



THIRTEENTH PARLIAMENT
THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE PETITION REGARDING ALLEGED DISCRIMINATION,
INTERFERENCE AND VIOLATION OF CLINICAL OFFICERS' PRACTICE
RIGHTS BY THE MINISTRY OF HEALTH, THE COUNCIL OF GOVERNORS
AND THE SOCIAL HEALTH AUTHORITY

Rt. Hon. Speaker

You may approve for tabling
J. M. Nyegenye, C.B.S.,
Clerk of the senate/secretary, PSC

APPROVED
RT. HON. SEN
AMASON J. KINGI

Date: 26/03/26

Be forwarded and recommended for your consideration and approval for tabling.
26/03/26

Clerk's Chambers,
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TABLED BY	V/chair
COMMITTEE	Health
CLERK AT THE TABLE	Belinda

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RE Hon. Speaker
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CHIEF OF THE [illegible]
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ABBREVIATION

CBA	Collective Bargaining Agreement
CoG	Council of Governors
KMPDC	Kenya Medical Practitioners and Dentists Council
KUCO	Kenya Union of Clinical Officers
MoH	Ministry of Health
PSC	Public Service Commission
RTWA	Return-To-Work Agreement
SHA	Social Health Authority
SRC	Salaries and Remuneration Commission
UHC	Universal Health Coverage

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PRELIMINARIES

Establishment and Mandate of the Committee

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

Pursuant to Standing Order 228(4), the Committee is specifically mandated to-

- 1) investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the Ministry of Health and its departments;
- 2) study the programme and policy objectives of the Ministry of Health and its departments, and the effectiveness of the implementation thereof;
- 3) study and review all legislation referred to it;
- 4) study, assess and analyse the success of the Ministry of Health and departments assigned to it as measured by the results obtained as compared with their stated objectives;
- 5) consider the Budget Policy Statement in line with the Committee's mandate;
- 6) report on all appointments where the Constitution or any law requires the Senate to approve;
- 7) make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;
- 8) consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;
- 9) examine any statements raised by Senators on a matter within its mandate; and
- 10) follow up and report on the status of implementation of resolution within its mandate; and
- 11) follow up and report on the status of commitments made by the Cabinet Secretaries in their response to questions under Standing Order 51C

Committee Membership

The Committee is comprised of the following members-

- | | |
|---|---------------------------|
| 1. Sen. Jackson K. Mandago, EGH, MP | - Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP | - Member |
| 4. Sen. Ledama Olekina, CBS MP | - Member |
| 5. Sen. Maureen Tabitha Mutinda, CBS, MP | - Member |
| 6. Sen. Joseph Githuku Kamau, MP | - Member |
| 7. Sen. Richard Onyonka, MP | - Member |
| 8. Sen. Hamida Ali Kibwana, MP | - Member |
| 9. Sen. Vincent Kiprono Chemitei Cheburet, MP | - Member |

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CHAIRPERSON'S FOREWARD

The Petition concerning the alleged discrimination, interference and violation of clinical officers' practice rights by the Ministry of Health, The Council of Governors and the Social Health Authority was tabled before the Senate on 8th of May, 2025 and thereafter stood committed to the Standing Committee on Health for consideration.

The Committee conducted a thorough inquiry into the matters raised in the Petition and held meetings with the petitioners and the key stakeholders including Kenya Union of Clinical Officers (KUCO). The Committee further sought written submissions from the Ministry of Health, Clinical officers' council, Council of Governors and Public Service Commission. These submissions were analysed during Committee meetings leading to the preparation of this report.

During its consideration, the Committee observed that persistent administrative and bureaucratic failures continue to undermine Kenya's health workforce management, manifesting in delays and inconsistencies in the approval and court registration of key labour agreements for clinical officers, including the March 2025 Memorandum of Understanding, the January 2026 Return to Work Agreement and a comprehensive Collective Bargaining Agreement, while a large cohort of qualified clinical officers remains unposted for internship, delaying their entry into practice and compromising health facility staffing. Compounding these challenges is the stalled absorption of Universal Health Coverage (UHC) programme staff into permanent and pensionable terms, a process hampered by bureaucratic bottlenecks, prolonged verification exercises and unresolved jurisdictional disputes between the national and county governments over payroll management, employment status regularization and payment of gratuities.

