a transformative approach to cancer care, the Cancer Prevention and Control Amendment Bill 2022 proposes innovative solutions that leverage e-health and telemedicine technologies.

Promoting E-Health and Telemedicine

The Law Society of Kenya applauds the Cancer Prevention and Control Amendment Bill 2022 for its emphasis on embracing e-health and telemedicine in the treatment of cancer patients. These technologies hold immense potential to improve access to specialized care, enhance early detection and diagnosis, and facilitate remote monitoring of patients undergoing treatment. By leveraging telemedicine platforms, cancer patients residing in remote or underserved areas can receive expert consultations from oncologists and access personalized treatment plans without the need for extensive travel.

The Integration of Cancer Treatment as Primary Healthcare

The Cancer Prevention and Control Amendment Bill 2022 seeks to entrench the provision of cancer treatment as an integral part of primary healthcare. By doing so, the bill ensures that cancer care is available at the community level, making it more accessible, affordable, and sustainable. Integrating cancer treatment into primary healthcare services will promote early detection, prevention, and timely intervention, ultimately improving outcomes and reducing the burden of the disease on individuals and society.

Key Benefits and Implications

1. **Increased Access:** The incorporation of e-health and telemedicine will break down geographical barriers, allowing cancer patients from all corners of Kenya to access specialized care and expertise, irrespective of their location.
2. **Timely Interventions:** By integrating cancer treatment into primary healthcare, the bill aims to ensure early detection and prompt intervention, leading to improved survival rates and quality of life for patients.
3. **Cost-effectiveness:** E-health and telemedicine initiatives can reduce healthcare costs by minimizing unnecessary hospital visits, travel expenses, and time away from work for patients and their families.
4. **Health Equity:** The bill promotes health equity by enabling equitable access to cancer treatment for vulnerable populations, including those in rural areas and underserved communities.
5. **Enhanced Collaboration:** E-health platforms facilitate seamless collaboration among healthcare professionals, enabling interdisciplinary cancer care, remote consultations, and the sharing of best practices.

Conclusion

The Law Society of Kenya wholeheartedly supports the Cancer Prevention and Control Amendment Bill 2022. This forward-thinking legislation advocates for the integration of e-health and telemedicine in cancer treatment, ensuring that patients receive high-quality care regardless of their location. By entrenching cancer treatment as primary healthcare, the bill paves the way for a comprehensive, patient-centered approach to cancer care in Kenya. The Law Society of Kenya encourages lawmakers to pass this bill, recognizing it as a significant step towards improving cancer prevention, control, and treatment outcomes throughout the country.

In conclusion, we humbly submit in support of the spirit and the letter of the statute.

Yours faithfully,



Eric Theuri

President Law Society of Kenya



REPUBLIC OF KENYA

**OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF
JUSTICE**

MEMORANDUM

**IN RESPONSE TO THE INVITATION OF THE DEPARTMENTAL
COMMITTEE ON HEALTH TO MAKE SUBMISSIONS ON THE
ASSISTED REPRODUCTIVE TECHNOLOGY BILL, 2022, THE
COMMUNITY HEALTH WORKERS BILL, 2022 AND THE
CANCER PREVENTION AND CONTROL (AMENDMENT) BILL,
2022**

JULY 2023

Reference is made to the letter dated 11th July 2023 Ref. NA/DDC/DC-H/2023(039) from the Office of the Clerk of the National Assembly requesting the Office of the Attorney-General to appear before the Departmental Committee on Health and make submissions on the Assisted Reproductive Technology Bill, 2022, the Community Health Workers Bill, 2022 and the Cancer Prevention and Control (Amendment) Bill, 2022.

We have reviewed the three Bills and our comments are as outlined in the matrix below.

