KENYA COORDINATING MECHANISM

FORMAL PRIVATE SECTOR CONSTITUENCY FEEDBACK MEETING REPORT

24TH MARCH 2022

1.1 Executive Summary

The Global Fund partnership is a funding model designed to accelerate the end of the pandemics of HIV, tuberculosis, and malaria, and to support resilient and sustainable systems for health (RSSH). Founded in 2002, it is operational in more than 100 countries and encompasses the principles of partnership, country ownership, performance-based funding, and transparency. The outline of the functional model involves five primary steps; the fund mobilizes money, countries make investment decisions through a Country Coordinating Mechanism (CCM), the fund reviews and approves disbursement, local experts implement, and finally, local fund agents oversee the implementation.

More than 70% of disbursements by The Global Fund are to Sub Sahara Africa (SSA), and Kenya is one of the main beneficiaries. Over the years, Kenya has realized an exponential reduction in HIV, tuberculosis, and malaria prevalence and incidence rates. The Global Fund has also recently supported the response to the Covid-19 pandemic by resource mobilization.

The KCM Formal Private Sector Constituency Meeting held on 24th March is part of KCM's initiative to involve all relevant constituencies in decision-making. Key issues discussed in the meeting included an update of the KCM Evolution Project, an update on the 7th Global Fund Replenishment, financial performance of Global Fund grants, challenges and achievements by recipients, 2021/2022 constituency reports, and 2022/2023 work plan. Notably, the Formal Private Sector Constituency was challenged to take up its role in contributing scientific advances, manufacturing capacity, and private sector know-how in the implementation of the fund.

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4.1 Acronyms/abbreviations

CCM – Country Coordinating Mechanism

KCM – Kenya Coordinating Mechanism

GF – Global Fund

NFM – New Funding Mechanism

HIV – Human Immunodeficiency Virus

TB - Tuberculosis

STI – Sexually Transmitted Infection

KHF – Kenya Healthcare Federation

5.1 Introduction

Country Coordinating Mechanisms for the Global Fund ensure that all constituencies are effectively represented and actively participate in the governance of Global Fund grants to enhance transparency and oversight. This maximizes the impact against HIV, TB, and malaria pandemics and contributes to resilient and sustainable systems for health.

The Kenya Coordinating Mechanism hosted a constituency feedback meeting with the Kenya Healthcare Federation, representing the Formal Private Sector Constituency, on 24th March 2022 at Movenpick Hotel Nairobi.

The meeting brought together the principal recipients of the Global Fund grants, including The National Treasury, Kenya Red Cross, and AMREF Health Africa, the Formal Private Sector organizations under the Kenya Healthcare Federation, and the KCM Secretariat. The agenda included an update on the 7th Replenishment to be held in November 2022 in Washington DC, USA, hosted by President Joe Biden, the performance of Global Fund programs in Kenya, and the KCM Evolution Project to streamline governance between the KCM and national structures.

6.1 Purpose and Objectives of the Constituency feedback workshop

6.2 Purpose

To engage with constituent members and share Global Fund information to strengthen and sustain Global Fund programming in Kenya

6.3 Specific Objectives

1. Update constituency members on KCM Evolution Project.
2. Update constituency members on 7th GF Replenishment.
3. Update constituency members on the progress of implementing Global Fund NFM3 grants and C-19 grants.
4. Discuss achievements, challenges, success stories, and strategies.
5. Discuss 2021 / 2022 Constituency report, and 2022 / 2023 workplan / budget.

7.1 2021 / 2022 Activity Report

KENYA COORDINATING MECHANISM Formal Private Sector Constituency Activity Report 2021/2022				
S.NO.	**Planned Activity**	**Achievements**	**Challenges Noted**	**Suggestions for Improvement**
1.	KCM Formal Private Sector Constituency engagement and feedback meeting.	Information and updates on Global Fund grants disseminated to Formal Private Sector at the KHF Member's Meeting.	Governement taxation policies are a barrier to private sector involvement in implementation of Global Fund grants	The private sector through KHF should: • Lobby the government for favourable tax policies especially for pharmaceutical manufacturing • Have a say in the Global Fund directly through membership of KHF to Formal Private Sector Constituency • Contribute to the fund as donors

8.1 Highlights of sessions covered during the meeting

Dr. Daniella Munene, a KHF Director, and the Representative of the Fromal Private Sector at KCM, facilitated the feedback meeting. She introduced The Global Fund, giving an overview of its structure and function and the KCM, and updated on the progress of The Evolution Project.