With the foregoing, the Committee recommends that the Cabinet Secretary for Health, the Council of Governors and County Public Service Boards should, within thirty days of adoption of this report, develop and file with the Senate a consolidated, time-bound implementation matrix for the Return-to-Work Agreement and Collective Bargaining Agreement, specifying actions, responsible officers and milestones for the roll-out of agreed salary structures, payment of outstanding arrears and operationalization of allowances, with quarterly progress reports to follow.

Further, the Ministry of Health and the Council of Governors, in consultation with the Kenya Union of Clinical Officers, should within sixty days develop and circulate to all County Public Service Boards a standardized Human Resources for Health deployment guideline covering internship, permanent and pensionable absorption and transfers. Concurrently, the Ministry of Health and county governments should fast-track the integration of all duly verified Universal Health Coverage (UHC) and Global Fund staff into approved county staff structures in full constitutional and statutory compliance, with the Council of Governors urgently concluding a binding intergovernmental agreement with the National Government to guarantee full and timely financing of the resulting wage bill, including all pending arrears.

On behalf of the Committee, I wish to extend my gratitude to the Committee members for their diligence, commitment and insightful contributions throughout this inquiry. I also thank the petitioner and all stakeholders who provided valuable input during our investigations.

It is my hope that this report will serve as a catalyst for meaningful reforms in healthcare delivery and inspire confidence among citizens in the institutions entrusted with their health and well-being.

As I conclude, I wish to sincerely thank the Office of the Speaker and the Office of the Clerk of the Senate for the support extended to the Committee in execution of its mandate.

It is now my pleasant duty, pursuant to standing order 238 (2) of the Senate Standing Orders, to present the Report of the Standing Committee on Health on a petition by the Kenya Union of Clinical Officers on the alleged discrimination, interference and violation of clinical officers' practice rights by the Ministry of Health, The Council of Governors and the Social Health Authority

I thank you

Signed.......... Date..........
SEN. JACKSON K. ARAP MANDAGO, EGH, MP
CHAIRPERSON, STANDING COMMITTEE ON HEALTH

CHAPTER ONE

1. INTRODUCTION

1. The Petition by Kenya Union of Clinical Officers regarding the alleged discrimination, interference and violation of clinical officers' practice rights by the Ministry of Health, the Council of Governors and the Social Health Authority was reported before the Senate on 8th May, 2025 by Senator. Samson Cherarkey, MP on behalf of the petitioner, the officials of the Kenya Union of Clinical Officers (KUCO). Thereafter, the Petition was referred to the Standing Committee on Health for consideration.

2. The Salient issues raised in the Petition are that-

(1) Discrimination against Clinical Officers by the Ministry of Health and Social Health Authority (SHA)

- 1) That, KUCO is a duly registered Trade Union under the Labour Relations Act, 2007. Further, that Clinical Officers Council is a body corporate established under section 3 of Clinical Officers Council (Training, Registration and Licensing) Act No. 20 of 2017 (Rev. 2019) mandated to regulate the training, registration and licensing of Clinical Practitioners, training institutions and facilities operated by Clinical Officers;
- 2) Clinical Officers Act. 2017, Part IV, Sec. 20(5) provides that; the Council shall register and license medical centres and medical clinics for private practice by clinical officers and 20(6) "*No premises shall be used for the purpose of private practise unless such premises is inspected, registered and licensed by the council.*"
- 3) Further, there are over 30,000 Clinical Officers registered by Clinical Officers Council and are offering services across all levels of care in both private and public sectors and over 20 clinical specialities forming the biggest number of specialists working in the country including Anaesthesia, Reproductive Health, Paediatrics, Ophthalmology, Oncology, Nephrology, Ear, Nose and Throat/Audiology, Ophthalmology and Cataract Surgery, Orthopaedics and Trauma among others;
- 4) The over 1000 facilities denied empanelment and contracting were previously contracted and offered services to Kenyans under the defunct National Hospital Insurance Fund (NHIF). The specialized Clinical Officers had pre-authorization rights and had continuously rendered quality services to Kenyans until three weeks into the SHA roll-out when they were removed from the pre-authorization portal;
- 5) Thousands of patients have since suffered complications due to delays of care while others have had to pay out of pocket subjecting them to financial hardship against the objective of Social Health Insurance. This limitation of access has also contributed to the low registration being experienced since most Kenyans have learnt that their preferred health facilities were denied contracts and thereby unable to access services through SHA;