THE ASSISTED REPRODUCTIVE TECHNOLOGY BILL, 2022

Clause	Provision	Proposed Amendment	Justification
Clause 7	<p>The National Government shall—</p> <p>(a) put in place the necessary mechanisms and infrastructure to ensure access to the highest attainable standard and quality of cost-effective assisted reproductive technology services;</p> <p>(b) provide adequate resources necessary to ensure access to the highest attainable standard and quality of cost-effective assisted reproductive technology services;</p> <p>(c) provide regulations to ensure assisted reproduction health services are covered by every health insurance provider including the National Health Insurance Fund; and</p> <p>(d) collaborate with the county governments in expanding and strengthening the access and delivery of assisted reproductive health services in counties</p>	Delete the words “National Government “ and substitute therefor the words “Cabinet Secretary”	<p>The clause provides for the obligations of the National Government in relation to assisted reproductive technology.</p> <p>It's important to place responsibility on a specific office so that the office is held accountable for the performance of the specified functions.</p>

<p>Clause 18</p>	<p>18. (1) The Directorate shall not issue a license that allows—</p> <p>(a) the keeping or using of an embryo other than a human embryo;</p> <p>(b) the keeping or using of an embryo after the appearance of the primitive streak after five days;</p> <p>(c) the placing of an embryo in any animal;</p> <p>(d) the keeping or using of an embryo in circumstances prohibited under this Act or as prescribed by Regulations;</p> <p>(e) the replacing of any part of an embryo with another part from a cell of any person or embryo or any subsequent development of an embryo except where such replacement is meant to solve medical problems; or</p> <p>(f) any form of human cloning.</p>	<p>1. Delete Subsection (1) of clause 18 and substitute therefor the following new subsection—</p> <p>18. (1) A person shall not—</p> <p>(a) the keep or use an embryo other than a human embryo;</p> <p>(b) keep or use an embryo after the appearance of the primitive streak after five days;</p> <p>(c) place an embryo in any animal;</p> <p>(d) keep or use an embryo in circumstances prohibited under this Act or as prescribed by Regulations;</p> <p>(e) replace any part of an embryo with another part from a cell of any person or embryo or any subsequent development of an embryo except where such replacement is meant to solve a medical problem; or</p> <p>(f) undertake any form of human cloning.</p>	<p>The provision restricts how an embryo may be used. The restrictions should be placed on a person who misuses an embryo and not on the Directorate.</p>
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		2. Delete the marginal not and substitute therefor with "Restrictions on the use of embryos"	
Clause 46(1) (d)	The Directorate may revoke a license if satisfied that there has been a change of circumstances since the licence was granted;	Delete	The provision is not clear about the circumstances that would warrant the revocation of a licence.
Clause 46(1) (e)	The Directorate may revoke a license if satisfied that the character of the person responsible is not as is required for the supervision of the activities or that the nominal licensee is not a suitable person to hold a licence; or	Delete	The Bill does not prescribe the kind of character that the person responsible or the nominal licensee should have. The parameters that the Directorate would use to assess character are not clear. Revocation should be based on concrete reasons that can be substantiated.

THE COMMUNITY HEALTH WORKERS BILL, 2022

Clause	Provision	Proposed Amendment	Justification
22(3)	The Registrar shall, with the approval of the Council, issue to every person registered under this Act certificate of registration in the prescribed form.	Specify the validity period for the certificate of registration.	It's important to clarify whether the certificate of registration is granted only at the point of entry into the profession or periodically.
Second Schedule	A person shall be eligible for registration as a Community Health Worker if he or she has	Provide for training in community health work.	Members of a profession usually possess some specialised training so as to provide skilled services. At the

	undertaken any of the following prescribed courses— Certificate in Community Health, Psychology, Counselling, Social Work, Community HIV Counselling and Testing, Immunization, Community Development, Health Education or its equivalent from a recognised institution		point of entry into the profession, the members should possess uniform training and qualifications. In this Bill, the prospective members of the profession are not uniformly trained as they are trained on different subjects. This means that they cannot be subjected to uniform standards because they have diverse training backgrounds.
			The Bill does not create an offence for practising without registration, making the law unenforceable.

THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2022

Clause	Provision	Proposed Amendment	Justification
Clause 3 (ba)	The Principal Act is amended in section 5 by inserting the following new paragraphs immediately after paragraph (b)— " (ba) promote the use of e-health and telemedicine for the prevention and management of persons with cancer;	Amend paragraph (ba) by deleting the words "persons with"	E-health and telemedicine should prevent and manage cancer and not persons with cancer.



