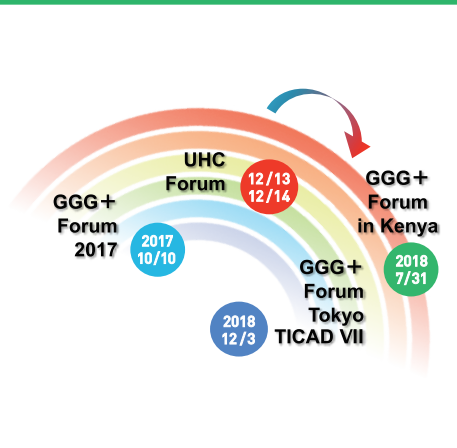




GGG+Forum 2018 in Kenya

To achieve UHC and SDGs in Africa



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*This note is not confirmed among speakers.



To achieve UHC and SDGs in Africa

9.00 am at the Jacaranda Hotel, the Node Hall on 31st July 2018.

Opening Remarks:

MCs: Evaline Kibuchi, Chief National Coordinator, Stop TB Partnership-Kenya
John Paul Omollo, Chief National Coordinator, Health NGOs Network, Kenya



Evaline Kibuchi, National Coordinator, Stop TB Partnership-Kenya

For all our friends from Japan, I would like to say, Douitashimashite, or, Kenya yokoso (sic). And for my friends from Kenya, Habari za asubuhi. You are very much welcome to the GGG+ 2018 Forum in Nairobi. The first forum was held in 2016 in Japan, and again in 2017 in Tokyo Japan. But before we start, as is the tradition in Kenya, I would like to welcome Ms. Margaret Muruga to pray for us and commit this

meeting to God.

Margaret Muruga,

Nurse, RESULTS Japan Kenya Office

Dear Lord, we thank you for the day and meeting we are having here today. We thank you for our visitors from Japan, and the journey mercies you gave them to reach here in Nairobi. We commit this meeting upon your grace, and ask that in all that we shall discuss, we shall find better ways to implement Universal Health Coverage, and Sustainable Development Goals in our country. We pray in Jesus' name. Amen.

Kindly let us now remain standing for the national anthem.

Ee Mungu nguvu yetu
Ilete baraka kwetu
Haki iwe ngao na mlinzi
Natukae na undugu
Amani na uhuru
Raha tupate na ustawi.

(Oh God of all creation
Bless this land our nation
Justice be our shield and defender
May we dwell in unity, Peace and Liberty
Plenty be found within our borders)

Thank you so much. You may be seated



Evaline Kibuchi, National Coordinator, Stop TB Partnership-Kenya

I wish to now take this very rare opportunity and privilege, to welcome the Honourable Ambassador Toshitsugu Uesawa, the Ambassador of Embassy of Japan in Kenya, to make remarks to us. Welcome sir.



Hon Toshitsugu Uesawa, the Ambassador of Embassy of Japan in Kenya

Ms Sicily Kariuki, CS for Health, and my friend Dennis Awori, and my dear friend, Ms. Noriko Shirasu, RESULTS Japan and distinguished guests, ladies and gentlemen. Wow!

Ningependa kuanza kwa Kiswahili. Nataka kuwasalimia, hamjamboni nyote. Karibu sana hapa kwa GGG+ Forum. (clapping) Nimefurahi sana kujiunga na nyinyi kwenye mkutano huu. Ningependa kuendelea na Kiswahili, lakini wenzangu wa Japan hawajui hata kidogo. (Laughter).

(I would like to start with Swahili. I greet you all. Welcome to GGG+ Forum. I am happy to join you here in this meeting. I would like to continue my speech in English, but my fellow Japanese do not know any Swahili at all.)

We are happy to have the meeting here in Nairobi for the first time outside Japan. Before coming to details of my speech, I will recognize the gracious presence of the CS of the Ministry of Health in Kenya. Your presence adds great value to this meeting. Also, Shirasu san, I would appreciate highly your effort to make this conference possible. Now let me begin my speech.

We meet today to discuss matters of great urgency and necessity to promote UHC, and its ability to promote the realization of Sustainable Development Goals. The commitment to these goals is through the deliberations in the G7 meeting where Japan promoted the realization of Universal Health Care. In December 2017 Japan held a UHC forum where the Japanese Prime Minister, Shinzo Abe promised 2.9 billion US dollars towards UHC support. UHC in Africa was a framework developed during the TICAD VI through the collaboration of organizations like WHO and Global Fund. Kenya is the leading country in promoting this policy.

Ladies and gentlemen, Kenya is the leading beneficiary of Japanese ODA in Sub Saharan Africa and has been for some time. Japan and Kenya have a long history of cooperation in the health sector. Some of the projects that have been done include establishment of the Kenya Medical Research Institute, KEMRI, various human resource development initiatives, and most recently, Japan pledged support for Kenya's UHC. There is a Kiswahili saying that may be of some relevance; Kivuli cha fimbo hakimfichi mtu jua. (A walking stick cannot protect a man from hot sun). You understand its literal meaning. But its deeper meaning is that to achieve meaningful progress, you have to build robust institutions. In light of this, I look forward to active discussions for the promotion of UHC. Among the various participants, many will have different and brilliant perspectives. But in all, we will look back at this forum as the beginning

of the realization of UHC as well as SDGs in Kenya, as well as in other African countries. Again, let me finish in Kiswahili.

Kwa kumalizia, nimehakikisha kwamba sisi wajapani wote tuko pamoja na wananchi wa Kenya. Tuendeleo kufanya kazi kwa bidii, bega kwa bega, ili tupatie watu wote maisha bora.

(As I conclude, I wish to assure you that all Japanese together are in support of Kenya. Let us all work together, and work hard to realise better living standards of our people)

Thank you very much and asanteni sana.

(Loud Clapping)



John Paul Omollo, Chief National Coordinator, Health NGOs Network, Kenya

Thank you so much Mr. Uesawa. His Kiswahili is much better than mine. I come from the lakeside where we have challenges learning that language. (Laughter)

I will take this chance to welcome Ms. Veronica Kirogo.

(Veronica asks the MC to allow Dr. Sheikh Mohamed to welcome the CS)

Dr. Sheikh Mohamed, Health of Family Health at the Ministry of Health, Kenya

Thank you very much. Our Cabinet Secretary, Ms Kariuki, The Ambassador of Japan, it is our great pleasure as a ministry to be here. I wish to welcome our CS to come and make remarks in a much broader sense. (Clapping)



Hon Sicily Kariuki, Cabinet Secretary, Ministry of Health, Kenya

Thank you very much. Asante sana. Your excellency Amb. Uesawa, our colleagues from Japan, fellow Kenyans, ladies and gentlemen. Habari gani? Ohayo Gozaimasu? (audience responds to greeting).

I cannot match Balozi (Ambassador) Uesawa. He is always sawa. (Laughter). I am very pleased to join you in this forum, where we shall deliberate on how to strengthen the relationship between Kenya and Japan particularly in respect of UHC. Today's theme, to achieve UHC and SDGs in Africa is appropriate as this forum come at a critical time when we in Kenya are striving to attain the SDGs particularly one on UHC which resonate with all our colleagues across the world.

In Kenya, UHC is one of the four pillars of our development agenda, within the current five-year cycle which H.E the President is championing. I am therefore delighted to participate on behalf of the government of Kenya to recognize the government of Japan for choosing Nairobi to host this forum. The government of Kenya, ladies and gentlemen, is committed to implementing health system reforms as part of the efforts to achieve UHC and realize the right to health as anticipated and enshrined in the constitution of Kenya. You will agree with me that investing in UHC pays off. In Kenya, we are convinced it will pay off, both socially and economically. In order to sustain the gains that we made during the MDGs era, the national as well as the county governments are jointly implementing programs which aim at;

1. Expanding the scope of health services available to the Kenyan people
2. Expanding the coverage of existing services, focusing on hard to reach areas
3. Reducing financial risk which is associated with use of essential health services.

These programs range from MCH, HIV, TB, Malaria and NCDs whose burden is on the rise. Improved infrastructure and equipment, health commodities and supplies, and a robust disease surveillance response system. Achievement of health for all therefore calls for health policies that will play a special role in defining the countries vision, define the future priorities and also aid in budgetary decisions, as well as clarity in definition of roles of different stakeholders. That is why our being here today is important because at the end of the day, these roles of each one of us here would be that much clearer.

Kenya is moving towards the provision of people centred health services which have been well articulated which have been highlighted in the just concluded National Health Sector Strategic Plan date 2014-2018. We are on course in getting the next strategic plan in place. The health strategy has been augmented by HE. Uhuru Kenyatta's pronouncement of affordable healthcare to Kenyans as one of his legacy programs in the remaining four years of his administration. We believe the continued implementation of the strategic plan and the Kenya essential package for health at the Sub national level will empower and engage people and communities. It will also strengthen governance and accountability. Further, it will help reorient the model of care. I am a serious believer that we need to move to primary healthcare without any exception.

We believe the current health programs coordination services as well within and across sectors. But we also believe that as government the actions we are taking assist in creating an enabling environment at all levels in the health system.

Ladies and gentlemen, the Kenya health sector currently is serving a population of about 40 million Kenyans. It is my hope by the time we do the next four years, we will be in a strong and capable position of serving the increasing population estimated to be about 46 million.

Maternal and child deaths are caused by neonatal cases, acute infection, diarrhea, Malaria, HIV Aids. High impact interventions to address these factors will include interventions such as comprehensive new born care, immunization, early and exclusive breastfeeding, handwashing and appropriate management practices such as oral rehydration.

I want to pause here and congratulate our colleagues from the government of Japan for supporting us in dealing with some of these programmes. (Clapping)

To enable us to achieve our immunization objectives, the government has revamped the governance structure for immunization. We are currently at the middle of a 100 days dedicated to step up immunization across the country and child mortality which for the last five we have noted has reduced from 39/1000 live births as compared to ten years ago when we were at 52/1000 live births.

Free maternity services continue to have more mothers deliver in hospitals. Here again, we have invested as a government and we will continue to invest.

Ladies and gentlemen allow me to still note that challenges exist in combating TB, HIV and Malaria and other infectious diseases. Just to cite an example, last year, Kenya reported entry type 85000 TB cases, among them 7800 children. This made Kenya one of the countries with the highest burden of the disease; nothing to meddle about. Results of a recent National TB surveillance survey suggest that each year about 40% of TB cases in this country go undetected and untreated. Those affected are young men and children, and elderly persons.