Margaret Mundia from KCM Secretariat outlined the 7th Replenishment and urged the Formal Private Sector Constituency to contribute to the fund as donors and participate as implementors.

Dr. Palu Dhanani of Universal Corporation Ltd, a WHO Pre-qualified local Pharmaceutical Manufacturer, pointed out the hurdles unfavorable government policies presented to the private sector in competitively bidding for Global Fund tenders. He specifically addressed the import levy of 3% on pharmaceutical raw materials such as Active Pharmaceutical Ingredients, APIs.

Anthony Miru, from The National Treasury, the State Principal Recipient of the Global Fund, presented on the performance of GF grants in Kenya. Worth noting was the effect of period accounting procedures on the financial performance metrics.

Joyce Wanyonyi, Kenya Red Cross Research and Data Analyst, updated the forum on the progress of implementing the HIV grant by the Kenya Red Cross. She also pointed out programmatic achievements, current developments such as the electioneering period in Kenya, key challenges, including corruption by sub-recipients, and corresponding mitigation measures.

Finally, Peter Waiganjo outlined the performance of the TB and Malaria grants implemented by AMREF Health Africa, including the achievements made and challenges faced

9.1 Discussion

9.2 Update on KCM Evolution Project

The KCM Evolution Project aims at strengthening governance and alignment with national structures to ensure health challenges are addressed, with a sharp focus on maximizing the return on investment for The Global Fund.

In this endeavor, KCM engaged The Global Fund in strategically improving the realization of its mission to end the pandemics of HIV, Tuberculosis, and Malaria. It identified inconsistent and under-resourced constituency engagement meetings and short membership tenure as challenges. In contrast, a good selection of membership, good management, and participation in meetings ranked as strengths for KCM to exploit in realizing its mission.

The Evolution Project interventions include actively overseeing investments to ensure impact, engaging constituents meaningfully and sharing information, aligning governance with national structures, and streamlining KCM Secretariat operations.

9.3 The 7th Replenishment

Margaret Mundia from KCM Secretariat briefed the meeting on the 7th Replenishment Conference. It will be held in Washington DC in November 2022, hosted by the President of the USA, Joe Biden. Five African countries: Kenya, Rwanda, South Africa, the Democratic Republic of Congo, and Senegal, hosted the call for the Replenishment on 23rd February 2022.

The Global Fund urges African countries to increase their contributions, not because they are the beneficiaries of 65% of the disbursements, but as their investment and commitment to eradicating HIV, TB, and Malaria. The GF is also actively engaging the private sector in terms of the contribution it can make and also as agents of implementation. Margaret challenged the Kenya Healthcare Federation (KHF) to join The Global Fund through membership in the private sector constituency, to realize stakeholder power and voting rights.

9.4 Government Policy

Dr. Palu Dhanani of Universal Corporation Ltd highlighted the hurdles the private sector in Kenya faces in partnering with The Global Fund. Specifically, he brought out the minimal manufacturing of antiretrovirals (ARVs) in Africa despite the continent bearing 65% of the world's HIV burden. The major challenge he cited was unfavorable government policy.

Finished products such as ARVs are imported into Kenya, exempt of all taxes and levies. At the same time, active pharmaceutical ingredients (APIs) imported into the country are subject to an import levy of 3%. Consequently, commodities manufactured in Kenya are quoted about 0.5% higher than Asian-origin products. This translates to revenue loss by the private sector and loss of direct employment opportunities, foreign exchange, and government revenues. For instance, Universal Corporation Ltd, is a WHO Pre-qualified local pharmaceutical manufacturer, eligible for the award of tenders for manufacture of the Global Fund commodities. However, levies on pharmaceutical APIs make it uncompetitive in international tenders of the Global Fund.

9.5 Performance of Global Fund Grants in Kenya

9.5.1 The National Treasury

Anthony Miru from The National Treasury, the State Principal Recipient 1, outlined the programmatic performance of Global Fund grants. Key issues in implementing the grants and corresponding mitigation measures were outlined as summarized in table 1 below.