MARY KITEGI
PRINCIPAL STATE COUNSEL
FOR ATTORNEY-GENERAL

17th July 2023



**MINISTRY OF HEALTH
OFFICE OF THE PRINCIPAL SECRETARY
STATE DEPARTMENT FOR MEDICAL SERVICES**

Telephone: Nairobi 254-020-2717077
Fax: 254-2719008
Email: psmedicalservices@health.go.ke
When replying please quote:

AFYA HOUSE
CATHEDRAL ROAD
P. O Box 30016-00100
NAIROBI

Ref: MOH/ADM/NA/01/93 VOL. VII

Mr. Samuel Njoroge
Clerk of the National Assembly
Parliament Buildings
NAIROBI

Hassan Arale
pls facilitate
9/3/23

7th March, 2023

**RE: CONSIDERATION OF THE CANCER PREVENTION AND
CONTROL (AMENDMENT) (NO.2) BILL (NATIONAL ASSEMBLY BILL
NO. 45 OF 2022) BY THE DEPARTMENTAL COMMITTEE ON HEALTH**

Reference is made to your letter Ref: NA/DC-H/2022/005 dated 23rd February, 2023 on the above subject matter.

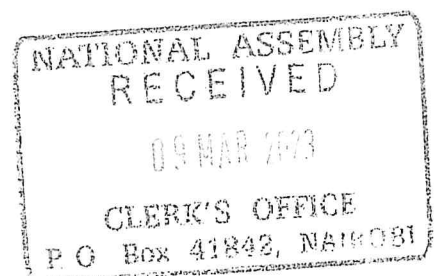
Attached herewith, find a Memoranda from the Ministry of Health on the proposed bill.

Thank you for your continued support and collaboration.

Peter K. Tum, CBS
PRINCIPAL SECRETARY

Copy to: **Cabinet Secretary**
Ministry of Health

Encls.





MINISTRY OF HEALTH
OFFICE OF THE PRINCIPAL SECRETARY
STATE DEPARTMENT FOR MEDICAL SERVICES

**RESPONSE TO DEPARTMENTAL COMMITTEE ON HEALTH ON
CONSIDERATION OF THE PREVENTION AND CONTROL (AMENDMENT)
(No.2) BILL of 2022.**

Reference is made to letter from the Clerk of the National Assembly Ref: NA/DC-H/2022/005 dated 23rd February, 2023 on the above subject matter. The Ministry responds as follows:

This Bill seeks to amend the Cancer Prevention and Control Act 2012 to provide for: -

- Training of health cadres in the Specialised Medical Field of Oncology;
- Including Cancer treatment as part of the provision of Primary healthcare; and
- Incorporating the use of e-health and Telemedicine in the treatment of Cancer.

Detailed analysis of the Bill

Section of the Act	Provision in the Act	Proposed Amendment	Ministry's Recommendation	Justification
Section 2	Interpretation	Insertion of two new definitions: "e-health" and "telemedicine"	In agreement with proposed amendment	The proposal is well aligned to the health sector's focus on use of technology to enhance access to services
Section 5	Functions of the Institute (b) encourage and secure the establishment of hospitals, Vocational treatment and Care centers and other institutions	Insertion of two new paragraphs immediately after paragraph (b) (a) Promote the use of e-health and telemedicine for the prevention and treatment of	In agreement with proposed amendment	The proposal is well aligned to the health sector's focus on use of technology to enhance access to services

Section of the Act	Provision in the Act	Proposed Amendment	Ministry's Recommendation	Justification
	for the welfare and treatment of persons with Cancer in all Counties of the Republic;	<p>persons with Cancer</p> <p>(b) Promote treatment of persons with Cancer as a component of Primary health care.</p>	Replace the word "Treatment" with "Management"	<p>Cancer treatment (Chemotherapy, Radiotherapy or Surgery) is a specialized service that cannot be provided at the Primary health care setting. The use of the word Management would however be appropriate since it encompasses prevention, screening, early detection and palliative care that could be provided at this level.</p>
Section 31	Cancer prevention and control to form part of health care	<p>Insertion of a new sub-section immediately after sub section (2)</p> <p>"(3) The Institute shall collaborate</p>	In agreement with proposed amendment	This clause will ensure provision of quality Oncology services by

Section of the Act	Provision in the Act	Proposed Amendment	Ministry's Recommendation	Justification
	<p>(1) The Institute shall liaise with the National Government Department responsible for Public Health to ensure that education and information dissemination on the prevention and treatment of Cancer and the care of persons with Cancer including palliative care, shall form part of health care services by healthcare providers.</p> <p>(2) For the purposes of subsection (1), the national government department responsible for public health in collaboration with the Institute shall provide training for the healthcare providers to acquire skills</p>	<p>with the National Government Department responsible for health to promote the training of human resource for Oncology services</p>		<p>trained oncology specialists.</p>

Section of the Act	Provision in the Act	Proposed Amendment	Ministry's Recommendation	Justification
	for proper information dissemination and education on Cancer prevention control and palliative care.			