- 6) That, Clinical Officers are being coerced to license their facilities with Kenya Medical Practitioners Dentist Council (KMPC) for their families to be empanelled or contracted against the law and subjecting them to double licensure. Further, specialized clinical officers are being forced to use Kenya Medical Practitioners Dentist Council licence numbers from medical officers for pre-authorization which is illegal and has resulted in extortion.

(2) Unfair Terms and Conditions of Service for Universal Health Coverage (UHC) staff and delay in internship posting.

- 1) That, Article 259 of the Constitution provides that the *Constitution must be interpreted in a manner that promotes its purposes, values and principles; advances the rule of law and human rights and fundamental freedoms in the Bill of Rights; permits the development of the law and contributes to good governance* while Article 41 provides that *every person has the right to fair labour practices*. It further provides that *every worker has the right to fair remuneration*;
- 2) Internship contracts are recognized under employment act as a contract of service under apprenticeship of indentured learnership and therefore entitled to enjoy the protection of Article 41 of the Constitution. Indeed, the Public Service Commission Human Resource Policies and Procedures Manual of 2016 recognizes the establishment, initiation and management of the internship program in Kenya. It states inter-alia, *internship programmes shall be guided by the relevant provisions of the Constitution, relevant professional bodies and other policy guidelines and shall not exceed one (1) year*;
- 3) Internship is a legal requirement and a prerequisite for licensure and independent practice. The Ministry of Health is mandated to ensure all officers are facilitated by posting to internship centres and paying their salary/stipend whereas some cadres for instance pharmaceutical technologists, nutritionist and dieticians are not paid the stipend. However, the UHC staff and interns have suffered unfair remuneration as their remuneration has not allowed the principle of “equal pay for equal work” which is unfair, discriminatory and goes against the doctrine of fair labour practice ordained in Article 41 of the Constitution as well as the Employment Act, 2007;
- 4) There are interns who were supposed to be posted in December 2022, but this has not happened to date and there is no communication on when all interns will be posted. Further, while all other interns are paid using job groups in the health sector, Diploma Clinical Officers are paid meagre allowances.

(3) Failure by the County Government to adopt the approved Career Guidelines for Clinical Officers in recruitment, promotion and resignation

THAT, underscoring the key objectives of the career guidelines for clinical practice as a toll for career progression as a critical instrument, the Clinical Officers Career Guidelines for Clinical Medicine Practice were approved by the Public Service Commission on 9th May, 2024. However, the failure by County Governments to adopt the approved Career Guidelines for Clinical Officers in recruitment, promotion and re-designation continues to undermine a critical framework established to ensure structured, fair and merit-based career progression for clinical officers.

(4) On Breach of Return-to-Work Agreement signed on 1st July, 2024

THAT, the Union of Employers (Ministry of Health and county governments) entered into a Return-to-Work Agreement (RTWA) following ninety-nine (99) days of strike under county governments and one hundred and twenty-one (121) days under Ministry of Health directed by the Employment and Labour Relations Court. However, despite the efforts from the Union to follow up and expedite implementation of this agreement, employers, especially the county governments, have remained adamant.

1.1. Petitioners' Prayer

3. The Petitioners prayed that -
- i. The SHA Board ends discrimination and exclusion of the Clinical Officers by empanelling all registered clinical officers by the Clinical Officers Council and reinstate pre-authorization rights to clinical officers to alleviate the sufferings of Kenyans as resolved by the MoH and CoG;
 - ii. full implementation of the Return-to-Work Agreement between the Union and employers (The Ministry of Health and the 47 County Governments);
 - iii. the Ministry of Health posts all clinical officers due for internship and harmonize their payments to conform to the PSC circular cited in the petition; and
 - iv. an immediate conversion of the contracts to permanent and pensionable establishments to the UHC staff to abide to the relevant provisions of the Law.