We have also as a sector experienced setback in implementing primary healthcare. Specifically, some of the challenges here include lack of common understanding PHC approach and low levels of health

sector funding which we are currently as government addressing. However, we are keen to learn from best practices in other countries as we endeavor to anchor our UHC on primary healthcare within the delivery system of the sector.

I salute our colleagues from Japan, for knowing early enough that primary healthcare pays and that UHC didn't wait for us to sign as a globe that Japan was indeed ahead of the rest. We are keen to learn from you.

Despite the challenges that I cite, we have a unique opportunity to significantly reduce the current disease burden notably through ensuring adequate investment in health systems. I have come to realize that the able partner here would be necessarily my colleague Minister of Finance because we really need to expand our fiscal space. But happy for me is increasing recognition that health creates wealth and advances GDP.

There is growing improvement in public sector performance including the health sector with decentralization expected to bring health services closer to our needy population.

With the anticipated increase in support from the Japanese government, the realization of our UHC goals will come sooner than later, noting that Kenya I on record having set an ambitious record in terms of timelines to achieve UHC.

I wish to conclude by thanking the organizers of this forum for welcoming me to be part of this audience this morning and also reiterate government commitment at the national level and at the 47 county governments in moving towards UHC. I recognize the invaluable contribution of the government of Japan through JICA, RESULTS Japan and others in organizing this forum, in pursuit of attaining UHC. With increases collaboration from all government sectors, development partners, non-state actors, the theme of goals of UHC will soon be a reality. I wish to take this opportunity to reiterate that we know where we are going, perhaps it's how we get where we are going that we seek partners such as the ones here to support us. We have identified the gaps in terms of our resources, but we will be keen to work with you to ensure sustainability with the speed we have set for ourselves.

Finally, Balozzi Uesawa and the visiting colleagues from Japan and my colleagues in Kenya, let me take this opportunity to thank you and wish you a most rewarding, a most open discussion. With those remarks, I wish you a good morning and present to you my appreciation, Arigato Gozaimasu.

(Clapping).



Evaline Kibuchi, National Coordinator, Stop TB Partnership-Kenya

Arigato Gozaimasu Madam CS. Let us appreciate her more. (clapping).

I now wish to begin with the invitation of Mr. Denis Awori. He is the former Ambassador to Japan, a respected business leader in Kenya, and Chairman of Toyota Kenya.

Let us give him a hand as he comes to make his remarks. (Clapping)



Amb. Dennis Awori, Former Ambassador to Japan and Chairman, Toyota Tshusho East Africa

Thank you Evaline. To all my Japanese friends, Kenya Yokoso. That is the extent of all my Japanese (Laughter)

Your excellency Amb. Uesawa, Madam Noriko Shirasu from RESULTS Japan,

distinguished guests, ladies and gentlemen, Good Morning, Ohayo Gozaimasu?

My name is Denis Awori. I am the Chairman of the Toyota Tshusho group of companies here in Kenya. I am here as the private sector. I have a 40-year experience with the Japanese people, as an ambassador and in business. My six years as a diplomat in Japan were simply amazing and educating.

I have been closely following the activities of RESULTS Japan for a long time, from when I was ambassador in Japan and in subsequent TICAD meetings and now looking at TICAD VII in Yokohama Japan next year. I commend RESULTS Japan for their advocacy activities have been very instrumental in the achievement of SDGs, and now UHC. The organization has been a key player in bringing together illustrious organizations in helping Kenya and other African countries achieve SDGs and UHC. As you well know, a great percentage of African populations have limited access to healthcare both physically and financially. As the CS has just told us, the government has set an agenda to ensure they make better the standards of living of the people of Kenya. All this begins with good health, which is based on primary healthcare.

This event is therefore very timely as the deliberations will add quality to the big aspirations captures in Kenya's big four agenda as part of the long-term vision 2030 agenda.

A business can only exist when it's profitable. And this can only happen if they are healthy while doing their day to day assignments. Healthy employees will have less sick days in a year and overall, contribute to the economic productivity of a nation.

That is why the private is keen on UHC. The delegation from Japan will be helpful in making us how their health management has contributed to the longevity of their lives. I take this opportunity to congratulate RESULTS Japan and collaborators for bringing this event to Nairobi. I believe the forum will be a good platform to engage meaningfully and giving exposure of Kenya to well-meaning partners in the world. I congratulate you for your efforts in accelerating the achievement of the country's SDGs and UHC as part of the journey to realize a prosperous middle-income country. Thank you.



John Paul Omollo, Chief National Coordinator, Health NGOs Network, Kenya

Thank you, Mr. Awori. It is very rare to have the private sector in such forum. It is really commendable of him to join us here today and giving a wonderful speech.

We hope more private sector actors will join in future events of such kind.

I now invite Prof. Miriam Were to come and give brief remarks.



Prof. Miriam Were, Doctor, Public Health Specialist, Ambassador of Primary Healthcare

Madam CS, HE Amb. Uesawa, all protocols observed. It is a great joy seeing this room full, wishing and working towards health for all in Kenya, Africa and the world. After 45 years of dreaming for healthcare for all in Africa, I am very happy that we are almost there. Through all this time, we thank Japan for being a partner in supporting us all through, together with other health actors from across the world. The UN agencies, GHIT, Global Fund, Gavi, and you great people from various health organizations, thank you for your support. It gives me great joy that my grandchildren will live in a country where there is health for all. I am really happy to join you, and I trust this forum will be very beneficial to all of us. Thank you.



John Paul Omollo, Chief National Coordinator, Health NGOs Network, Kenya

Thank you, professor for your very precise remarks. Thank you again for your commendable efforts for better healthcare in Kenya.

We now wish to move with haste to the first part of today's discussions.

Part.1

GGG, TB, GDF, Polio, IAVI and Vaccination



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Before we start, let us allow Madam CS to leave. (Clapping...CS Kariuki leaves the hall)

Let us now start the session. I am Ikuko Yamaguchi, and I work at UNICEF. I will be moderating this session whose theme is GGG, TB, polio, IAVI, vaccination and GDF.

All these aspects, as you well know, are very critical in the process of achieving SDGs and more specifically UHC.

As you may have heard, the Japanese Prime Minister has dedicated some 2.9 billion dollars in support of various aspects of Universal Health Coverage. Therefore, without further delay, I would like to start by inviting our first speaker, Dr. Osamu Kunii from the Global Fund.



Dr. Osamu Kunii, Head of Strategy Investment and Impact, Global Fund

I am Japanese so I have to stick to only three minutes (laughter)

I visited Africa for the first time in 1985 as a medical student. I look young, but I was much younger then. (Laughter). I learnt a lot from Kenya, and Amref, as the Flying Medical Doctors.

I was impressed by Amref's medical handbook, and later as a volunteer in Somalia, I was impressed by the dedication of young medical personnel there. From then, I have visited over 20 African countries through NGOs, JICA, UNICEF and Academia and now Global Fund. I have witnessed many milestones in fighting disease. But there is a varying difference in terms of the achievements realized by the various countries. Kenya for instance is much ahead in terms of healthcare services. For instance, HIV Aids has halved since 1996 and for malaria, the cases have reduced by over 80%. When I was in Africa, I was also infected by Malaria, and some other people could be infected more than 7 times a year. Much as that is so, some challenges still remain. Kenya still has a high disease burden for TB, Malaria and HIV which lead to tens of thousands of deaths each year.

Global Fund has invested over 1 billion dollars so far and recently has approved over 400 million dollars for various health projects and personnel development. However, increased domestic financing is very critical especially in reducing missed TB cases, vector control and strengthening health systems at large. With proper prioritization of the health demands, and better management of resources, there is a possibility for much greater improvement as far as delivery of healthcare is concerned. We also need a good strategy. But that is not enough without good operationalization.

As you know, a good system is not a product of good strategies only, but good operationalization as well, especially in primary healthcare delivery. Yesterday, I visited Kangemi Health Centre and I was impressed by the dedication of the CHVs and the work of RESULTS Japan and the Japanese government. However

more can be done in health service delivery optimization and integration of best practices in healthcare through public private partnership.

I believe through the leadership of Kenya, we can have a framework of promoting the work of the CHVs to accelerate the achievement of UHC. I am happy that Global Fund is in support of this and will continue to do so in making sure we realize the UHC goals. Thank you.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much for your very insightful remarks. Our next speaker is Ms. Chika Katajima from Gavi, but I am informed that there was a flight delay, so we do not have her among us here. But she has sent her remarks, and we would like to ask Ms. Mihoko Kashiwakura who heads the Bill and Melinda Gates Foundation in Japan to make the remarks on her behalf.



Ms. Mihoko Kashiwakura, Head of Bill and Melinda Gates Foundation, Japan

Thank you Ikuko san. I represent Bill and Melinda Gates Foundation in Japan, and I would like to read Ms. Katajima's remarks who couldn't make it because of a flight delay.

Please accept my sincere apologies for not making it to the meeting. I believe someone is still in the frenzy of World Cup and that has messed my connection (Laughter). But I believe the discussions you are having are indeed very important and beneficial. I thank Noriko for inviting Gavi to this forum, and in recognizing our work. I recommend the Kenyan Government for stepping up vaccination and saving the lives of children. Gavi was started in 2000 with a main agenda of increasing equitable access to vaccines, especially for children. More than 640 million children have been immunized through efforts of Gavi, which is 60% of the world children. In that way, over 9 million lives have been saved.

Gavi has endeavored to make the vaccines available and affordable to our partner countries and strengthen the health systems. Vaccines alone do not save lives. So health systems have to be properly set up and managed.

We have operations in 73 countries, 40 of which are in Africa. We have pumped more than 8.1 million dollars to Africa since it is our priority when it comes to vaccine issues.

We also work with governments to strengthen health systems. In Rwanda, we work with a company called Zipline where we deliver vaccines via drones, even to the remotest parts, very quickly. We appreciate the Kenya and Japanese governments for prioritizing UHC agenda for Kenya. Indeed, UHC is at the centre of Gavi's agenda to save people by improving access to life saving vaccines. Immunization is very important in saving lives since it is one of the most effective health interventions.

