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PRESS RELEASE

CORRUPTION IN THE HEALTH SECTOR IS NEGATIVELY AFFECTING REALIZATION OF THE RIGHT TO HEALTH

Nairobi, Kenya – 26th September 2020: Forty five (45) civil society, non-governmental, community based organizations, professional bodies, trade unions and the private sector in Kenya have [written](#) an open letter over the persistent corruption in the health sector. The open letter is directed to the Ministry of Health, Council of Governors, Auditor General, EACC, ODPP, Parliament, Senate, among others. This is a follow- up to the joint [press statement on 23rd August 2020](#) calling for immediate measures to guarantee integrity, transparency and accountability in COVID-19 response efforts.

“We wish to draw the attention of the public to the fact that the [#covid-19 millionaires](#) scandal is not an isolated case of corruption in the health sector. For a long time, the health sector has been facing high instances of corruption which is negatively impacting on the realization of the right to health. We are concerned that such corruption is robbing the country of critical funds meant to ensure citizens can access quality health services, vaccines for children, essential drugs for the vulnerable and marginalized, better health facilities, guaranteed healthcare personnel, quality health equipment and supplies, among others,” noted Allan Maleche, the Executive Director of the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN).

There have been numerous reports on corruption cases and lack of transparency in the health sector for a significant period of time (or we could say for almost a decade) as detailed in this [matrix](#). In almost all of these cases, no conclusive investigations have been conducted nor have any prosecutions been undertaken. Consequently no convictions have taken place, but in certain instances money has been paid back the donors using tax payers money.

Kenya, a country with a high prevalence of both communicable and non-communicable diseases, is heavily dependent on donor support towards the health sector. For instance, up to 75% of funds spent on HIV, TB and malaria programmes comes from donors. It, therefore, goes without saying that a continued culture of lack of transparency and accountability, and outright embezzlement of funds invariably erodes donor confidence exposing millions of vulnerable and marginalized communities who depend on the public health system to threats of serious harm if this support is withdrawn. This, including continued embezzlement of taxpayers' monies

supporting the health sector, threatens realization of the right to the highest attainable standard of health for Kenyans and has contributed to the state of near-collapse of the health sector, poor quality health services, frequent strikes by health care workers, drug stock-outs in health facilities, lack of essential equipment, poor sanitation in facilities, etc. As recently stated by the Director-General of WHO, it is murder.

With such levels of corruption, Kenya will not meet any of its targets relating to SDGs, UHC and the right to health. This is why the joint open letter calls upon the following duty bearers to urgently undertake the recommended measures to put an end to corruption in the health sector:

1. **The Ministry of Health:** should as a matter of urgency institute measures to ensure transparency and accountability by proactively disclosing information to the public and by ensuring public participation in design and implementation of projects, as required by the Constitution; create a live portal to share expenditures related to COVID-19 and all other data in the sector as per the presidential directive, and stop performing any county function without the relevant intergovernmental agreement [procedurally ratified].
2. **County Governments:** should urgently establish mechanisms for transparency and accountability through proactively making available to the public information on expenditures in the health sector including procurement information, and available stocks; proactively ensuring public participation in health governance, in compliance with the Constitution; and make public any intergovernmental agreements with the national government on the health function.
3. **Office of the Auditor-General:** should expedite all pending Audit Reports including on expenditure of COVID-19 resources and provide these reports for public scrutiny, and further make public, within one month, details of reports or recommendations sent to oversight, prosecutorial and investigatory agencies.
4. **Ethics and Anti-Corruption Commission (EACC) & Directorate of Criminal Investigations (DCI):** should urgently, within one month, provide details of all investigations undertaken on corruption in the health sector and the actions taken, and proactively share with the function, through an online portal, all corruption cases in the health sector investigated, the outcome of investigations and actions are taken.
5. **Office of the Director of Public Prosecutions (DPP):** should urgently provide information to the public of all prosecutions (if any) of people involved in corruption scandals in the health sector, and urgently commence prosecutions of all people involved in corruption in the health sector. Some of the information on such responsible persons is publicly available [for instance in the GAVI Audit Report, Global Fund Audit Report, OAG Reports, Senate Ad Hoc Committee Report, among others].
6. **National Assembly and Senate Health and Public Accounts Committees:** should immediately make public any actions taken by the committees with regards to the numerous reported corruption cases in the health sector, and hold to account all public officials adversely mentioned in health sector corruption and provide oversight to ensure investigative and prosecutorial agencies perform their responsibilities. The Committees should play a proactive role to prevent further loss of public funds in the health sector.
7. **Development partners and the UN family** providing financial or technical aid to Kenya to urgently make public all audit reports they have undertaken on projects supported by them; make public any specific recommendations previously made to the national or county governments to enhance transparency and accountability and actions taken afterwards; make it a requirement for government entities to proactively disclose to the public all information on health interventions they have supported/funded/advanced loans, and to support social audits on funded health interventions by members of the public by requiring access to information and public participation in all processes for supported interventions.
8. **Commission on Administrative Justice:** should in the exercise of its mandate ensure the Ministry of Health provides access to information on projects, procurement which information is critical to realize the right to health of the public.