CHAPTER TWO

2. COMMITTEE INQUIRY INTO THE PETITION

4. During consideration of the Petition, the Committee held four (4) meetings during which it sought information and reports on the issues raised from the petitioners, the Ministry of Health, the Council of Governors, the Public Service Commission and the Salaries and Remuneration Commission. Comprehensive reports from these stakeholders are attached in this report as **Annex 3**.
5. The Cabinet Secretary, Ministry of Health vide a letter, Ref: MoH/cs/004/2025, informed the Committee that the issues raised by the petitioners are similar to the issues raised in Petition No. 31 of 2025 filed by the Law Society of Kenya and the Kenya Union of Clinical Officers Vs. The Social Health Authority, the Cabinet Secretary Ministry of Health, the Attorney General and the Clinical Officers Council of Kenya. The Cabinet Secretary informed the Committee that as a result of the Petition pending before the High Court of Kenya, the Petition is *sub-judice* and violates standing order No. 103 (2) of the Senate Standing Orders.
6. During its consideration, the Committee observed that the *sub judice* rule prevents parliamentary debate on matters currently before the courts to avoid prejudicing ongoing legal proceedings. For parliamentary committees, this means that they cannot investigate, discuss or take evidence on issues that are actively subject to judicial consideration. The rule protects the integrity of court proceedings and ensures separation of powers, though its application varies by jurisdiction and may include exceptions for matters of significant public interest.
7. The Committee further observed that the petition by the Law Society of Kenya and Kenya Union of Clinical Officers (Petition No. 31 of 2025) addresses clinical officers' empanelment by SHA. However, three prayers; implementation of the return-to-work formula, posting of clinical officers' interns and conversion of Universal Health Coverage (UHC) staff to permanent positions fall outside the court's active consideration. These matters therefore remained available for parliamentary scrutiny without violating the *sub judice* rule.

CHAPTER THREE

3. ANALYSIS OF SUBMISSIONS

8. Clinical officers are mid-level healthcare professionals who play a pivotal role in Kenya's health system, especially in rural and underserved areas. They are often the first, and sometimes only, point of contact for patients, providing a wide range of services from diagnosis and treatment to minor surgeries and chronic disease management. Their mandate is derived from the Clinical Officer's Act, 2027.
9. The roots of KUCO's grievances stretch back several years, with recurring disputes over pay, promotions, contract terms and recognition. Notably, a 100-day strike in 2024 ended with a court-mediated Return-to-Work Formula (RTWF) that required the Ministry of Health (MoH) and county governments to finalize a Collective Bargaining Agreement (CBA) by October, 2024. However, repeated delays and perceived government inaction led to further unrest, culminating in the filing of a petition in the Senate among many other actions to seek redress.
10. KUCO further accused the MoH and the Social Health Authority (SHA) of systemic discrimination arguing that the Social Health Insurance Act stipulates that healthcare providers or facilities seeking empanelment must apply through the relevant accreditation body. Further, SHA must empanel all licences and certified healthcare providers and facilities as submitted by the relevant accreditation body to ensure quality of care. However, SHA commenced operations without onboarding Clinical Officers and facilities accredited by the Clinical Officers Council which excluded them from participating in healthcare delivery under the new framework.
11. KUCO alleged discrimination not only affects their profession but also directly harms patients who rely on their services for timely treatment. The requirement under SHA that healthcare facilities be registered with the Kenya Medical Practitioners and Dentists Council (KMPDC), excludes over 1,000 Clinical Officer managed facilities from contracting. Further, Clinical officers are barred from pre-approving medical procedures.
12. KUCO further informed the Committee that an internship contract is recognised under the Employment Act as a contract service under apprenticeship of indentured learnership and therefore entitled to enjoy the protection of Article 41 of the Constitution. KUCO alleged that both Universal Health Coverage (UHC) staff and interns have suffered unfair remuneration and discrimination contrary to the principle of *equal pay for equal work* and the doctrine of fair labour practice. KUCO informed the Committee that internship posting remains challenging with qualified healthcare with over five thousand four hundred and thirty-three (5,433) practitioners awaiting internship placement.