Gavi looks forward to work with Kenya and Japanese governments in achieving UHC and improving access to the vaccines that matter most in the lives of the people of the world. Thank you so much and I look forward to good cooperation for enhanced healthcare delivery and success of this GGG+ Forum.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much Ms. Kashiwakura. So I would like to go to the next speaker. Mr. Kiyooki Yamabe. COO of GHIT Fund



Mr. Kiyooki Yamabe. COO of GHIT Fund

Thank you very much. Good morning ladies and gentlemen. And...I distributed a handout and I would like to start from Page 2 to introduce the GHIT fund.

GHIT was established in 2013, and founded by two ministries, MHLW and MoFA and private sector organizations like Bill and Melinda Gates Foundation and Wellcome Trust.

We have in total secured over 345 million USD for investment in product development.

Page 3 shows the number of deaths caused by various diseases. We have to stay committed to eradicate those diseases. For us to do so, we have to continue investing in research and development, and development of new drugs.

Page 4 shows our investment by disease, stage and intervention for Malaria and TB by using Japanese science and pharmaceutical expertise.

Page 5 shows the Japanese and non-Japanese entities involved in our various programs. Our uniqueness is that we invest in Japanese, and non-Japanese partnerships which makes a prerequisite for our funding.

Page 6 shows our portfolio since being established. We have invested over 174 million in various projects across the world. There are 49 projects currently underway.

Page 7 shows our most advanced projects yet. There are 5 clinical trials in Africa, and 3 in south America. In Kenya, we shall have clinical trials in partnership with KEMRI.

We hope to get the project products to be approved in the next 5 years by the respective authorities.

Page 8 shows the summary whereby we have 49 projects currently underway and we expect two products to be approved by the end of 2022. So that's all of my presentation. Thank you for your attention.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you. Mr. Yamabe. The role of the private sector is indeed very important as you can see from his presentation. We hope that TAKEDA, a big pharmaceutical will join us later in these efforts as far as drug manufacturing is concerned. And now the next speaker. So Dr. Nair from Stop TB partnership, is joining us from Geneva and will

share the progress on the stop TB efforts. Dr. Nair you have the floor.



Dr. Sreenivas Nair, Regional Senior Advisor in Countries and Communities, Support of Stop TB Partnership

Good morning everyone, and many thanks for organizing such a good forum. When I talk of TB, the time is always the problem. This is a disease that kills over 1.6 million people each year. More than 10 million are affected, with 1 million being children.

Around 600,000 people develop MDR TB every year. Thousands of health workers have worked and achieved a number of successes. Unfortunately, all these efforts have not been so effective. Over 40% miss on diagnosis. Unfortunately, over 65% of children with TB are being missed every year. Over 75% of the MDR patients are missed out on diagnosis every year.

The SDGs talk of leaving no one behind, but as you can see we are leaving many people behind. However, there are opportunities and hope. The upcoming UN meeting will have heads of state talk of TB. We should have in mind that TB affects the people who are in the most productive age groups.

The investments needed that is for effective control. We have over 1500 organizations across the world, through which we are mounting these efforts. The Global Drug Facility is also very important in providing drugs to the TB patients who most need it.

UHC is an important opportunity to get everyone on board, and TB is an important factor in this whole provision of effective primary healthcare. Thank you.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

I learn that Kenya is one of the high TB burden countries and that really calls for much more investment in fighting the disease. I now welcome Dr Chakaya to make his remarks. But am told he is not present, and I would like to go to the next speaker. Dr. Asma Ali will make her remarks as a key partner in RESULTS Japan Kenya and head of Westlands Sub County.

of Westlands Sub County.



Dr. Asma Ali, SCMOH, Westlands Sub County

I am Dr. Asma Awadh, and I am the Medical Officer in charge of Westlands Sub County.

It was great pleasure working with RESULTS Japan Kenya. We have had a few projects in Kangemi which include the renovation of the TB clinic, training of CHVs...sorry I am used to abbreviations... and we also had the formation of CHUs. Through that, we have had various advocacy efforts and health promotion activities in the Kangemi

community. There has been support for the TB patients, and in some cases, nutritional support for the TB patients. However, we note that of the patients who died, there was a close connection with nutritional deficiencies. Currently there is the construction of the TB LAB, and the installation of the TB LAMP machine, which will be the first one in Kenya, and in Nairobi county for that matter.

I would insist that the management of the disease is not through diagnosis only, the nutritional and general welfare of the patient is very important as they affect the healing process of patients. One of the most pressing issues is lack of proper nutrition to the patients, especially the five that died last year, which is an area we would be glad if you invest in it.

Let us expand the scope of activities through RESULTS Japan and include environmental health, nutrition and sanitation, as all these have contributory effects to the recovery of the patients. Thank you so much.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

That is quite an eye opening remark about the situation of the people of Kangemi, and the health challenges they are facing. Thank you once again. Japan has been instrumental in fighting these diseases. And in the case of Polio, we are almost eradicating it. Soon, if no case is reported in Nigeria, we may declare it Polio free. When a case of Polio was discovered in Nigeria, this led to Japan mobilizing additional funding, aimed at making sure this is a disease of the past. For the past two years, we haven't had any reported case in Nigeria. Having said that, I would like to welcome UNICEF, which has been instrumental in supporting child health in Kenya, to make some remarks. I have been told there is a special guest and let me give time for that...

(Drama skit being performed by TB community health volunteers from Kangemi community on the effects of TB, and how poor medical seeking behavior and lack of awareness affects the fight against TB)
(Thunderous clapping for the entertaining performance)



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much for that entertaining performance. And it was very educational. I hope you enjoyed.

I now welcome Mr. Werner Schltink, to talk about UNICEF efforts in Kenya.



Mr. Werner Schltink, Director of UNICEF Kenya Office

Thank you so much. As you can understand, I cannot compete with the lively presentation that you just saw. (laughter). However, I will do my best to have your attention.

I would like to thank the organizers of this event. It is very nice to see colleagues from various organisations from Japan here. I hope the discussions will clarify what we need in Kenya and Africa, in achieving UHC.

In Sub-Sahara Africa, the deaths have reduced by half over the last ten years. However, it would be hard without more investment, to reduce the deaths to less than 25 per 1000 live births as outlined by the SDGs. Most children dying before age 5 die because of health condition that can be prevented through effective health interventions. Pneumonia, birth processes, malaria, and HIV are some of the illnesses that bring about this situation. The situation is worse in frontier counties such as Mandera, Isiolo, Garrissa and Turkana as compared to Nairobi and say Kiambu. We have to improve health structure and operations in order to address this. UNICEF is really focused on such efforts and has been working with CHV to curb this health issue.

On Immunizations, we are really focused on these interventions. First of all, UNICEF is the largest procurement entity for vaccines for children. In Kenya, 90% of the vaccines come through UNICEF, either by funding, or through procurement for government. Immunizations prevents various diseases which makes it a very effective health intervention.

Unfortunately, in Kenya, more than 500,000 children did not get various vaccination. We there need to strengthen vaccination programmes.

That brings me to my second point. Do not allow slippage in vaccination coverage. I am happy the Kenya president; Uhuru Kenyatta is committed to strengthen vaccination programmes.

Finally, on polio, there has been tremendous effort in eradicating polio. As at now, we have only two countries having cases of polio. That is Pakistan and Afghanistan. However, we continue to see the disease pops in places least expected. Nairobi is such a case, and we have made rounds of immunization to protect the recurrence of this disease. We there need to realize that we cannot allow slippage, or focus given to polio, at all. We need to be very vigilant, and invest in such work adequately. We need good health systems too which can deliver quality healthcare to all Kenyans. Thank you very much.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much for your great presentation. I am indeed impressed by your dedication to avoid the recurrence of Polio in places where it had already been declared free. Now we are going to have

Evaline Kibuchi, National Coordinator, Stop TB Partnership-Kenya, speak on behalf of

Dr Chakaya.



Ms. Evaline Kibuchi, National Coordinator, Stop TB Partnership-Kenya

I am clearly not Dr. Chakaya. (Laughter).

The combination of HIV and TB is one of the greatest challenges we are facing. We are a high burden TB country and in Africa, we are fourth behind South Africa, Nigeria and Ethiopia. We are not in good books therefore.

The highest infected populations are men and especially those in the most productive years. We miss 40% of the TB cases. They are not diagnosed, and are therefore sources of infection to other people. By doing so, we shall reduce new infection. We also have MDR cases, which are on an increase by ensuring the patient follow ups are done to make sure they are cured by fully taking medication. Medical access and stigmatization is another problem. The connection between TB and HIV is another challenge which makes people lack the willingness to go take medicine, since they are already condemned to death if they say they have TB. We are also in efforts with parliament and increase political will to fight this disease, and the burden to significantly reduce in the next five years. We need to end TB globally by 2030, and the president needs to make commitment in this regard. Thank you so much.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

One of the most important things in fighting disease is research. I would therefore like to welcome Dr. Anatoli Kamali to talk about this matter.



Dr. Kundai Chinyenze speaking on behalf of Dr. Anatoli Kamali, Director of IAVI Kenya Office

Thank you so much. I send apologies of the regional director who was held by some unavoidable circumstances. I am Dr. Kundai Chinyenze, the Medical Affairs director.

IAVI are happy to join you here. We appreciate our collaborators in this room, and existing MOU with GHIT. We are mainly in the research to develop vaccines for Aids in Africa and the world. We are in 7 countries in Africa now. We work with governments and other civil society organisations in the countries of operation. We also partner with Biomedical research bodies in developing these vaccines, and we have made various milestones since we began. All these are outlined in our booklet which has been circulated to you.

We are here to respond to many emerging and reemerging epidemics, and other health interventions which call for efforts of our nature in managing them. Over the years, we have conducted many research projects across the region, which have been very instrumental in managing various diseases in the region and informing policies locally and internationally.

We have achieved because of the support from the donors that we have listed in the booklet. We are glad and we look forward to more assistance as we work in more vulnerable populations like fishing communities, adolescents and vulnerable people, who are affected by comorbidities with other infectious diseases. These people have limited access to healthcare, WASH and basic living amenities.