In conclusion, Sheila Masinde, the Executive Director of [Transparency International](#) cautions that *“corruption often thrives during times of crisis, particularly when institutions and oversight are weak, and public trust is low - having learnt*

from previous global health emergencies, like the Ebola virus and swine flu, that even in times of crisis, there are those who aim to profit from others' misfortune. This, therefore, calls for increased vigilance during this pandemic period and for action to be taken against perpetrators. Similarly, past corrupt acts that remain unpunished diminish public trust and give confidence to current perpetrators to loot critical funds meant to protect the public."

This Statement is supported by:

1. Let's Be Tested Queens (WKLFF)
2. Pamoja TB Group
3. Health NGOs Network (HENNET)
4. National Association of Clinical Officer Anaesthetists Kenya (NACOA-K)
5. Kenya Legal and Ethical Issues Network (KELIN)
6. Transparency International Kenya (TI-Kenya)
7. SHAPE
8. Mumbo International
9. KESWA
10. Nelson Mandela TB-HIV Resource Centre Nyalenda
11. White Ribbon Alliance
12. Women Fighting AIDS in Kenya (WOFAK)
13. Inuka Kenya Ni Sisi
14. Kenya Swiss Foundation
15. MAAGYO
16. The Institute for Social Accountability (TISA)
17. Good Health Community Programmes
18. Nyabende Support Programmes CBO
19. NEPOTEHC
20. Kenya Network for HIV Positive Teachers (KENEPOTE)
21. County Governance Watch – Kenya
22. Kenya Union of Clinical Officers (KUCO)
23. National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK)
24. Happy Life for Development CBO
25. Fountain of Hope CBO
26. Wote Youth Development Projects (WOYDEP)
27. Youth Ventures Initiative (YOVI)
28. Magharibi Community Justice Centre
29. Aninas Community Networks for Development (ACND)
30. Lean on Me Foundation
31. AYARHEP
32. Pema Kenya
33. Y+Kenya
34. Centre for Minority Rights & Strategic Litigation
35. Nkoko Iju Africa
36. MOPESUN
37. KETAM
38. Esther Nelima
39. National Taxpayers Association (NTA)
40. Happy Feeding Women Group
41. Trust for Indigenous Culture and Health (TICAH)
42. Health Systems Advocacy Partnership
43. People's Health Movement Kenya
44. Global Compact Network Kenya
45. ICJ Kenya

Note to the Editors

- This statement was sent to: The Cabinet Secretary, Ministry of Health and copied to the Chairman, Council of Governors, the Auditor-General, the CEO/Commission Secretary Ethics and Anti-Corruption Commission, the Director of Public Prosecution, the Chairperson Senate Health Committee, the Chairperson National Assembly health Committee, Country Representative WHO Kenya, the UN Resident Coordinator Kenya and the Chairperson, Commission on Administrative Justice.
- Matrix of Reported Corruption Cases in the Health Sector (2013-2018): <https://bit.ly/3iRWNO9>
- Delivered Copy of the Open Letter to the Cabinet Secretary, Ministry of Health: <https://bit.ly/3hLHkju>

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