I submit.



Peter K. Tum, CBS
PRINCIPAL SECRETARY



REPUBLIC OF KENYA

OFFICE OF THE ATTORNEY-GENERAL
&
DEPARTMENT OF JUSTICE

AG/LDD/119/1/95

10th March, 2023

The Clerk of the National Assembly
Parliament Buildings
P. O. Box 41842-00100
NAIROBI

[Handwritten signature]

RE: PRE-PUBLICATION SCRUTINY OF THE CANCER PREVENTION AND
CONTROL (AMENDMENT) (NO. 2) BILL, 2022

Reference is made to your letter dated the letter dated 23rd February 2023 and
referenced NA/DC-H/2022/005.

We request for sufficient time to consider the the Cancer Prevention and
Control (Amendment) (No. 2) Bill, 2022 and to submit our comments and
recommendations on the same.

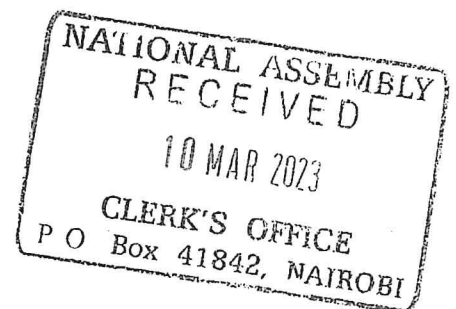
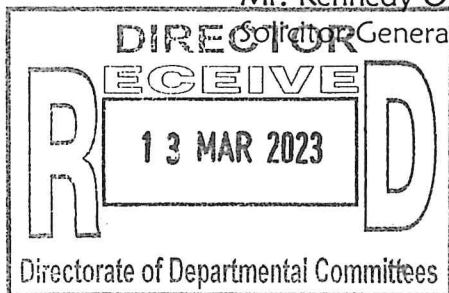
Kindly inform the Departmental Committee on Health of our request.

Hasan Arale
pls facilitate
19.4.23
13/3/23


MARY KITEGI
PRINCIPAL PARLIAMENTARY COUNSEL.
For: ATTORNEY-GENERAL

Copy to: Hon. J. B.N. Muturi, EGH
Attorney-General

Mr. Kennedy Ogeto, CBS



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Ref: NCI-K/GEN/CORR/ADM/VOL.2/99

8th March 2023

Clerk
National Assembly
Parliament Building
NAIROBI

**MEMORANDUM ON THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL
(NATIONAL ASSEMBLY BILL NO.45 of 2022)**

Introduction

The National Cancer Institute of Kenya (NCI Kenya) is a State Corporation created under the Cancer Prevention and Control Act (No. 15 of 2012). This was in recognition of the need for a more coordinated health sector response to the growing cancer burden in Kenya. The overall mandate of the NCI Kenya is to coordinate and centralize all information and activities related to cancer prevention and control in Kenya.

**NCI-Kenya Position on the Cancer Prevention and Control (Amendment) Bill
(National Assembly Bill No. 2 of 2022)**

The principal object of this Bill is to amend the Cancer Prevention and Control Act, 2012 to make provision for training health cadres in specialized medical field of oncology, to include cancer treatment as part of the provision of primary healthcare and to incorporate the use of e-health and telemedicine.