Through our research, we seek to find how best to address these challenges in the most sustainable manner. Therefore, funding for R&D is very important, and having strengthened institutions and capacity building to facilitate development of vaccines suited for the diseases in Africa and other places in the world as efforts to achieve UHC. Thank you.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you for your wonderful words. Now, let me invite the next speaker. Today we hear the perspective of the private sector. Today we have Dr. Logan Rae from Takeda.



Dr. Logan Rae, Head of Govt Affair and Policy, EU & Emerging Markets, Vaccines Business Unit, Takeda Inc.

Good morning. Thank you for the organizers.

For 70 years, we have supplied vaccines in Japan. Lately we have invested in developing other vaccines to address the diseases that are currently facing the world's people.

In 2016, we had a partnership with the Bill and Melinda Gates Foundation to support global polio eradication. We got a 38 million dollars support to develop vaccines to eradicate polio in the world. We will use our technology and expertise in Japan to make 50 million doses a year for the Gates Foundation at affordable prices.

Innovation is therefore very important in increasing access to cheaper vaccines and easier supply and administration to populations in the world.

Our commitment is actually in the belief that people should be healthy, and have a sound and healthy future to carry their own activities for life sustenance. Thank you.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much. We would love to work with Takeda. Now, I invite another person from the Health sector. Mr. Takahiro Soejima from Eiken Chemicals Ltd.



Mr. Takahiro Soejima, General Marketing Manager, Eiken Chemicals Ltd.

Good morning. We are delighted to be here today. We are now introducing pure TB LAMP in Kenya, in Kangemi to facilitate the better diagnosis of TB in Kenya. We are in talks with the Kenyan government to have this machine used in diagnosis of TB in Kenya. The machine has been approved by WHO and we believe it will be very appropriate in testing TB and by large, promoting the fight against TB.

The machine is simple, robust, highly specific, and quick machine. We therefore make a pledge to support the fight against TB and we believe it is going to be a good cooperation. Thank you so much.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much Mr. Takahiro for your remarks. We also have another speaker, Mr. Jean Denis Nkongolo Elumba from Sumitomo Chemical East Africa.



Mr. Jean Denis Nkongolo Elumba, Senior Business Development Manager, Sumitomo Chemical East Africa.

Thank you for the opportunity. I am here to share on the contribution we have made towards Public Health.

Sumitomo developed long lasting mosquito net which when dipped in chemical, and can be used for a long time. It has contributed to lowering malaria infection by a very significant margin. We now have a newer net, Olyset +, which is targeted at managing resistance. It is now two years in the markets.

We have various partnerships with governments and international health actors. In Kenya, we collaborate with the National Malaria Programme to distribute into communities.

Malaria kills more people in Africa but manufacturing plants were out of Africa. That is why we decided to bring the manufacturing to Africa, where they are needed most, and can be accessed easily and cheaply.

We have the largest manufacturing and research facility in Africa as far as malaria is concerned. We continue to make more efforts and partnerships with various organizations to see to it that malaria is completely under control. Thank You.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much. Working with UNICEF I am indeed very familiar with Olyset. So...Yes! Thank you so much from the speakers. So...uumh, our next speaker is Pauline Irungu, on behalf of Wanjiku Kamau.



Ms. Pauline Irungu, Program officer, PATH

Thanks Ikuko. We exchanged spaces because of competing interests in our work. I will make it in three minutes. I appreciate the cooperation of the governments of Kenya and Japan in achieving UHC. I was to commend the Japanese for being ahead in healthcare. They have based their health on primary healthcare, and the successes they have registered are very enviable. They are the leader in terms of giving everyone access to

health.

As we evolve in health, there are many challenges coming with current and upcoming diseases. We need human resources empowered to handle these problems. If everything is proper, but no human resource, nothing can happen. Resources must be availed, and in every aspect of it. However, there is a huge call for governments to fund their own health programs as they cannot depend on foreign aid forever.

SDGs are not about waiting and be resourced. It is also about finding resources internally. Much as various efforts have been made, there is still a long way to go. We must be ready to build momentum, and plan effectively and efficiently for health tools that are important for us to take up. We must prioritize to invest in what's important and be ready to make it work. We must invest sustainably. We do not need to start good things which fail when we go. Thank you so much.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

It's all clear we are working towards health for all and UHC. So we need tools, but tools are not enough, we need to raise awareness and raise advocacy and political will.

I now invite Dr. Manabu Sumi from the Global Health Policy Division.



Dr. Manabu Sumi, Director, Global health Policy Division, International Cooperation Bureau, MoFA.

Thank you so much Madam Chair Ikuko san.

I thank the speakers for giving us very informative messages. Every discussion reminded us that we are here to contribute the best of our efforts in helping people with various diseases like TB, Malaria, Polio and other diseases under the UHC umbrella.

Listening to the speakers, I realize that there is so much to do and collaborate with together to make things happen. As you are aware, we have two important meetings with Gavi and Global Fund in 2019. It is not easy to fund these activities as a government, because of financial constraints. Japan will however like to ensure that the money contributed is used effectively and efficiently. Japan will make effort to secure

appropriate funding. We are keen on innovation and finding solutions to find new vaccines and drugs for these disease. Through such efforts, we will improve access to medicine, and Vaccines for better health. Indeed, we need to ensure that no one is left behind. Thank you very much.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you Dr. Sumi, and thank you for all the support that Japanese government has given. Now we have a guest who is a polio survivor. Her name is Ms. Beth Njoroge. Kindly have the floor.



Ms. Beth Njoroge, Polio Survivor, Kenya

My name is Beth Njoroge. I got polio when I was a child. I stayed at hospital for a year, and that is when I was told I had polio. It had affected my right leg then. My back was also bent.

But all these I came to learn when I was much older. We stayed at Molo, where access to healthcare was so much difficult. My grandmother could only massage me, and that is how I managed to start walking. I used a stick to walk for over 20 years.

It is only when I was 30 when I developed back problems. I could not even walk. We went to various hospitals and they could not tell the problem. Then one doctor discovered that my back was affected by polio. I was to go for physiotherapy. It was until much later when I hit 40... I am above 40, though I look 25...I got pneumonia. That is when they realized one of my lungs didn't grow. I started using a vent. After 3 years, I added weight because of using hormonal pills. I was unable to breathe. I was prescribed a concentrator for my breathing. I can stay for two days or so, but I made a habit not to depend on it. So that in my life after polio, and we are many out there. I would like to thank Evaline Kibuchi, through my doctor, and got into the advocacy for eradication of Polio. My grandmother encouraged me to use what I have, instead of what I do not have. I work at Safaricom as a customer care agent. They are a good employer since they give us work, and an enabling environment. They also bought for me the tools I use for breathing. I thank you all for giving me a chance to speak to you, and let you see by yourself. Thank you so much



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you for sharing your story. People like you are the inspiration to continue with these efforts. I also have a link to polio since my brother had a stroke, at 49 and half paralyzed. I can only imagine the challenges you went through. I decided to continue with this work to eradicate polio so that no one else gets affected. That is my motivation.

Thank you for the story.

Our final speaker is Dr. Yasuhiro Yasutomi, from NIBIOHN. The floor is yours.



Dr. Yasuhiro Yasutomi, DVM, Phd, Director, Tukuba Primate Research Centre, NIBIOHN

Thank you very much. Please understand this is very difficult because summarizing these is not so easy. People have made engaging remarks, and entertaining performances, and somethings like that. But I will try my best.

This forum is very important and we focus on the three. One is Diagnosis, two is Treatment, and three is prevention/vaccination.

I am currently involved in the development of a TB Vaccine which you can talk to me later for it. We need to emphasize on the three all at once. If we have one, and lack the other, then we are not really working well.

But with much importance is the help of the people. We need them to know how best to roll out the threes we are talking about.

We need to further this relationship. This is my conclusion.



Ms. Ikuko Yamaguchi, Senior Adviser, Resource Mobilization & Advocacy, Polio Eradication Programme Division, UNICEF

Thank you so much. I think we are going for lunch.....no, not yet. We are actually moving into second session. And we would be discussing nutrition in the second session. Dr. Akihiro Seita will be the chair of the session.

Part.2

Nutrition and Refugees



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees (UNRWA).

Thank you so much ladies and gentlemen. I have just flown into the country this morning. I have taken more than one and a half hours to reach here. (Laughter). If I was walking, I could have reached here long time ago. (More laughter). It's a headache. I thought I would miss out. But I am finally here. We are 45 minutes late but in the next one hour we have ten speakers. It is like mission impossible (laughter). I will however try my best at least we can get lunch. I was told there is no coffee break. It is not my mistake; it is the organizers. (Laughter) I said I am sorry there is no coffee. Please come back. Do not take coffee, just come back (Laughter) As I remarked earlier, I work for the 5.4 million Palestine refugees. There seems to be no political solution to the refugees and it is something we must all be committed not to repeat anywhere in the world. We were being funded by the US, and recently, they cut 300 million dollars of assistance. So, we have a very big challenge now. It is a crisis.

Today's session will focus on nutrition, especially for refugees. In Kenya, I hear you have over 500,000 refugees from Somalia and South Sudan. If you don't agree ask UNHCR not me. (Laughter).

NCDs are on the increase, and next month there will be a meeting on NCDs in New York. Statistics from WHO say that over 30% of deaths are caused by NCDs.....ask WHO not me...(laughter).

All these are important since they touch on access to good diet, just like the case in Palestine. When you are poor, you cannot access good diet and quality food. Having said that, we need to recognize that this is part of the SDGs. Now we go to speeches, and it's only 3 minutes each. I now invite Mrs. Veronica Kirogo. From the MOH, Kenya.



Ms. Veronica Kirogo, Head of Nutrition Services, MoH

Thank you. I want to focus on the situation of nutrition in the country and leverage it for discussion on what should be done from now on in achieving UHC agenda. We currently have a triple nutrition issue. That is, over-nutrition, under-nutrition, micronutrients deficiency in addition to NCDs. We have however made milestones for children in the first 100 days. Breastfeeding has improved from 32 % ten years ago to 64% today. This gives them a good foundation as they grow into adulthood.

We also know that the patients who come to hospital, one in every three have a malnutrition issue.