13. The Ministry of Health informed the Committee that, on 8th July, 2024, KUCO ended a 99-day strike following the signing of a Return-to-Work Formula Agreement. During the strike, KUCO insisted on the immediate finalization and operationalization of the CBA, which had been negotiated but not signed. KUCO demanded the full rollout of the third and fourth cycles of salary increments as advised by the Salaries and Remuneration Commission (SRC), including payment of all related arrears. Further, in March 2025, KUCO and the MoH signed a Memorandum of Understanding (MoU) to call off the strike and resume work. These agreements were aimed at resolving the long-standing industrial disputes.
14. Key provisions of the March 2025 agreement included immediate resumption of duty. The MoH reaffirmed its commitment to resolving KUCO's concerns, particularly regarding the CBA, remuneration and working conditions. Further, the agreement emphasized the importance of constructive engagement between the MoH, CoG and KUCO to strengthen the health system and advance Universal Health Coverage (UHC) under the *Taifa* Care initiative.
15. Further, the MoH sought advice from the SRC on the parameters within which the draft Collective Bargaining Agreement (CBA) should be concluded. Consequently, the MoH and the KUCO finalised the drafting of the CBA which proposed an enhanced health risk allowance for clinical officers. Additionally, the Public Service Commission (PSC) approved the promotion and re-designation of all technical officers in the Ministry of Health, including Clinical Officers.
16. Despite the March 2025 agreement, implementation lagged and by December 2025, KUCO issued a 21-day strike notice, citing persistent government failure to honour previous agreements and court orders. The strike, which began on December 23, 2025, quickly escalated into a nationwide crisis, with clinical officers, interns and other health workers withdrawing services across all 47 counties. However, after 36 days go-slow, KUCO and the Council of Governors signed a new Return-to-Work Agreement on 28th January, 2026, ending the strike and paving the way for the finalization of the CBA.
17. The county governments agreed to pay their risk allowance with arrears backdated to July, 2025 and committed to the immediate implementation of the SRC reviewed remuneration structure for the third cycle and settlement of all related arrears. Consequently, in February, 2026, the CoG and KUCO signed Kenya's first comprehensive CBA for clinical officers, marking the end of eight years of negotiations and industrial unrest. The key features of the CBA include salary enhancement for clinical officers, a fixed risk allowance and improved house allowance. All payments including salary increments and risk allowances were backdated to July, 2025.

18. In supplementary information provided by KUCO, the Committee was informed that on 2nd February, 2026, KUCO commenced CBA signing with the Council of Governors and on 23rd February, 2026, the MoH and the KUCO signed the CBA now awaiting the SRC approval and Court Registration.
19. The CBA introduced new career ladders, allowing holders of higher diplomas to enter at the same job group as degree holders and established a Clinical Specialists category for those with master's degrees. UHC staff whose contracts expire in April and May 2026 would have their employment extended through June, then move to permanent and pensionable terms beginning in July. The agreement further, included clauses to protect clinical officers from disciplinary action related to industrial action and established mechanisms for addressing emerging issues.
20. The Committee was informed that, in April, 2020, 9,724 health workers under the UHC Programme were recruited on three-year contracts to strengthen and enhance the health workforce across national and county facilities in 16 cadres and served on consolidated stipends with the payroll administered by the MoH. Following the expiry of the initial contracts in May, 2023, the National Coordinating Summit approved a three-year extension (2023-2026) and directed the Ministry of Health to undertake the following-
 - a) develop a transition framework for transferring UHC Staff to county governments; and
 - b) convert all UHC staff to Permanent and Pensionable (P&P) terms by the end of the extension period, in alignment with the SRC salary structures.
21. A joint verification and audit exercise involving MoH and the CoG was conducted from 8th to 22nd July, 2025, covering headcount and validation of all UHC staff. The CoG during its meeting held on 2nd September, 2025, resolved to transition UHC staff salaries to SRC prescribed rates. Consequently, effective 1st September, 2025, salaries for UHC staff were adjusted in accordance with the rates prescribed by the SRC. Further, a total allocation of Kshs. 6.1 billion has been set aside to support and sustain the UHC workforce.
22. The Clinical Officers Council submitted a list of eligible pre-interns for both Clinical Officers (Diploma) and Bsc. Clinical Officer cadres in June, 2025. Consequently, the Ministry of Health posted all eligible pre-interns with effect from 1st July, 2025. The said Clinical Officers (Diploma) Interns were supposed to be paid a consolidated stipend as per the circular issued by the Salaries and Remuneration Commission (SRC) dated 13th March, 2024.