Table 1: Programmatic Performance Issues and Mitigation Measures

Grant	Issue	Mitigation
HIV grant	▪ Erratic availability / stock-outs of commodities: RTKs, VL reagents, EID, ARVs ▪ Funding gaps: VMMC ▪ Gaps in patient centered care: Large number of LTFU patients	▪ *Improve coordination between partners contributing to commodity pipeline* ▪ *Domestic budgetary support for program interventions* ▪ Improve quality of patient care
TB	▪ Gaps in patient centered care: Low CF ▪ Erratic availability of Xpert cartridges	▪ Enhance Program Quality and Efficiency interventions ▪ Strengthen oversight in procurement and distribution of Xpert cartridges
Malaria	▪ Frequent stock outs of essential commodities: RDTs, ALs ▪ Low coverage of CCM ▪ Low IPTm uptake	▪ *Improve coordination between partners contributing to commodity pipeline* ▪ *Domestic budgetary support for program interventions* ▪ Resolving legal issues on testing by non-laboratory HCW ▪ Interventions to improve ANC attendance

The National Treasury summarized the financial performance of global fund grants in Kenya in table 2 below. The low absorption rate of the HIV, TB, and malaria grants at 36%, 24%, and 35%, respectively, was attributed to accounting procedures where commitments had been undertaken and some deliveries made but not yet captured in the accounts as at 31st December 2021.

Table 2: Financial Performance of Global Fund Grants as at 31st December 2021

GRANT	BUDGET [A]	EXPENDITURE [B]	COMMITMENTS [C]	OBLIGATIONS [D]	ABSORPTION [B/A]	ABSORPTION [(B+C)/A]
HIV	2,373,358.85	851,812.88	16,449,611.74	20,911,777.93	36%	729%
TB	4,791,783.54	1,153,552.95	567,629.02	385,155.55	24%	36%
MALARIA	6,147,515.49	2,170,207.96	2,568,103.67	1,105,920.00	35%	77%

Promptly following Margaret Mundia's urge for the government to increasingly contribute to programs funded by the GF up to 20% of receipts, The National Treasury highlighted the government's commitment in the financial year 2021/2022 in the various programs as in table 3 below.

Table 3: GOK Co-Financing 2021/2022

Program	Budget KES	Status
TB Medicines	250,761,412.83	Contracting stage
Malaria	98,279,479.00	Medicines: Contracted. Deliveries April May 2022 Lab items: Delivered, deliveries ongoing, retendered
HIV	1,435,687,528.99	ARVs: Notification stage Male condoms: Evaluation stage

In the supply chain and procurement processes, the NFM -Year 1 procurement contracts for the HIV, TB, and malaria programs had been finalized, some deliveries already made, and more expected in April and May. Noteworthy, the MOU between The National Treasury and KEMSA is awaiting legal approval by the office of the Attorney General. The status of the various programs' procurement processes is summarized in the tables 4, 5, and 6.

Table 4: NFM 3 Year 1 Malaria Procurement Status

Category	Budget (USD)	Status
Antimalarial Medicines	2,607,800	Contracted, delivery in March and April 2022
Malaria RDTs	810,000	Contracted, delivery in May 2022

Table 5:NFM 3 Year 1 TB Procurement Status

Category	Budget USD	Status
TB Lab Commodities	1,135,465.52	**Diagnostics BD and Hain** BD: Contracting Hain: Contracted, delivery May 2022 **Lab consumables** At pre-award review stage
Tablets for TIBU Reporting	135,554	Contracting
TB Second Line Medicines	525,554.29	Delivered
TB Preventive Therapy	1,656,368.51	Deliveries ongoing in stages, limited by manufacturer capacity

Table 6: NFM 3 Year 1 HIV Procurement Status

Category	Budget USD	Status
Antiretroviral medicines	55,048,430.76	**Adult ARVs** • TLD – Fully delivered • Other 3 items – Contracted **Paediatric ARVs** • NVP liquid – Delivery on call down March 2022, June 2022 • ABC/3TC 120/60 – Contracting stage
Hep C and STI Medicines	177,518.08	Hep C: Contracting STI: Non-responsive
Condoms, lubricants and dispensers	2,766,511.59	Condoms: Contracted. Delivery April, May, June, July 2022 Dispensers: Contracting Lubricants: Non-responsive, retendered, closing 9th March.

