MY SPEECH DURING THE LAUNCH OF

THE HEALTH REFORM TASK FORCE REPORT

20TH MARCH 2023

Dr Susan Nakhumicha, Cabinet Secretary, Ministry of Health

Dr Ali Mohamud, Deputy Governor, Mandera County.

Mr Onesmus Kyatha, County Commissioner,

Members of Parliament present,

Members of County Assembly Present,

Development partners present,

Health Reforms Taskforce Members present,

National & County Government officials present,

Religious & traditional leaders present,

Ladies and gentlemen,

As-salamu Aleykum Warahmatullahi Wabarakatu

Good Afternoon / Morning

May I first take this opportunity to welcome you all to Mandera County, "a county of unlimited opportunities and endless possibilities".

Thank you for accepting my invitation to this event despite your busy schedules and commitments. I am honoured by the presence of the Cabinet Secretary for Health, Dr Susan Nakhumicha, who will speak to us about the importance of this initiative and what it means for the future of healthcare in our County and Country.

Ladies and gentlemen,

Late last year, I established the Health Reform Task Force to address our healthcare system's critical challenges. To move forward on the journey to achieve quality UHC, reviewing our entire healthcare system to establish the strengths and weaknesses of our service provisions and organisational effectiveness was essential.

I applaud our healthcare workers and senior management for their positive attitude towards the Task Force exercise and openness to its work. I thank all the stakeholders who presented their views to the Task Force during their visits.

I thank Clinton Health Access Initiative (CHAI) for sponsoring the design and publication of the Taskforce Report and for their support to the health department over the past few years. I am sure they will continue to lend us their hand as we implement the report's recommendations.

I also thank the national government agencies for their support during the exercise.

Ladies and gentlemen,

Since the onset of devolution, our County has achieved a lot. We have more healthcare workers and facilities now than before. In addition, many of our young men and women have graduated from colleges in the last ten years, creating a significant pool of healthcare professionals we can tap into.

Despite our noticeable progress in the last ten years, we have yet to reach the level we deserve and can attain, considering the increased human and financial resources we have had over the previous ten years.

Ladies and gentlemen,

We are all aware of the challenges we face as a country - rising healthcare costs, inadequate access to care, and health inequities within the country. While we share many of these challenges with the rest of the counties in the country, Mandera, by virtue of its geographical location, underinvestment in all sectors by the national Government during the first fifty years of our independence faces unique challenges.

The recently released Kenya Demographic and Health Survey 2022 has shown the existing health inequities in our country. Let me highlight a few indicators for this meeting.

- ✓Only 76.4% of women in Mandera received antenatal care (ANC) from a skilled provider for the most recent birth, compared to a national average of 98%.
- ✓Only 55% of live births in Mandera were delivered by a skilled provider, compared to a national average of 89%.
- ✓Only 46% of women in Mandera received a postnatal check during the first two days after live birth, compared to a national average of 73%.
- ✓Only 29% of children in Mandera aged 12-23 months were fully vaccinated (basic antigens).

- ✓ The percentage of households in Mandera with at least one ITN (insecticide-treated nets) is 15.7%, among the lowest in the country.
- ✓ The percentage of children in Mandera who slept under an ITN the night before the survey was 9%.

These are not small challenges and cannot be solved by tinkering around the edges. Instead, they require bold and innovative solutions, which is precisely what the Health Reform Task Force has recommended.

Ladies and gentlemen,

Mandera County, as you know, borders two countries, Somalia and Ethiopia. The Mandera Triangle, as it is called, presents both opportunities and challenges for us as a county. The triangle's long history of poor healthcare access because of its distance from the respective capitals and the security challenges has particularly impacted our healthcare service provision.

The cross-border mobile populations (CBMPS) are often linked to cross-border disease outbreaks such as Chikungunya, Dengue fever and Rift-Valley Fever, amongst others. As a county, we bear the burden of healthcare costs for the populations on both sides of the border.

To drastically improve the low health indicators in our County and reduce the burden of healthcare costs from our neighbours, we need your support, Madam Cabinet Secretary. We need support from the national government and development partners in implementing the Task Force recommendations and developing the necessary health infrastructure to deal with cross-border disease outbreaks.

Madam Cabinet Secretary,

During your visit to some of our health institutions today, I am sure you have witnessed the investment Mandera County Government has made in the health sector, some of which are National government functions.

In the absence of National government investment, we were forced to take up some of these projects not because we had a lot of funds but because the investment was necessary. However, as you have witnessed, some of these projects are yet to take effect.