23. In its report, the Public Service Commission (PSC) acknowledged that the transition of staff engaged under the UHC programme has been a multi-agency issue fraught with a number of challenges. These challenges arise from fiscal constraints that have impacted the timely payment of salaries and the conversion to permanent and pensionable terms, to legal and administrative hurdles in harmonising the terms of service for these officers with the existing public service structures.

24. KUCO further sought the implementation of new career progression guidelines, immediate promotions for eligible clinicians and official designation changes in line with national standards. The Ministry of Health reported that the Public Service Commission (PSC) approved and released the career progression guidelines for clinical officers. Nonetheless, the Council of Governors (CoG) informed the Committee that being employers and therefore a critical stakeholder, they were not involved in the development of the career progression guidelines. CoG further argued that the guidelines do not provide a transition clause and would therefore disorient the budgeting cycle.

CHAPTER FOUR

4. COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

4.1. Committee Observations

25. The Committee makes the following observations-

- 1) That, the question of empanelment is currently the subject of active judicial proceedings in Petition No. 31 of 2025, thereby limiting the Committee's jurisdiction to inquire into the issue;
- 2) That, there have been demonstrable delays and inconsistencies in approval and court registration of a court mediated Return to Work Formula, the March 2025 Memorandum of Understanding, the January 2026 Return to Work Agreement and subsequently, a comprehensive Collective Bargaining Agreement (CBA) for clinical officers;
- 3) That, a large cohort of qualified clinical officers remains pending posting for internship, which delays their entry into practice and undermines optimal staffing of health facilities.
- 4) That, the absorption of staff engaged under the Universal Health Coverage (UHC) programme into permanent and pensionable terms remains a significant implementation challenge. Further, that the process continues to experience undue delays occasioned by bureaucratic bottlenecks, protracted verification exercises and jurisdictional disputes between the national and county governments relating to payroll management, employment status regularization and payment of gratuities.
- 5) That, In the approved Budget Policy Statement (BPS) 2026, it is proposed that Kshs. 8.94 billion be included in the equitable share for FY 2026/2027 for transfer and transitioning of Universal Health Coverage (UHC) healthcare workers into permanent and pensionable terms and gratuity payments. These resources are to be distributed among county governments based on the specific number of UHC workers currently serving in each county.

4.2. Committee Recommendations

26. With the foregoing, the Committee makes the following recommendations-

- 1) That, the Cabinet Secretary, Ministry of Health and the Chairperson, Council of Governors and County Public Service Boards should develop and file with the Senate a consolidated, time-bound implementation matrix of the Return-to-Work Agreement and the Collective Bargaining Agreement within thirty (30) days of adoption of this report. The report should clearly specify actions, responsible officers and periodic milestones for full roll-out of the agreed salary structures, payment of outstanding arrears and operationalization of agreed allowances. The same entities shall thereafter submit to the Senate quarterly progress reports;
- 2) That, the Ministry of Health and the Council of Governors in consultation with the Kenya Union of Clinical Officers (KUCO) should develop and adopt a standardized Human Resources for Health (HRH) deployment guideline for clinical officers, covering internship, permanent and pensionable absorption and transfers and circulate it to all County Public Service Boards within sixty (60) days of adoption of this report;
- 3) That, the Ministry of Health and the County Governments should fast track the establishment, recruitment and appointment processes to integrate all duly verified Universal Health Coverage (UHC) and Global Fund staff into approved county staff structures in full compliance with constitutional and statutory requirements. Further, that the Council of Governors should engage the National Government forthwith to conclude a binding intergovernmental agreement that guarantees full and timely financing of the wage bill and attendant costs including pending arrears arising from this absorption; and
- 4) That the National Treasury ring fences Kshs. 8.94 billion allocated for Universal Health Coverage (UHC) conversion into the FY 2026/2027 budget to ensure its timely disbursement to county governments with adequate safeguards against diversion and reallocation. Further, that the Ministry of Health and the Council of Governors settle all outstanding gratuity arrears owed to UHC staff, within the first quarter of FY 2026/2027.