Oversight activities, performance indicators, and targets for the 2021/2022 year had been initiated. Key challenge faced was numerous competing activities in the program monitoring unit with conflict between routine engagements with recipients, administrative tasks, and activities by other stakeholders.

9.5.2 Kenya Red Cross

The Kenya Red Cross is the Principal Recipient 2 of the HIV grant in Kenya. Joyce Wanyonyi, Research and Data Analyst at Kenya Red Cross, presented on the performance and progress of implementation of the grant. Kenya Red Cross received 77% of disbursements from the GF, and as of 31st December 2021, they had spent 50% of these disbursements. It currently supports 65 sub-recipients and, as of 31st December 2021, had fulfilled 98% of all applications for funds from the sub-recipients, who absorbed 63% of their receipts.

The programmatic performance of the HIV grant implemented by the Kenya Red Cross against the set targets is summarized in table 7 below.

Table 7: HIV Programmatic Performance

Coverage Indicators	Target	Achievement	Comments
1. KP-1c(M) %ge of FSW reached with HIV prevention programs - defined package of services	46,938	45,198 **96%**	Condom distribution were not done as per need of the population due to shortages
2. HTS-3c(M) %ge of FSW that have received an HIV test and know their results	52,364	24,684 **47%**	Shortages of HTS kits affecting HTS Uptake.
3. KP-6c %ge of eligible FSW who initiated oral antiretroviral PrEP	6,451	1,881 **29%**	Shortages of HTS kits affecting HTS service provision and PrEP Initiation.
4. KP-1a(M) %ge of MSM reached with HIV prevention programs – defined package of services	25,154	19,453 **77%**	Condom distribution were not done as per need of the population due to shortages
5. HTS-3a(M) %ge of MSM that have received an HIV test and know their results	19,924	12,309 **62%**	Shortages of HTS kits affecting HTS Uptake.
6. KP-6a %ge of eligible MSM who initiated oral antiretroviral PrEP	1500	202 **13%**	Shortages of HTS kits affecting HTS service provision and PrEP Initiation.
7. KP-1d(M) %ge of PWID reached with HIV prevention programs - defined package of services	15,591	13,970 **90%**	Condom distribution were not done as per need of the population due to shortages
8. KP-5 %ge Individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	2,289	1,338 **58%**	Transport challenges hampering MAT retention while lack of urine toxicology kits affected MAT initiation.
9. YP-2 %ge of adolescent girls and young women reached with HIV prevention programs – defined package of services.	23,255	18,513 **80%**	The revised school calendar affected the availability of the AGYW for activities
10. YP-1b Percentage of young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of schools	20,930	9,442 **45%**	The target allocation to SRs need revision by the PR
11. TCS-Other: # of PLHIV (defaulters/lost to follow up) in need reached through health networks.	16,856	9,630 **57%**	• The delay in starting the program affected the start of new indicator tracking • Geographical vastness and resource constraints have impacted defaulter tracing.

Joyce highlighted revision of the defined service package in the NFM3 to include STIs and condoms for FSW, health education, risk assessment and counseling on safe behavior for adolescents, and TB screening. Aware of prevailing circumstances in the country, the Kenya Red Cross has developed a contingency plan for the Kenya general elections, including vigilant monitoring with a particular focus on potential hotspots. The key challenges the Red Cross encountered in implementing the HIV grant and corresponding mitigation measures in place are outlined in table 8 below.

Table 8: Challenges and Mitigation Measures

	Key Challenges	Mitigation Measures
1.	Emerging fraud risks among CBOs	• Key trainings/sensitisations done for all SR CEOs. • PR Staff trained on fraud related issues • PR has enhanced it's oversight support especially on report reviews and spot checks to focus more on fraud related issues. • More trainings planned for both PR & SRs. • PR is looking into the possibilities of engaging fraud experts on a need basis for complex issues.
2.	Inadequate PM budget allocation for SRs	• PR implementing grant efficiently to accrue savings which with the approval of GFCT is proposing to be reallocated to address this gap.
3.	Lower rate of target achievement	• Held meetings with SRs (per module) to accelerate implementation • P4P approach in tracking services among CVs • SRs are represented in County Quantification Committees
4.	Lack of VL testing	• Supporting identification of all eligible beneficiaries at SR • Link to HF for VL testing (now started) - RRI
5.	Some of the hotspots closed during lockdown are yet to start operating	• Strengthening P2P to reach the affected KP • In-reaches in DIC • Conducting more outreaches to take services closer to KP
6.	Beneficiaries lost source of income	• Cash Transfer under C19RM grants • Linkage to vocational training for KPs and AYP
7.	In-adequate funds every 1st month of the quarter as the PR requests for funds	• PR is proposing a month buffer for their disbursement requests.