Without looking into this, we will have more patients, and they will stay longer in hospital. We need

nutrition screening for malnutrition detection Nutrition counseling for community health interventions. This will manage the number coming to hospital. The third one is treatment when the patients come in. We would also like to have more investment in nutrition for nutrition deficient patients, children, and acute malnutrition cases. We would also love to have a keener look on WASH since it is critical and related to the hygiene of the food we eat.

I am told my time is up, and I want leave this up to my colleague Dr. Sheik to add more.



Dr. Mohamed Sheik, Head of Family Health and Nutrition, MoH

Thank you, Ms. Veronica. We are grateful as a ministry to be here. There has been some tremendous improvement and by 2030, we hope to have less than 10/1000 mortality rates for under 5 children as part of our ambition in UHC. We understand that UHC is based on primary healthcare, and good nutrition is at the centre of all this. We have made progress, but not doing very well. This requires support from partners, and we are very grateful for the aid. We also focus on the nutrition book, which has helped mother know what to eat, and is customized to the local foods. We also believe that with more collaboration, we will achieve much more since the pace is good enough.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you so much for your speech. So, I understand you are head of nutrition. What is the biggest nutrition issue in Kenya if I ask you?



Dr. Mohamed Sheik, Head of Family Health and Nutrition, MoH

The challenge is triple burden, Undernutrition, over nutrition and nutrient deficiency, and NCDs.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you so much. Now we go to the UN agencies FAO and WFP. I now invite Mrs Analisa Conte from WFP.



Ms. Joyce Owigar representing Ms. Analisa Conte, WFP Country Director, Kenya

I am representing Ms. Analisa Conte and my name is Joyce Owigar. She is unable to attend. Kindly accept her apologies. I will talk about how to address the issues raised by Veronica Kirogo, in the context of the UHC.

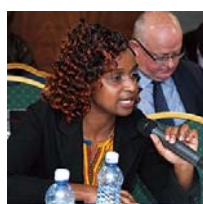
Majority of key population, that is, children and adolescents have at least one micronutrient deficiencies. NCDs are a key challenge and account for over 50% bed occupancy in hospitals. So, this is what we are dealing with.

We have some strategies which we recommend being done. We need to develop a mechanism of detecting and subsidizing poor household to increase their access to quality nutrition.

We can also ensure also that we have an insurance cover for at least the basic healthcare.

Thirdly, we need to focus to primary health to provide healthcare for all, and avoid a situation where people cannot afford, and develop sicknesses which are expensive to treat. This way, we will reduce the burden of costs for healthcare.

Non-state actors can also come in, particularly where governments are overwhelmed. Thus, a partnership framework is needed. The same case applies to the private sector and the government for efficiency. Thank you.



Ms. Angela Kimani, Head of Nutrition, FAO Kenya, on behalf of Dr. Gabriel Rumagela, FAO Kenya Director

I represent Dr. Rumagela. I am the head of nutrition at FAO. I will give a little on an overview. FAO is working towards a world free of hunger and malnutrition. We work in strengthening the agriculture sector, which is the backbone of the Kenya's economy.

Nutrition is very important in agriculture because we need to focus on systems that can provide food necessary to avoid malnutrition. Prevention of malnutrition is better than cure of malnutrition. This is a good opportunity to focus on food-based strategies to stem up these efforts. Food comes from agriculture, and that is why we need to address this with unity. Many sectors come together to have the wellbeing of the populations.

We need to reduce the number of children in Africa who are stunted for lack of food, or proper nutrition. We also work with all partners in ensuring we make it in providing much needed food for the people of this world.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you. Can you use the liberty of the chair to answer this...? What is your view of food security in Kenya?



Ms. Angela Kimani, Head of Nutrition, FAO Kenya, on behalf of Dr. Gabriel Rumagela, FAO Kenya Director

We have many regions in the arid areas which have high food insecurity and malnutrition.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

We now go to two people who are same tribe as mine. We are all Japanese. (laughter)
We have Mr. Morimoto. Please.



Dr. Yasuyuki Morimoto, Researcher of Bioversity in Kenya

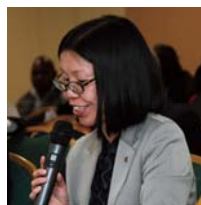
Bioversity researches on food, and particularly in rural areas, which a view to informing policy for action on food problems in various communities. Agriculture is very important in the achievement of UHC nutrition targets, and that is why we are keen on coming up with strategies which will make this possible at the least cost, but

with the most impact.

Bioversity gives scientific advice on the management of climate change, and operation tools to sustain food production despite the adverse changes in the production processes. This is aimed at realizing global food security.

What people choose to eat is not that simple. This is determined by many factors, based on local food system.

Bioversity is currently developing a kit to collect data on what people eat in various places across the world and use it to infuse it into local food systems. This is based on a ten-year research on food systems in various communities in the world. The prototypes were tested in two Kenyan communities, Kitui and Vihiga counties, and can be used in various other communities. More information can be found in the booklets and banner at the back. Thank you.



Ms. Keiko Sano, Chief Representative of Kenya Office, JICA

Thank you so much. I represent JICA. I want to talk about IFNA. In TICAD VI, IFNA was formed to be a catalyst to facilitate cooperation between the actors. It is not a funding body. It will be in operation for 10 years from 2016 to 2025. With strategies formed from the respective countries, they then define the roll out agenda in their own countries which they have to fund and implement in collaboration with in country finances ministry and human resources.

Kenya and JICA have committed to have much more discussions on IFNA and promote the achievement of nutrition for the needy people in Kenya, and Africa.

For way forward, as head of JICA in Kenya, I recommend IFNA as a model for other African countries to implement. For undernutrition, many efforts are necessary, from water and sanitation and also the agriculture sector. JICA plans to get as many agricultural facts in Africa, which it shall present in TICAD VII for action in the next year's conference.

In 2020, a nutrition summit by the Japanese government will be held. In the meeting, we will use the opportunity to promote the needs of Agriculture in Africa. Thank you very much.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

I have a question for Mr. Morimoto. Knowledge is good. And food is food. And good food is good food. How can we transfer this knowledge to the people and help them change their dietary behaviors?



Dr. Yasuyuki Morimoto, Researcher of Bioersivity in Kenya

That is why we are focusing on understanding the local diet. In fact, Kenya has a lot of food diversity. That diversity is spread among the 50 different communities. We are now understanding these foods and advise them to eat a balanced diet from what they have, what they know, and what they can easily access.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you so much. So Ugali is good. (Laughter). Poverty is very bad. It prevents people from getting proper food. They just buy bad food because it is what they can afford. What can we do about this, JICA?



Ms. Keiko Sano, Chief Representative of Kenya Office, JICA

We need to develop a synergy impact to address the situation. It is not only JICA



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you so much. Now I wish to invite Ms. Keiko Kitajima from HANDS.



Ms. Keiko Kitajima, Field Officer, HANDS

Thank you for this opportunity. We are from HANDS. We have some brochures at the desk. We are targeting area bordering Kisumu county. We are supported by the private sector who could not make it to this place. I want to hand over to my colleague, who is the project officer for nutrition in Kericho County.



Mr. Gilbert Kosgey, Nutrition Project Officer, HANDS, Kericho County.

Thank you so much. We have a nutrition project we are implementing for early childhood in Kericho county aimed at improving nutrition for children under 5 years.

We are utilizing the early childhood centres in this project. In Kericho, according to the ministry of health, there are higher levels than national levels, of stunting and child

wasting. Some have been because cash crops are popular than food crops. Mothers also do not have good knowledge on nutrition, and thus, do not know how to feed the children best.

We are having school feeding programs, development of kitchen garden, at least to grow the essential foods needed for fairly good nutrition.

Our achievements are improved performance of children, reduced sickness, and improved sanitation through the toilet programme. Thank you so much.



Mr. Francois Batalingaya, Country Director, World Vision, Kenya

We have been involved in various efforts to improve nutrition for children, approximately 2.6 million children in Kenya. We are present in 45 counties in Kenya.

We work with many partners in focusing on WASH, Child protection, nutrition and education.

I have been here for just a year. When I came, there was a severe drought. We responded to it, but it was more a nutrition urgency than a drought urgency. My colleagues talked about triple burden, which we need to address. Micronutrient deficiencies have many health effects on every age and population. We have to focus on the first 100 days to reduce cases of death. The first 1000 days are the ones where major developments in a human body happen.

As civil society, we need to define our advocacy clearly. We need to advocate for better agricultural practices, and nutrition for child survival. The Kenyan government made a commitment to reduce nutrition related deaths to less than 20/10000 live births.

We also need to advocate for nutrition policies through parliament, to increase resource allocation for such programs. Again, we need a comprehensive agriculture program for adequate food security. We need to advocate for these issues to be addressed to quicken the process to realization of UHC and SDGs. Thank you.



Mr. Hender Jefferson, Director, Food for the Hungry, Kenya

We have been in operation in Kenya since 1976, with the primary focus being in Marsabit county. One cannot conclusively talk of nutrition without talking of the opportunities and challenges faced by the people living in arid and semi-arid lands.

The ASALs cover 89% of the country, and these areas face droughts almost each year. Food becomes very scarce, and many people and animals die in the process.

Access to clean water, food and sanitation cannot be ignored. In ASALs lack water, and that means sanitation is poor. Almost 50% of the people in Marsabit county defecate in the open. The implementation of primary healthcare becomes a challenge because of the poor access, and the nomadic lifestyle of the people who live in such places.

We are stemming up efforts through the county governments in those areas to ensure more investment to the health of the people, water for people and livestock, faster medical supplies and in having sustainable means of food production.

This calls for a multi-faceted approach to solve the problems, more so for the nomadic people, who are not static to one place.



Mr. Nelson Otwoma, Executive Director, NEPHAK

My name is Otwoma, I work at Nephak., a network of people living with HIV in Kenya. The subject of nutrition is very extensive to discuss in a day.

The issue in Kenya is unequitable distribution of food. There are places with lots of food, and there are some with very little. We need to sort this out and increase access to food at cheaper prices.

Our agriculture is rain fed. That means when there is no rain, then there is no food growing. We need to change to mechanized agriculture to solve hunger and starvation. Irrigation is an opportunity here.

We need to also start teaching people what to eat, when and where. This is very important in the changing parameters of food access and nutrition. Thank you.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you, Mr. Otwoma.

To HANDS, what is the biggest change you have seen in your project? What have you seen?



