



MINISTRY OF LABOUR
OFFICE OF THE CABINET SECRETARY

REMARKS BY

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DURING THE KENYA HEALTH WORKERS'

ANNUAL CONVENTION

ON THURSDAY 17TH, MARCH, 2022

IN NAIROBI

Dr Rashid Aman, CAS Ministry of Health

All Official of the various union

All invited Guest

The Fourth Estate

Ladies and Gentlemen,

Good afternoon

It gives me great pleasure to join you during this Kenya health workers annual conference. It has been said that, “The healthier the workforce of a country, the more effective the work force, and the better the health of their children, the fewer births and hence the fewer dependents”. You, health workers are at the center of making this a reality.

Ladies and Gentlemen,

Improving human health and providing access to affordable, high quality health care is a key concern every government. It is for this reason that any country that does not meet the minimum threshold needed to adequately cover the population with essential health services is considered as having a human resource for health crisis.

According to WHO, the prescribed health worker density ratio is determined as 23 doctors, nurses and midwives for every 10,000 people. As countries develop, it is important to keep track of the rate of population growth as this affect the ability of a country to meet its health workforce density ratio. Current statistics indicate that in our country's the health

workforce ratio is at 13 doctors, nurses and midwives for every 10,000 people.

Even as the country reports on these statistics, there are a number of health workers, who are likely to be recorded as health workers, but based on labour market analysis of their occupations, they are not health worker but office workers in the health sector. This number may complicate the calculations and it is therefore important to work together with the ministry of labour and carry out a labour market occupational survey in the health sector.

Carrying out an occupational survey in the health sector will help to identify the total outturns (number graduating from various training institution), the demand in labour market and the existing mis matches.

This information will help in the review of training curriculum, and provide accurate data that would be used in the determination of the actual health work density ratio.

Ladies and Gentlemen,

One of the key challenges facing the health sector, is the fact that our economy is currently not generating enough jobs to absorb all the youth graduating from various training institution. However, while this may be a challenge, our government has prioritized labour migration to key destination countries as a stop gap measure to address the challenge associated with the inability of our economy to generate enough jobs. It is for this reason that the ministry of labour is negotiation with a number of countries such as Belgium, Australia, United states of America, Poland,

Qatar, Saudi Arabia and the European union, with the aim of signing a bilateral Labour Agreement that will allow Kenya professional to migrate to these countries.

Another challenge that we have witnessed from the labour perspective is the high number of trade dispute between employers and employees in the health sector. There is no single week that we do not receive trade disputes affecting the health sector.

The Ministry of labour supports resolution of trade disputes through Alternative dispute resolution It is for this reason that I specifically assigned The Chief Administrative Secretary in the ministry to be dealing with all disputes in the health sector, even as he handles other disputes. Most of the disputes emanates from the non-payment of salaries,

wrongful dismissal, failure to deduct agency fees, failure to enter into collective bargaining agreements, among others.

The ministry of labour has given the health sector the utmost attention because health is an essential service and no one would want to see health workers downing their tools. To address this challenge, the ministry of labour together with other stake holder in the health sector established an ad-hoc standing committee that looks at issues of health to prevent an industrial action. I want to encourage all the Union in the health sector to make use of this standing committee before taking any industrial action.

I also want to encourage all employers to negotiate with the union in good faith. During the onset of Covid -19 pandemic, we signed an MOU between the social partner (FKE and COTU), and the government. The aim of this

MOU was to protect jobs. Among the issue that the MOU addressed was the suspension of CBA negotiations.

I want to thank the health workers because even though COVID-19 exposed all of you more than most other workers, you agreed to suspend the CBAs, my appeal now is to the employers to consider restarting these negotiations, now that our economy is showing signs of recovery.

Ladies and Gentlemen,

Another challenge that we have witnessed from the labour perspective is related to compensation under Work Injury Benefit Act (WIBA). Before year 2007, compensations for all civil servants who got injured or a disability in the course of work was done under the workman's compensation Act.

The Ministry of labour then had a budget line for paying this compensation. However, when WIBA came into force, while the mandate of paying is still under the Ministry of labour, the funds are were retained in the national treasury. The challenge here is that budget has not followed functions.

Similarly, the current compensation regime is premised on the worker proofing that the injury or disease occurred in course of employment or work. This therefore sets up the employer against the employee, and hence tends to be adversarial. The ministry has proposed the setting up of a social health insurance, that is not acrimonious/liability based.

Another challenge which may affect workers in the health sector is proving that an occupational disease such as covid, pulmonary tuberculosis, hepatitis B among others, occurred in the work place and not community acquired for it to be compensated under WIBA.

Similarly, there is a challenge of lack of awareness in the statutory reporting process using the appropriate reporting documents for such occupational diseases. For example, anyone suspected or confirmed to have an occupational disease is expected to report to the nearest Directorate of occupational safety and health office within one week and fill up a document called DOSH one (I) form.

As a result of the complication and difficulty of proofing an occupational disease, the Ministry of Labour has prioritized the setting up of an occupational disease fund, which will be a revolving fund.

Another challenge the Ministry has witnessed is that a substantial number of workplaces that are not compliant with the requirements of the occupational safety and health act 2007. Most do not see the business case /advantage of complying, while others are not aware of the requirements. In particular, the two most noncompliance noticed from hospitals are failure to carry out annual OSH audit, and also failure to form OSH committees.

To increase compliance, the Ministry has planned increased awareness creation campaigns, beside the Ministry recently employed 80 OSH officers to make sure that many workplaces are inspected for compliance, this include hospitals which must also comply because they are also work

places. My appeal to all workers in the health sector is to partner with the Ministry of Labour through DOSH and ensure compliance with OSH Act.

Ladies and gentlemen,

Another challenge that we have witnessed from the labour perspective is the productivity measurement. Health worker productivity refers to both the quantity and quality of the service provided by a health worker. Due to numerous complaints by members of public about the quality of health care services offered in some public health care facilities, the Ministry of Labour together with the Ministry of health with the support of WHO is developing a framework and tool to measure productivity in the sector. The tool being developed will be piloted in a few health facilities before being and once agreed upon, will be rolled out for use in the entire health

sector. My appeal is to the union to support the initiative during the pilot phase, so that your inputs can be incorporated in the finalization of the tool.

Another challenge which the country needs to address is the fact that there is no uniform employer in the health sector. This is one of the main reason whys resolving some of the disputes becomes a challenge. Going forward, the country may need to reconsider and allow creation of a health workers commission that will be responsible for staff welfare, without affecting the role County governments play in the health sector. This will make it easy for unions within this sector to engage and negotiate for CBAs.

Ladies and Gentlemen,

We are now on the recovery path, and as we plan on building back better, the most crucial thing from the labour perspective is to ensure promotion of industrial peace and harmony. My office is open to all union leaders in this and other sectors for constant consultation to promote industrial peace in our country.

Let me also thank all the trade union in the health sector for the successful elections that you conducted, my appeal to the new union leadership is to work for the betterment of those who elected you, to promote their welfare and interest, and as you do this, to also safeguard and to protect life.

As you do your work, always remember that when one officer messes up, it is the entire sector's image that is affected, my appeal, just do the right thing, and as they say in productivity, 'do it right the first time, and all the time.'

With these remarks, It is now my honour to declare this convention officially closed.

Thank you and God bless you All