9.6.2. AMREF Health Africa

Peter Waiganjo presented the performance of grants implemented by AMREF Health Africa, the Principal Recipient 2 in Kenya for the TB and malaria grants. He explained the recent selection process of sub-recipients for 2021 to 2024, of which eight were engaged. He summarized the

financial progress of the NFM3 TB and Malaria grants as at 31st December 2021 and the Covid-19 Resource Mobilisation grant, as shown in tables 9 and 10 below.

Table 9: AMREF NFM3 Grant Performance at 31st December 2021

PR	Rating	Total Budget	July to Dec 2021 Budget	Cumulative Expenditure	Absorption
AMREF HA TB	B1	53,503,114	13,781,621	4,063,598	29%
AMREF HA MALARIA	B1	17,148,070	3,025,178	1,337,958	44%

Table 10: AMREF C19RM Grant Performance as at 31st December 2021

Grant	Total Amount Approved (USD)	July to Dec 2021 Budget	Expended (USD)	Obligations (USD)	Absorption Rate
AMREF HA/TB	54,458,263	3,344,057	719,544	6,970,990	22%
AMREF HA/Malaria	6,076,141	1,130,097	261,475	712,794	23%

Key challenges cited in implementing the grants included inadequate cylinders from BOC and non-responsive tender procurement of oxygen cylinders in the Covid-19 RM fast track grant. However, meetings have been held with BOC to fast-track deliveries, and tenders to procure oxygen are in the evaluation stages. Other challenges cited in the year ending 31st December 2021 include delays in implementation of RSSH activities, for which accelerated implementation had been initiated in January 2022. Low absorption rates recorded were due to activities

scheduled for implementation through the recently engaged sub-recipients in September 2021. The activities had since been scheduled for implementation in March 2022.

10.1 Constituency Work Plan 2022 / 2023

KENYA COORDINATING MECHANISM FORMAL PRIVATE SECTOR CONSTITUENCY WORKPLAN AND BUDGET 2022/2023								
S.No	**Activity**	**Expected Result**	**Budget**	**Responsible**	**TIME FRAME**			
					July-Sept	**Oct-Dec**	**Jan-Mar**	**Apr-June**
1	Ministerial Stakeholder's Forum	Lobby for tax exemption of Pharmaceutical APIs for Global Fund commodities		KHF	**Sept 2022**	**Dec 2022**		
2	KHF Member's Meeting - Formal Private Sector Constituency engagement and feedback meeting	Dissemination of information and updates on implementation of Global Fund grants.		KHF	**Aug 2022**			

11.1 Conclusion and recommendations

In conclusion, the Global Fund programs in Kenya have made tremendous progress in eradicating HIV, TB, and Malaria. Its rapid contribution to resource mobilization for Covid 19 and the impact in combating the pandemics attests to this. The Kenyan government is urged to increase its contributions to the Global Fund programs as its commitment to eradicating the

HIV, TB, and malaria pandemics. Moreover, the feedback meeting arrived at the following recommendations:

- Increased contribution by the Formal Private Sector Constituency to the fund as donors.
- Government engagement to exempt APIs for Global Fund commodities from import levies, consequently promoting manufacturing in Kenya, access to commodities, and creation of employment.
- Integration of technology in the implementation of the grants, such as real-time proof of delivery of the program commodities.
- Consolidation of stakeholder interest and power in Global Fund programs by active membership of the Kenya Healthcare Federation in the Global Fund through the Formal Private Sector Constituency.

12.1 Annex

12.2 Program

PROGRAMME

Kenya Healthcare Federation

The Global Fund

KHF Members' Meeting

Date: 24th March, 2022 | **Time:** 12:00pm – 5:00pm

Venue: Movenpick Hotel & Residences, Nairobi

Lunch will be served at 12:00 noon!!