Mr. Gilbert Kosgey, Nutrition Project Officer, HANDS, Kericho County.

The kitchen gardens have come up, and the issue of vegetables is no longer an issue. It has been sorted with little cost.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

To World Vision, what are you doing to sort out the problem of lack of food?



Mr. Francoius Batalingaya, Country Director, World Vision, Kenya

We have invested greatly in improving the farming techniques from the grassroots, so that farmers can produce competitively, and provide food for the community at an affordable price. If someone is able to buy, the issue of food insecurity is reduced by over 90% percent.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Okay, thank you very much. Mr. Otwoma, you talk of equitable distribution of food. What do you mean by that?



Mr. Nelson Otwoma, Executive Director, NEPHAK

I think it is just the spirit of sharing. There is no point of having a lot of food, which even goes bad, when other people are starving elsewhere. But the government should also set up a mechanism of ensuring that excess food is made available to people who do not have it in another place.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you so much. The last question is for the Food for the Hungry guy. What is the issue that brings about the food insecurity that you talked about severally in your speech?



Mr. Hender Jefferson, Director, Food for the Hungry, Kenya

In ASALs people always depend on livestock. But recently, severe droughts have been much more detrimental to growth of livestock and drought resistant foods. With climate change, the frequency of droughts has increased, making the area less food secure.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

Thank you so much. It is a miracle that we have finished the ten presenters. (laughter). I am told that I am so hungry by my stomach. I think we go for lunch, for 1 hour and come back by 1.30 pm. But because we have time... is there anyone who has a burning question? Over there? Anyone? Anything to criticize, or say you are hungry or something? (Laughter). Now then, let us now give this time to Dr. Sumi to make remarks.



Dr. Manabu Sumi, Director Global Health Policy Division, International Cooperation Bureau, MoFA

Thank you so much Seita Sensei. Actually, Japan will host the nutrition summit in 2020 by taking use of the Olympic and Paralympics in Tokyo. Prime Minister Abe announced that nutrition is very important in achieving UHC and protecting deaths of children under 5. They have a very close connection.

Nutrition cuts across many SDGs, and this makes it hard to know how much money has been allocated for it domestically and internationally. I believe by joining UHC to nutrition, we will be raising momentum and political goodwill in this area.

But at the same time, NCDs and obesity come when we discuss nutrition, apart from malnutrition. As Japan we will continue with the preparation for the nutrition for growth summit in collaboration with all relevant stakeholders like all of you here to make it successful. Thank you very much.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works agency for Palestine Refugees.

If you don't mind a question from me... it is not about how much money you will give to us (laughter). The situation currently is very complex. We have obesity, and malnutrition. We have people sick because of too much, and some sick because of no food. How do we solve this problem?



Dr. Manabu Sumi, Director Global Health Policy Division, International Cooperation Bureau, MoFA

That is a very important question and very difficult to answer. Japan has prioritized health agenda in diplomacy for many years. Sometimes it is more about getting the right human resources, and political will to solve most of these challenges. We need the support of experts in this area to help us know how best to solve, especially when we have the nutrition summit in 2020. I am actually a public health expert and not really a nutrition expert. But at MoFA, I am responsible for this. But that would be my response as at now.



Dr. Akihiro Seita, Director of Health, United Nations Relief and Works Agency for Palestine Refugees.

Thank you very much. I think we should never accept any child to suffer and die by hunger or become obese and die immaturely. We have lunch now.... You will provide us lunch?

Yuko's voice: Okay Okay..... Lunch is ready.... just here outside

So, we will take lunch and be back by 1.30 pm to continue with the third session.

Part.3

Sanitation, Toilet, GFF, Gender and Children



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you so much that you have come back. We are now getting set for the third session. We shall be focusing on Public Health matters like sanitation, toilet accessibility and gender issues in children and children health. We are also going to discuss this in the TICAD VII meeting. Seita Sensei said his was mission impossible, but I think it's mine which is mission impossible. (Laughter)

I would like to invite Ambassador Ogutu, the Chair of the Sustainable Blue Economy Conference secretariat.



Amb. Ben H.O. Ogutu, Director, International Conferences and Events and Head of Sustainable Blue Economies

Thank you so much Dr. Naoko. I am here on behalf of MoFA Kenya. I am here to share with you about the Blue Economy Conference, which the minister wrote a message about, and I am here to represent him.

I am delighted to join you here. The talk on UHC is of great conference. We thank RESULTS Japan for organizing this event here in Nairobi. I am particularly happy to be associated with the Japanese especially because I was an ambassador to Japan up to 2014, and chairman of the TICAD VI in Nairobi in 2016.

The blue economy conference will be held from 26th to 28th of November 2018. It will be the first of its kind. It is meant to tap the resources from water bodies in Kenya and surrounding regions to spur the economic opportunities for the people of Kenya for achievement of SDGs and vision 2030.

Healthcare can benefit greatly from the blue economy. We shall have a topic on good health and wellbeing.

Japan has invested greatly in marine economy, and we shall learn greatly from it. In TICAD VI, there was the Nairobi declaration which embraced the blue economy as a critical component for accelerated Africa development. The blue economy can be a source of key nutrition which is a good component of health. According to UN, more than 3 billion depend on the ocean as the primary source of protein.

In this regard, the blue economy can be a major source of fish and other sea food for the sustenance of livelihoods, and good health of the people. I have a few brochures, and you can get them at the table for more detailed information. I wish you the best in the remainder of the forum. Thank you very much.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you very much Ambassador Ogutu. We look forward to your wonderful conference. I would like to move to next speaker. Mr. Stanley Kamau from Ahadi Kenya.



Dr. Stanley Kamau, CEO, Ahadi Kenya Trust

Most of you know me as Dr. jiggers. We cannot talk about jiggers alone here for that will take a whole month. But we are focusing on UHC for now. And one of the biggest campaigns right now is poverty and hunger eradication.

We have started social economic projects to sustain their livelihoods. By next year, we will have done over 2000 projects, and planted over 2 million fruit trees. We are also in collaboration with the First Lady regarding healthcare. We are supplying basic facilities and mobile clinics to remote areas in Kenya

We are also looking at distributing more than 10 million pairs of shoes to children across the country, especially those at the risk of being infested by jiggers. We shall also cement and renovate their classrooms.

On WASH, we are drilling boreholes for better water supply and sanitation. We are keen on leadership that aims at solving problems, not giving tokens.

There is a lot of hostility especially when politicians think you are doing good to build political popularity. We need resources in plenty in achieving UHC and we are ready to collaborate with all of you to mobilize the resources to achieve this very important fete. Thank you so much.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you Dr. Kamau. I now wish to invite Mr. Takeo Hojo, who is the Managing Director of Saraya Uganda Office.

The floor is yours.



Mr. Takeo Hojo, Managing Director of Saraya Kenya and Uganda Offices.

Thank you, madam chair, for the opportunity to speak. I wish to thank the organizers of this forum, for seeing it best to bring this forum to Kenya.

Saraya deals with hand hygiene products, and we are based in Uganda. We recognize that sanitation is very important, and in every aspect of health, we have to be certain of the hygiene condition to avoid contracting diseases associated with lack of proper sanitation.

I mostly use the example of seatbelts in a car. They are meant to improve the safety of the people in the car. However, if they are not used, they will not be meaningful. The same applies to hygiene product.

Producing them, and making them accessible is not the only thing we must do. It is not enough. We have to make the people understand why it is absolutely important to use them at every point where they are essential. It is not easy, but we will do it.

We support various organizations in their quest to improve sanitation. UNICEF and JICA some of such organizations, and we have worked with them in many projects. Currently, we are seeking penetration Kenya, and we are looking for collaborations with the government, or the sanitation related organizations to make the products accessible to the people who most need them, at the cheapest price possible.

Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you very much for your very precise remarks. We appreciate the efforts you are making to change mindsets and make people understand why it's very important to use hand sanitizers. I now welcome Mr. Satoshi from LIXIL, to come and share with us about toilets.



Mr. Satoshi Kitamura, Kenya Branch Manager, LIXIL

According to WHO, each year, about 800,000 dies because of lack of proper sanitation practices.

LIXIL is one of the biggest manufacturers of sanitary ware in the world. We are dedicated for manufacturing for the lowest tier of the population which has challenges of access to water. The toilets that we produce are able to use less than 1.5 litres per flush. In the case of Nairobi, where there is water rationing, this is very ideal because as opposed to having a jerry can to store water, the water security stress will be less with this toilet.

We have partners with organizations like UNICEF, which is a great development in having communities at the bottom level of earning sorted out in terms of their sanitation. As you can see (He demonstrates) this toilet is very easy to maintain. This makes it keep it clean very easy. The flow of water is effortless, and even a child can easily handle. SATO is what we call them, meaning, Safe Toilet.

For more demonstration, we will be outside there with a miniature prototype to show you how it works. Thank you very much.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

I am very glad that you did not actually demonstrate how to actually use a toilet. You saved us some imagination. (Loud laughter). But I like your courage in addressing the issues that are very important to all of us. Toilets are very important, and we really appreciate your work as far as such matters go. I now wish to kindly invite Dr.

Abraham Afweraaki... Afewrikii, Afeworke.... Yeah, Dr. Abraham (Laughter)



Dr. Abraham Afeworki, Health Technical Specialist, Save the Children Kenya

It is quite entertaining how you have pronounced my very easy name (Laughter). I work at the Save the Children Office in Kenya. We are present in over 10 counties in Kenya where we run a number of WASH and Nutrition among other projects that address pertinent issues affecting children in this country.

So far, as far as water and sanitation is concerned, we have drilled boreholes worth KES 1.7 billion. This will go a long way in solving some of the challenges children without water face, especially about their health.

WASH and nutrition are very important. That is why we are concerned about the statistics that say 35% of children in ASAL areas have malnutrition and(or) stunting. Diarrhea and sanitary disease get worse with poor nutrition. We are therefore working with communities to find sustainable ways of alleviating such challenges.

So far, we have dedicated to look for the 12.9 billion KES needed for water, and we are mobilizing for more resources to fund nutrition projects across the counties where we work. We are ready to partner with the ministry of health, to make sure that we move with haste, to save the children of Kenya from health risks which we could easily solve. Thank you very much.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you. I realize that Save the Children is really working hard in providing essential amenities such as water, and food for the children. Time is really moving fast, and I would like to welcome the next speaker, Ms. Mihoko Kashiwakura from Japan Bill and Melinda Gates Foundation.