1. Amendment of Section 2 of the Principal Act

NCI-Kenya has no objection to the inclusion of new definitions for 'e-Health' as the use of electronic communication and information technology in the health sector

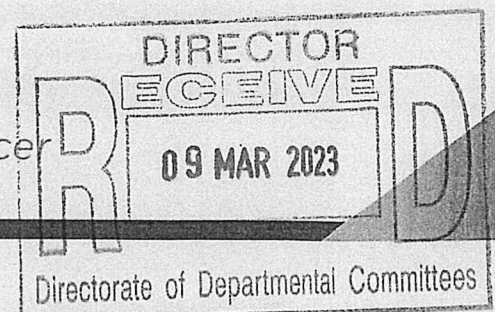
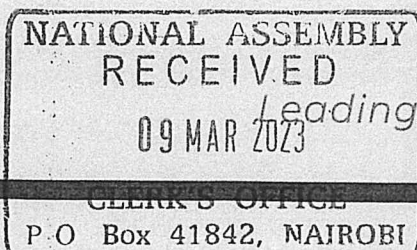
'telemedicine' as the provision of health care services and sharing of medical knowledge over distance using telecommunications and it includes consultative, diagnostic, and treatment services

'primary health care' refers to a broad range of health services provided by medical professionals in the community

These are in line with the current technological advancement in health sector and enhances service provision and sharing information

2. Amendment of Section 5 of the Principal Act

- As an Institute we support the addition of paragraph (ba) that provides for the institute to promote the use of e health and telemedicine in cancer care. We however propose use of the term "management" as opposed to "treatment"





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Institute of Kenya**
NCI - KENYA

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because management is a broad term that includes diagnosis, supportive care and treatment.

We further propose the addition of another paragraph here to read "to provide for e-health and Telemedicine infrastructure in all cancer treatment centres."

- The Institute takes note of the proposed new paragraph (bb), however we are wary about the proposed inclusion of cancer treatment in primary health care services. Cancer treatment is a highly specialized service requiring specialized health workers and equipment. Primary health care, on the other hand, largely involves preventive and promotive health services at the community, dispensary and health centres; in relation to cancer care, this will involve addressing risk factors, awareness creation and education, screening, behaviour change, and support services to treatment including psychosocial support, nutritional support.

The Institute, therefore, proposes that the paragraph reads "Promote cancer prevention, public education and awareness creation, vaccination, screening and treatment of pre-cancerous lesions, streamlined referral pathway, palliative and supportive care as a component of primary healthcare.

3. Amendment of Section 31 of Principal Act

NCI Kenya supports the addition of paragraph 3 in section 31 to promote training of specialists in oncology. The focus will be health care workers specializing in oncology drawn from all cadres to promote a multi-disciplinary approach in the provision of oncology care.

We propose the paragraph to be rephrased to read as follows "The institute shall collaborate with the national government, universities, middle level colleges and the private sector to promote the training of Medical Oncologists, Radiation Oncologists, Gynaecological Oncologists, Surgical Oncologists, Paediatric Oncologists, Haemato Oncologists, Oncology Nurses, Oncology Pharmacists, Physicists and other oncology professionals".

We thank you for your continued support towards the strengthening of cancer prevention and control in Kenya

Dr. Alfred Karagu
Ag. Chief Executive Officer
NATIONAL CANCER INSTITUTE OF KENYA



The KENYA SOCIETY OF HEMATOLOGY AND ONCOLOGY (KESHO)
15 APA INSURANCE ARCADE BUILDING
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NAIROBI, KENYA

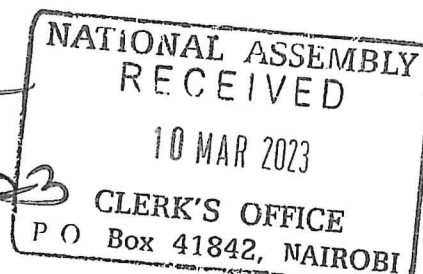
EXTERNAL MEMO

8/FEB 2023

TO: CLERK OF THE NATIONAL ASSEMBLY

SUBJECT: CONSIDERATION OF THE CANCER PREVENTION AND CONTROL (AMENDMENT) (NO.2) BILL, (NATIONAL ASSEMBLIES BILL NO. 45 OF 2022) BY THE DEPARTMENTAL COMMITTEE ON HEALTH

Hassan Arale
Pls facilitate
13/3/23



The Kenya Society of Hematology and Oncology is the largest and oldest organization of Cancer stakeholders in Kenya. It was started in the year 2002, membership comprises of Cancer treatment and Prevention doctors, nurses, clinical officers and other health workers in Kenya, Africa and worldwide. It also includes experts in Cancer advocacy and education, as well as the cancer patients and their relatives and cancer survivors. Other members include pharmaceutical companies that supply cancer medicines and equipment.