Time	Session	Facilitator	Session Chair
Kenya Coordinating Mechanism (KCM) Formal Private Sector Constituency Feedback Meeting			
12:00 – 12:30pm	Arrival and Registration		KHF Secretariat
12:30 – 12:45pm	Introduction	KCM Member & Alternate	Dr. Elizabeth Wala, Vice Chair, KHF
	Remarks by KCM Constituency Representatives		
	Purpose and Objectives		
12:45 - 1:30pm	Overview of the Global Fund /KCM operations in Kenya	KCM Member & Alternate	
	Update on KCM Evolution Project		
	Updates on 7th Global Fund Replenishment		
1:30 - 2:15pm	Performance of Global Fund grants in Kenya	The National Treasury AMREF Health Africa KRCS	
2:15 - 2:30pm	Plenary / Compilation of Constituency Feedback Meeting Reports	KCM Member & Alternate	

***Figure* 1: Programme of The KCM Formal Private Sector Constituency Feedback Meeting**

12.3 Participants

Table 11:List of Participants

Name	Organisation
Aleem Merali	Evercare Kenya Healthcare Ltd
Andrew Nyandigisi	Health Strat
Angela Siteyi	Pharmaccess
Ann Masese	Centre For Health Solutions - Kenya
Anyango Esther Adhiambo	Kenya Association of Pharmaceutical Industry
Beverly Senda	Pana+Care
Caius Kering	Kenyatta University
Charles Kevin Kamau	Coalition Of Blood For Africa
Edward Chege	Roche Diagnostics
Chris Masila	Practhealth Consulting
Collins Mase	Chem-Labs Limited
Cynthia Chemonges	Kenya Association of Clinical Pathologists
Cynthia Kahumbura	Jacaranda Health
Daniel Karuma	Goodlife Pharmacy Limited
Daniella Munene	Pharmaceutical Society Of Kenya
David Karia	Medsource Group Limited
David Obonyo	Britam
Dennis Lumula	AHN Kenya Ltd
Douglas Oramis	Kenya Dental Association
Dr Christopher Were	GSK
Dr Elijah Matolo	UAP Insurance
Dr Emily Kavosa Mudoga	Kenya Veterinary Association
Dr Kepha M. Ombacho	Private
Dr Radha S Karnad	Healthx Africa
Dr. Amos Kibata	City Eye Hospital
Dr. Job Makoyo	Marie Stopes Kenya
Dr. Joyce Sitonik	AAR Healthcare Kenya Ltd.

Dr. Marangu Moses	MOH
Dr. Wasunna Owino	Pharmaccess Foundation
Edith Gutauh	TC4A
Elizabeth Nzisa	Corebase Solutions Ltd
Emily Mwamachi	CBM
Emily Rogena	KACP
Emmanuel Blin	TC4A
Eng.Millicent Alooh Hsc	Association Of Medical Engineering Of Kenya,Amek
Esther Okoth	Options Consultancy
Evangeline Mukami	LVCT Health
Evans Agire Nyariro	Ophthalmological Society Of Kenya
Faith Njeri Kweri	Options Consultancy Services Ltd
Felix Murira	Thinkwell
Florah Wetende	Pharmacist Intern
Francis Osiemo	Sasadoctor
Francis Wambugu	Kenya Red Cross Training Institute
Gavin Pearson	Laborex Kenya.
Gordon Otieno Odundo	Technology Associates
Grace Ndegwa	ZBS Ltd
Irene Kamunya	Health Relief International
Jacinta Michuki	Carepay Limited
Jack Onyango Otieno	Practhealth Consulting
Jacqueline Kedera	The Nairobi Hospital
Jacqueline Wambua	Roche Kenya
James Mwangi	Chem-Labs Limited
Jean Kyula	Helium Health
Jessse Muthaura	Equity Bank
Joash O. Omondi	Gold Star Kenya
John Kamau	BOC Kenya Plc
John Kithi	Africa Healthcare Network
John Mwangi	Emergency Plus Medical Services