Ms. Mihoko Kashiwakura, head of Japan Bill and Melinda Gates Foundation

Thank you for inviting me to this very important forum. I represent the Bill and Melinda Gates foundation in Japan. We also have an office here in Kenya. Since formation, we have been involved in dealing with the issues that affect the poorest populations in the world. We aim to improve life by making people access the very

basic needs for daily living without much struggle.

Over the few years we have been in operation, we have dedicated a great deal of funding to finance health systems and ensure there are cheaper medical supplies to the world's poor people. We do not have one single system to sort the issues in entirety, we solve them one by one, and urge other partners to also come in, and make sure together, we can achieve most of the health, social, and economic issues that face the world's poor.

In all these activities, we seek to inspire innovative ways to use the donor money most efficiently for heightened success of the projects we invest in. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you, Ms. Kashiwakura. We are indeed thankful for your efforts to help the poorest people. Now I invite Mr. Chit...Chithinee, Chitaya (Laughter)



Dr. Githinji Gitahi, Chair, UHC 2030 Secretariat Kenya, CEO Amref Health Africa Group

Naoko never gets my name right. But today you tried, you get the prize of the most improved. (Laughter)

I am happy to be in GGG+ forum. I want to declare this is my meeting because the initials of my name are also GG (Laughter)

Well, I wish to start by saying that we all have the vision to be well equipped to handle the health challenges of our people. We need UHC. But we have to define what we mean when we say UHC. There are many people who can come and say, this is UHC. But when we do not have a definition of what UHC is all about, then it can be very hard to drive towards it. I thus believe that for us to be at a good position to do this, we must first define every aspect of UHC, and develop a framework to achieve it.

UHC is very expensive. And someone must pay for it. It cannot come for free. Therefore, we need to increase the fiscal space, and get enough money to oil the wheels of this great vision.

We also need to have a common roadmap. We need a common vision, which, when everyone is working, they know where they are headed.

Accountability for every action we take has to be very important as well. We must be ready to have empowered institutions to remove the non-aligned interests.

I am pleased to also invite all of you to the 2019 March Africa Health Agenda meeting in Kigali Rwanda, where most of these issues will be discussed in depth.

Thank you so much.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you Dr. Chitahi.....Chitishi....Chitiche (Laughter) I find many difficulties in pronouncing your name but at least today I have tried.

Now, without much ago, I welcome Prof. Gilbert Kokwaro, the Director of the Consortium for National Health Research

Prof. Kokwaro's Representative (She did not say her name)

I am only representing Prof. Kokwaro.

We were mandated to work at defining the primary healthcare package, as a tool to inform the most necessary facilities needed to make it possible for the health agenda to be realized. We have finished the definition, and we are going to pilot the package in the four counties of Kisumu, Machakos, Nyeri and Isiolo, which have unique health challenges that need to be responded to. We have Japan as a technical advisor having been a leader in UHC for a long time. We are looking forward to aligning the package with service delivery, and assess how effective it will be, before we roll it out to the remaining 42 counties.

We are optimistic that in the next 18 months, we will be very sure what the exact primary healthcare package will be like. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you so much for the insightful work you have planned ahead. We now welcome the Hon. Esther Passaris to come and make some remarks.



Hon. Esther Passaris, MP Nairobi County, Member of the Health Committee in Parliament

Many thanks for inviting me to this forum. I am very happy to be among high dignitaries from various parts of world, who are here to spur discussions on what is most pertinent to our people, which is health.

Apologies from Hon. Sabina Chege who is away in Mombasa in another health forum to discuss health hazards in the coast of Kenya.

The problems of WASH in Nairobi are because Nairobi was not prepared for the huge population it is serving now. We have systems to manage 2 million people, yet we have 5 million people. That's the issue.

I am very passionate about WASH because I am a mother, and I love it when all my children understand the importance of this very important health practice. We need to learn from the expertise and years of experience of the Japanese people and replicate it to our people and children here in Kenya. I have to admit that if mothers understand the importance of this practice, they will easily teach their children, and they will grow with the knowledge that such practices are quite important.

We have a situation where 80% of our money go to salaries, and very little is left for development, and programs that support health. We therefore need to reduce this nature of funding, so that we have more money for promoting healthcare, and WASH in the local grassroots areas of Kenya.

I am very saddened every day when there are many people detained in hospital in Kenya because they are unable to pay for their health. Many more have their kin's bodies in the morgues and cannot bury them because so much is needed in financial terms as hospital bills.

In Kenya, if you are sick, you almost automatically become a poor person. Health is the most expensive thing in Kenya right now. It is sad, but that is the reality.

Kenyatta University hospital has been lying idle for over a year, because of unmet operational startup costs. We need these challenges to be sorted out and improve access to healthcare. This is the point where the donors become very important. We need people who are experts in Hospital management to come and set structure on how best to manage hospitals in this country. Assistance in technical expertise, is therefore necessary, just as financial support too. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

I am grateful that someone has raised the point of professionalism and technical aid. Thank you. We also need control mechanisms and management expertise to streamline all these operations to achieve the UHC goals. Now let me invite Ms. Alie Elevad from HENNET.



Ms. Alie Elevad, Chair, Board of HENNET, Kenya

Ahsante. I am a permanent resident here, and in one way or the other, I am speaking like a Kenyan. We have many challenges, and all of them are screaming loud to be addressed. But we have to talk of legislation, whereby we have right based healthcare.

In that sense, we need to build the capacity of the citizens to participate in the provision of healthcare services and be watchdogs to the implementation process. They also need to know how to oversight financial management of health facilities.

Currently, therefore, there is a need to begin increasing the awareness of communities that they need to know it's their right to receive quality healthcare.

The national health insurance products have to be reformed and align them to UHC. This way, we can brighten the vision of UHC and make it easier for investment in healthcare. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

That was quite a good note. Right based healthcare is very important, and laws must be made to make this possible. Now let me welcome Ms. Wanjiku Kamau.



Ms. Wanjiku Kamau, Executive Director, Advocacy Accelerator

Thank you for this opportunity.

I need to begin by saying UHC cannot be complete without talking about Social protection. So long as the people are not able to pay for their healthcare, then we have no UHC at all. We therefore need resilient health systems that can sustain themselves, whether there is support from donors or not.

Government must be on the forefront and be ready to address the challenges by using the bottom up approach. We do not need to make decision from the boardroom every time, we also need to be in the actual places where these needs are, so as we have a deeper understanding of the problem. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Well, now I invite Prof. Miriam Were to make some remarks.



Prof. Miriam Were, Doctor, Public Health Specialist, Ambassador of Primary Healthcare

Thank you for the organizers of this forum. Such forums are important in bringing everyone to know what this common thing is we are all chasing for.

I need to ask the question; what do we envision when we shall achieve UHC? We need to know what the ideal UHC will look like when we have done all that is supposed to be done. When we have that picture in mind, then we can easily build it from every effort we make. And in that vein, we have to realize that community health volunteers are very important, and we cannot leave them behind.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Now, before we go to the last speaker, is there anyone who has a question, comment, or some addition to make. Yes.... Please.... anyone.... Oh yes over there.



Dr. Stanley Kamau, CEO, Ahadi Kenya Trust

We need to make sure the community health workers are empowered. They are the people who do the bulk of the work. They have to be well catered for. Otherwise, in the near future, we will be completely unable to manage the primary healthcare of this country.



Dr. Githinji Gitahi, CEO Amref health Africa Group

I want to add on what my friend here has said. We need to know that if the foundation is not strong, then we do not have anything to write home about. The government and civil society must know this. CHVs must be empowered and employed. They are part of us, and we cannot do away with them, and still have effective results at the end.



Dr. Osamu Kunii, Head of Strategy Investment and Impact, Global Fund

Actually, some countries made a great success to implement UHC. But, some countries are left behind. We need to see real situation and problems in these countries. Finally, we need global strategy for UHC. You know Ethiopia, they made an own system to achieve UHC and now they very much distributed health care program to people. They help each other. They provide own money. Women work for 5 households. Such kind of systems become practice in communities. We need to see what kind of situations go on and what kind of culture. Public health care and political leadership are very critical. But we can do.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

So, let me now invite Ms. Keiko Sano from JICA to make very brief remarks as we fight against time. Keiko please...



Ms. Keiko Sano, Chief Representative of Kenya JICA Office

Thank you. Naoko san.

We need to strengthen the global momentum for UHC. And we have to make sure this is done. It is not a choice. We have to do it because if we do not, then healthcare will become unbearably expensive and unmanageable to many populations in the world, especially among the world's poor people.

In the TICAD VII, we shall have more detailed discussions and call for commitments from everyone in making sure we do not leave anyone behind. As you can imagine, this is really a very difficult task. However, we have to do. Otherwise we cannot have health for all. In that regard, we have to invite the private sector as well, and make them invest in technologies, and expertise to produce health products and services at the most affordable cost, in the most efficient way, and most effective manner. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you so much, Keiko san. Next, Naoe san please.



Mr. Atsuhiko Naoe, Executive Director, JETRO Nairobi

Thank you very much. I am very happy to be here. I want to be very grateful for being invited to contribute to this forum. I am in-charge of the East Africa region, including the Seychelles. Today is special because UHC is not related to business. But I see an opportunity because I may do business from what you want to achieve.

First, let me explain what JETRO is. It is an organization that promotes trade between Japan and the rest of the world. It has contributed to health and sanitation through business. In TICAD VI, we introduced 6 sanitation companies to the EAST Africa region, including LIXIL. We have also supported Japanese companies to set up offices in Kenya and Africa including pharmaceuticals and more. We have also promoted the spread of Japanese health technologies in the region. I therefore want to say that you do not hesitate to call us when you want to do business in this sector, and specifically in the region of East Africa. Thank you for your attention. I now have to hand over to the MC because one minute is already over.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you so much Naoe san. Now let me invite Sumi san from the Ministry of Foreign Affairs. Please...



Dr. Manabu Sumi, Director, Global Health Policy Division, International Cooperation Bureau, MoFA

I wish to encourage all of us to enhance our cooperation so that we can achieve these great goals. We need not only local, but international cooperation as well. The Japanese government is keen on fostering cooperation with many organizations in healthcare to make sure we move faster towards the realization of UHC. Thank you.