Madam Cabinet Secretary,

In light of the unique challenges we face as a county and the historical underinvestment by the national Government, I request your Ministry and, by extension H.E. President William Samoei Ruto to assist us with the following.

1. Kenya Medical Training College (KMTC)

- ✓operationalisation of the campus through completion of men's Hostel, equipping of Laboratory & Computer Lab, KMTC Bus for students and posting of relevant Tutors.
- ✓ Authorisation to train qualified students from neighbouring countries to generate revenue for the college and build the capacity of our neighbours' healthcare systems.

2. KEMRI

- ✓ Expansion of Molecular Lab diagnostic capacity at MCRH to help us improve our diagnostic capacity and prepare for frequent disease outbreaks from neighbouring countries.
- ✓ Mandera gave 100-acre land to KEMRI for a research laboratory to cover human and zoonotic diseases under one health concept. We request that this research laboratory be prioritised for timely diagnosis. The County is ready to do co-funding where need be.

3. MANDERA SATELITE BLOOD BANK

- ✓ Requisite training for staff drawn from all the sub-counties
- ✓ A blood drive vehicle
- ✓ Additional equipment to make the facility operate at optimal capacity.

4. HUMAN RESOURCE

✓ The Taskforce recommended changing the healthcare narrative from curative to preventive. I, therefore, commit to actualising this by adapting the Primary Health care network. We shall invest in the full operationalisation of our L2 and L3

facilities and establish 200 community Units. We request your support to make

Mandera county a National Model

- ✓ Upgrading one high-volume level 3 hospital to a level 4 facility.
- ✓ Funding for the Mental Health unit
- ✓ Designating MCRH as an internship Centre.

Ladies and gentlemen,

For too long, access to quality healthcare has been unequal in our County, leaving some areas behind. But let me be clear - this is not acceptable. Healthcare is a fundamental right for all citizens, regardless of where they live or their circumstances. It is a basic human need that must be met for us to build a healthy and thriving society.

The report shows we have not invested enough resources in the primary healthcare sector. As you all know, countries with a health system with strong primary healthcare (PHC) deliver better health outcomes than those with weak primary healthcare (PHC).

That is why we must take action to address these inequities. We must work together as a community to identify the barriers to accessing quality healthcare and find ways to overcome them. This will not be easy, and it will not happen overnight.

But we must start somewhere, and that somewhere is here today. We must be willing to take bold steps and make difficult choices to achieve health equity in our County. We must engage all stakeholders, including Private healthcare providers, healthcare workers, policymakers, and community members, to work collaboratively towards this shared goal.

Ladies and gentlemen,

The report we are launching today is the result of months of hard work and dedication by a group of medical professionals who are deeply committed to improving the health and well-being of our citizens.

The report represents a roadmap for the future of healthcare in our County, a blueprint for creating a more efficient, effective, and equitable system.

I applaud Professor Khama Rogo and his team for their excellent work. This important milestone wouldn't have been reached without the support and cooperation of our healthcare workers, for which I am very thankful.

Ladies and gentlemen,

This report is more than just a set of recommendations. It is a call to action, a challenge to all of us to roll up our sleeves and get to work. Because the truth is, we cannot afford to sit back and wait for someone else to fix our healthcare system. We all have a role to play, whether we are policymakers, healthcare providers, healthcare workers, patients, or simply concerned citizens.

So, I urge you, as you read through this report, to think not only about what needs to be done but about what you can do to help. Because the success of this initiative depends not just on the quality of the recommendations but on the commitment of all of us to see them through.

Ladies and gentlemen,

Let us be inspired by the courage and determination of those who have worked hard on this task force. Let us be motivated by the knowledge that we can create a healthcare system that works for all of us. And let us be energised by the opportunity to be part of something truly transformative.

To our resourceful healthcare workers across the County, rest assured that the implementation of the Task Force Report will make your work easier. You will be provided with the necessary tools of the trade, an improvement in your work environment, purposeful and fair training opportunities, and a review of promotions for those eligible.

I urge the County Assembly Members to rally behind my call to action by actively participating in the implementation process.

I commit to providing the necessary resources to implement the short–term recommendations immediately and in the next F.Y. budget. I call on all development partners and Madam CS to help us mobilise resources to implement the long–term recommendations.

In conclusion, I urge all of us to join hands and commit to achieving quality and sustainable healthcare provision in our County. Let us be the change we want to see and create a healthier and more equitable Mandera County for ourselves and future generations.

Thank you and let us begin this journey together.

May Allah bless you all.

May Allah bless our county.

May Allah bless our Country.