Members of the organization were instrumental in the initiation and drafting of the cancer bill in 2010. Having looked at the current bill, members would like to suggest the following measures to strengthen the bill:

5. Functions of the Institute The functions of the Institute shall be to— (a) advise the Cabinet Secretary on matters relating to the treatment and care of persons with cancer and to advise on the relative priorities to be given to the implementation of specific measures;

Amend (a) to read advise the **people of Kenya** on matters relating to the treatment and care of persons with cancer and to advise on the relative priorities to be given to the implementation of specific measures.

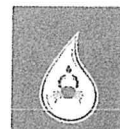
REASON: The writing restricts the institutes function to reporting to the cabinet secretary which is not true. The Institute is already engaging directly with Kenyans from all walks of life.

The Institute can advise the Permanent Secretary who then advises the cabinet Secretary.

SUB SECTION D:

(d) co-ordinate services provided in Kenya for the welfare and treatment of persons with cancer and to implement programmes for vocational guidance and counseling.

Amendment: delete the word **coordinate** and replace it with **Promote**



REASON: One institute cannot achieve this objective alone. It will require a nationwide infrastructure comprising personnel and offices in all counties. Even if the funds were available, this would be redundant because the Ministry of health already has the infrastructure, and it is more prudent to strengthen that. This is how most cancer institutes work in developed countries.

SECTION I

- (i) provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with cancer, including those controlled and managed by the Government;

Amendment: This section is vague. Delete it entirely. It suggests that the Institute has funds to subscribe to journals and buy textbooks etc then distribute to all institutions. Even in developed countries this can be tricky.

SUB SECTION D

- (d) one person nominated by the registered cancer associations in such manner as may be prescribed

Amendment: add.... Communication should be done to all registered cancer associations in Kenya to nominate this board member.

SUBSECTION 3

- (3) Without prejudice to the generality of paragraph (f) of subsection (2), the Institute shall decentralize its services to all counties of the Republic.

Amendment: Delete (2) This requires nationwide infrastructure which will probably not be achievable or if achievable, will be redundant. In developed countries, the national cancer institute works through cancer centers of excellence (COEs).

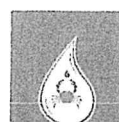
Let it read **The Institute will work with Cancer Centers of Excellence throughout the country.**

SECTION 31

31. Cancer prevention and control to form part of health care (1) The Institute shall liaise with the national government department responsible for public health to ensure that education and information dissemination on the prevention and treatment of cancer and the care of persons with cancer including palliative care, shall form part of health care services by healthcare providers. (2) For the purposes of subsection (1), the national government department responsible for public health in collaboration with the Institute shall provide training for the healthcare providers to acquire skills for proper information dissemination and education on cancer prevention control and palliative care.

Amendment: (1) remove **national government department responsible for public health** and replace it with **Ministry of health and Education**. Because education and information on cancer is cross-cutting and the institute is already working with everyone beyond the Ministry of health including universities and KEMRI.

SECTION 32





32. Cancer prevention and control dissemination by county governments Every county government, in collaboration with the Institute, shall conduct an educational and information campaign on cancer prevention, treatment and control within its area of jurisdiction in the manner contemplated under sections 29, 30 and 31.

33. Cancer prevention and control dissemination in cities or urban areas Every city or urban area, in collaboration with the Institute, shall conduct an educational and information campaign on cancer prevention, treatment and control within its area of jurisdiction.

Amendment: In section 32 and 33, Remove the word “**in collaboration with the institute shall conduct...**” because county governments and Cities may decide to conduct these activities on their own without collaboration with the institute. Cancer institutes even in developed countries have no capacity to enforce this.

You could say the institute will **work with county governments and cities....**

SECTION 36

36. Rules (1) The Cabinet Secretary, on the recommendation of the Institute may make rules generally for the better carrying out of its functions under this Act.

Amendment: Delete this section. The institute should make its own internal rules. Not the cabinet secretary. Cancer care for Kenyans should not be at the mercy of one person.

Dr. Naftali Busakhala

Dr NAFTALI BUSAKHALA, MBChB, MMed
CHAIRMAN, KENYA SOCIETY OF HEMATOLOGY AND ONCOLOGY