Dr. Naoko Yamamoto, Assistant Director-General (UHC) WHO

Thank you so much all speakers for your good efforts. We are grateful to finish this discussion in time. I wish you well as you put the best foot forward in realizing UHC. I also wish to invite you to GGG+ Tokyo Forum in December 2018. See you there.

Thank you very much. I am told that we have a presentation from the RESULTS Japan

Kenya office Staff.



Introduction of RESULTS Japan Kenya Office staffs

Now I invite the CHVs from Kangemi, those who do the actual patient follow ups to come and say something as we conclude.

CHVs

Thank you so much for coming to see our work and discussing about UHC. We will do a song to thank you the Kenyan way.

(They sang a tribal song in Kikuyu, a Kenyan tribe, which meant; We are happy the people of Japan, for being our guests. One day, again, we will meet.)

The GGG+ Forum in Kenya

Closed door special meeting

Tuesday, 31st July 2018

Palm Room, Jacaranda Hotel, Nairobi, Kenya

The meeting began with the chair, Dr. Manabu Sumi from MoFA, introducing the purpose of the meeting, and welcoming all the invited guests to share their opinions.

The discussions were aimed at getting the clear situation in Kenya as far as UHC is concerned, and where the country has reached in terms of implementation.

Mr. Awori, from the Toyota Kenya, was the first to speak, and represented the private sector. He said that the private sector has a key role in financing UHC and designing good and cheaper products for healthcare. “I also commend RESULTS Japan for their good work in fighting infectious diseases”, Mr. Awori added.

From GHIT, Mr. Yamabe was impressed when he visited Essumba village and saw the challenges the people face one on one. Together with GHIT, he is committed to promote projects which address these issues, especially at grassroots level.

Dr. Yasutomi, a researcher, congratulated RESULTS Japan for the work they are doing among the poorest people in the small villages of Kenya. He was impressed by RESULTS work in Essumba. He promised to foster cooperation with other organizations to mobilize resources capacity building of health personnel and primary healthcare facilities.

Amref was represented by Dr. Githinji Gitahi, the CEO. He explained in detail about the challenges of implementing UHC in Kenya. He wanted all contributing factors to health to be addressed so that the primary healthcare package can be achieved. These include personnel, medical supply, political will, fiscal space, technical management expertise, research, and vaccination.

“As civil society, we want to push for universal health insurance so that no one is left behind. We need people to save for development, not for healthcare,” Mr. Gitahi added.

Prof. Kokwaro who chairs UHC Kenya secretariat said he was developing the healthcare package which will be piloted in four counties of Machakos, Kisumu, Isiolo and Nyeri in the next 18 months. Later, it will be rolled out to the whole country.

“We need to do away with healthcare staff strikes, and focus on service delivery”, Prof. Kokwaro opined. Dr. Osamu Kunii was impressed by the progress Kenya is making in achieving UHC. He urged the Kenyan government to increase domestic funding for healthcare for sustainability.

From Westlands MoH, Dr. Asma said the infectious diseases are a problem, and as such, they have to be dealt with vigorously. He asked the partners to fund RESULTS Japan more so that it can address the diseases.

JICA, through MS. Keiko Sano sought for the cooperation of all partners. “Everyone has a role to play”, she insisted. JICA, through TICAD VII, will push for more resources, and technical aid to facilitate achievement of UHC.

When Dr. Githinji asked Dr. Manabu Sumi about the nature of the 2.9 million pledged, whether it’s a grant or a loan, Dr. Sumi said he cannot disclose as at now, but in the future, communication will be made much clearer.

The meeting ended with remarks urging everyone to partner for better delivery of the ambition UHC goals in Kenya.



School handover ceremony at Essumba village

Monday, 30th July 2018

Essumba, Vihiga County, Kenya

The ceremony started at 11.30am. The community people, and the students were all seated.

The master of ceremony began by giving a brief of what the ceremony's purpose was and invited various protocol to come and address the congregation.

Among the people present included head teachers from neighbouring primary and secondary schools who had come to admire the impressive structures the students will be studying in.

The local administration, chiefs, the county commissioner, and the area MP were all present.

The speakers highlighted the dilapidated nature of the classrooms previously, which were infested with jiggers, and was completely not suitable for effective learning.

Further, the school lacks amenities like clean water, clean toilets, and lockable doors and windows, to protect the students from theft of their books, and adverse weather changes, which could easily drain their concentration.

It is against this backdrop that Mr. Edward Khatili who runs a local NGO, in collaboration with RESULTS Japan, saw it fit to seek the support of the Japanese government in refurbishment of the classrooms, building new classrooms and equipping the classes with enough desks for better reading and sitting while in class.

The Japanese Embassy approved their request and the construction began earlier this year.

During the event, The Japanese deputy ambassador, regaled the crowd with a Swahili introduction which left them clapping. He began, "*Nawasalimu Nyote, hamjambo? Leo nimefurahi sana kujiung a na nyinyi kwenye sherehe hii ya kukabidhi shule hii kwa jamii hii*" (I am happy to join you in this handover ceremony.)

He then continued in English saying that the school was allocated Ksh. 8.3 million, which is part of the Japanese ODA for development of dilapidated facilities in low income and developing countries.

"In terms of ODA allocation, Kenya has been the biggest beneficiary in Sub-Saharan Africa. We are grateful that there has been a warm collaboration between the two countries and we look forward to a much more collaboration. We are very grateful for the warm welcome we have received here, and we shall indeed pass the regards to the Japanese people", the diplomat said.

Jigger removal event

After the handover event, we headed for a jigger removal exercise at the home of Edward Khatili. A number of jigger patients had gathered.

Mrs Charity Khatili, together with her colleague nurses guided the guests on how to mix the chemicals used in treating the infected limbs. Then the actual jigger removal started, with various jigger ambassadors trying to remove the hundreds that had infested the feet of the villagers, some to the extent of being unable to walk.

Meanwhile, Ms. Noriko Shirasu handed them shoes with the help of her Japanese delegation, they fitted them on their feet. She also gave them chocolates as they were being removed the jiggers. Finally, they took photos and left for their homes.

The Japanese delegation afterwards left for the Kisumu airport, enroute to Nairobi for the GGG+ Forum that was to happen the following day.



New Kangemi TB laboratory handover ceremony

**Wednesday, 1st August 2018
Kangemi, Nairobi**

The handover ceremony began at 11:30 am upon arrival of the most awaited guest, the Governor of Nairobi City County, Hon. Mike Mbuvi Sonko. He was ushered into Kangemi TB Health Centre facility by the host of the ceremony Ms. Noriko Shirasu and warmly received by flower girls who gave him bouquets of flowers as a welcome gesture. The ambassador of Japan to Kenya, Mr. Toshitsugu Uesawa together with Ms. Noriko Shirasu, led the governor around the existing health facility where he met with the staff as well as patients.

Hon Mike Sonko, guided by Dr. Asma Ali, the Medical in charge of wastelands subcounty, officially opened the laboratory by cutting the ribbon and going around the laboratory to view all the equipment installed.

After the orientation, Ms. Margaret Mutunga who was the master of ceremony invited Dr. Asma, the west lands sub county medical officer in charge and with due protocol, she acknowledged all invited guests. She thanked RESULTS Japan for building the TB laboratory in kangemi community. She also highlighted the renovation of the existing Kangemi TB Health Centre as well as facilitating training of the community health volunteers (CHVs). She said that the installation of the LAMP machine in the laboratory will help reduce the time lapse during sputum tests.

She later on invited Ms. Noriko Shirasu, the Executive Director of RESULTS Japan, who introduced herself and invited her special guest, Mr. Toshitsugu Uesawa. In Swahili dialect, the envoy greeted the gathering “*Habari zenu, nimefurahi leo kuwa hapa na nyinyi, namshukuru Gavana Sonko Kwa kazi anayoifanya Nairobi*” (Greetings everybody, today I am happy to be here with you, I congratulate Hon. Sonko for his marvelous work for the people of Nairobi).

Mr. Uesawa additionally congratulated RESULTS Japan –Kenya, for building a Community TB facility for the residents of Kangemi, the commended Westlands Sub-County and the community at large for the collaborative efforts towards the realization of the project. He assured all that there is a strong relationship between Kenya and Japan and especially on health matters. He concluded his speech by a short Swahili phrase “*Japan na Kenya tuko pamoja*” (Kenya and Japan are together).

The area Member of County Assembly (MCA), Mr. Maurice Ochieng’ who was in attendance reiterated that the installation of the **TB LAMP** machine in the laboratory is a very important gesture since the New Kangemi TB Laboratory will be the most modern laboratory in Nairobi County as well as in the whole country (applause).

Mr. Peter Warutere, the chairperson of Nairobi Public Health Department lauded the efforts of RESULTS Japan for partnering with the county health docket and building a TB laboratory in Kangemi, he promised to support the work.

The Governor of Nairobi, Hon Mike Sonko, (amidst cheers), following due protocol greeted all presence in the ceremony. He also introduced his ministers who had accompanied him.

“It is a great honour to receive the modern TB Laboratory that will speed the detection and diagnosis of TB. It is the responsibility of the Government to enhance diagnosis and treatment of the people. Poor housing, poor nutrition and drug abuse are the main factors affecting the fight against TB especially among the youths”, Mr. Sonko said

He thanked RESULTS Japan for the support and partnership with the County Government. He also enumerated some areas where he plans to open up health care facilities including Mukuru Kwa Njenga, Eastleigh, Dandora as well as equip the existing hospital such as Pumwani hospital for maternal health services, Mama Lucy hospital and Mbagathi Hospital which he said has already been installed with dialysis machines.

“Kangemi TB Laboratory will be the control facility in the county because it is already equipped with the relevant modern machine”, Sonko said.

The Governor was utterly agitated by his 3 cabinet members present and suspended them from work immediately for laxity in pushing for medicine delivery in the county from The Kenya medical supplies agency(KEMSA) despite him paying 52 million Kenya shillings for medical supply.

The governor led in cake cutting to celebrate the official opening and handover of the facility. The ceremony concluded at 2:00pm with all present guests leaving to their destinations.





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