John Omondi Juma	Integral Health Limited
Joseph Mutweleli	Jacaranda Health
Kenneth Macharia	Options Consultancy Limited
Kenneth Ogendo	Living Goods
Kevin Saola	Nestle Esar
Liza Nyaga	Zamara
Lloyd Chris Collins	JKUAT
Loise Wanja	FKPM
Lorna Abogi	Corebase Solutions Ltd
Lynda Achieng'	The Africa Resource Centre
Lyndon Marani	Insight Health Advisors
Mandela Onyinkwa Nelson	Strathmore University Business School
Marloes Kibacha	Africa Health Business
Martin Murimi	Surgipath Services Ea Ltd
Maureen Muthinzi	Penda Health
Meshack Ndolo	IQVIA
Michsel Nyongeda	Kenya Progressive Nurses Association
Mourice Odera	Novartis
Mr. Samuel Odede	The Nairobi Hospital
Muna Mohamed	Afripads
Munir	E-Plus Medical Services
Mwikali Katunge	Penda Health
Nellie Waeni Mweu	BOC Kenya Plc
Nelly Agina	Pharmaccess Foundation
Nikhil Lawrence Pereira-Kamath	Africa Healthcare Network
Oduor Otieno F.	Systems Evaluation Ltd
Omondi Alertone Odhiambo	KHF
Patricia Koech	Imperial Managed Solutions Ltd
Perviz Dhanani	Universal Corporation Limited
Peter Kamau	Gold Star Kenya
Peter Waiganjo	Amref Health Africa

Phelim Nyabuti	Tech Care For All
Philip Ngari	Medic
Qaizer Manji	Healthx Africa
Racheal Apiyo	Stanbic Bank
Renne Lupalo	Megascope Healthcare (K) Ltd
Rishav Verma	Technology Associates
Robina Mwenesi	MOH
Rose Ndungu	IHL
Rukia Abdulkadir	E-plus
Rukwaro Mathenge	Meridian Health Group
Ruth Elwak	Goodlife Pharmacy Ltd
Salome Mwaura	Penda Health
Samuel Kimani	Medsource Group Limited
Samuel Odede	The Nairobi Hospital
Sanjay Tak	Nairobi Xray Supplies Ltd
Sarah Reynolds	Merck Healthcare And Life Science
Satish	Technology Associates
Sawan Shah	Jacaranda Maternity
Shamit Shah	Freight In Time
Siddhartha Ray	Technology Associates East Africa Limited
Simon Kibias	MOH
Simon Mbae	Medic
Stellah Owaki	The Nairobi Hospital
Stephanie Koczela	Penda Health
Stephen N. Mburu	Phillips Therapeutics Ltd
Stephen S. Wanjala	Centre For Health Solutions-Kenya
Sundara Karthikeyan	Technology Associates Ea Ltd
Thomas Adongo	VHS
Venkata Kishore Kumar Yaram	Technology Associates Ea Limited
Vinesh Bhatti	Freight In Time Limited
Vinod Guptan	Medsource Group Limited

Wangare Demesi	The Karen Hospital Ltd
William Techera	Smart Appications International
Wycliffe Ogenya	Community Health Services And Development Officers Association
Yasmin Chandani	Insupply Health

12.4 Pictorial

Dr. Kanyemje Gakombe ,
Chairman, Kenya Healthcare Federation

Margaret Mundia
KCM Secretariat

Dr. Anastasia Nyalita,
CEO, Kenya Healthcare Federation

Dr. Daniella Munene,
Director, Kenya Healthcare Federation

Anthony Murio,
The National Treasury
Malaria Program Officer

Peter Waiganjo,
AMREF Health Africa
Venture Development Manager

Joyce Wanyonyi
Kenya Red Cross
Research and Data Analyst

Meshak Ndolo,
IQVIA

Dr. Palu Dhanani,
MD, Universal Corporation Ltd

Vinod Guptan,
KHF Supply Chain Committee Chair

Stephanie Koczela
CEO, Penda Health

Sarah Reynolds
Regional Strategy Manager – Africa
Merck Life Sciences

Dr. Paul Mwaniki
MD, Kileleshwa Medical Plaza

Dr. Andrew Nyandigisi
CEO, Healthstrat

Stephen Mburu
CEO, Philips Therapeutics Ltd

Dr. John Juma
Integral Health Ltd

Dr. Francis Karanja
KHF Director

Millicent Olulo,
KHF HRQS Committee Chair

Dr. Linus Ndegwa,
KHF Director

Participants at the KHF Member's Meeting