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THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

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THE HANSARD

Wednesday, 2nd August 2023

The House met at 9.30 a.m.

[The Deputy Speaker (Hon. Gladys Boss) in the Chair]

PRAYERS

Hon. Deputy Speaker: I direct that the Quorum Bell be rung for 10 minutes.

(The Quorum Bell was rung)

Hon. Deputy Speaker: You may stop the Bell now. Let us proceed. Leader of the Majority Party.

PAPERS

Hon. Naomi Waqo (Marsabit County, UDA): Hon. Deputy Speaker, I beg to lay the following Papers on the Table:

1. Submission of nominees to Balambala, Gatanga, and Nyeri Town constituencies from the National Government Constituencies Development Fund (NG-CDF) Board.
2. Reports of the Auditor-General and financial statements in respect of the following Constituencies for the year ended 30th June 2022 and the certificates therein:
 - (a) Mumias East;
 - (b) Bomet East;
 - (c) Kibwezi East;
 - (d) Kibwezi West;
 - (e) Kisumu West;
 - (f) Webuye West;
 - (g) Kajiado South;
 - (h) Teso North;
 - (i) North Mugirango;
 - (j) Nyando;
 - (k) Bondo;
 - (l) Masinga;
 - (m) Navakholo;
 - (n) Matungu;
 - (o) Butere;
 - (p) Lurambi;
 - (q) Khwisero;
 - (r) Tongaren;
 - (s) Mukurweini;
 - (t) Kanduyi;
 - (u) Bumula;
 - (v) Nyatike;

- (w) Rangwe;
- (x) Likuyani;
- (y) Nambale; and,
- (z) Kandara.

Hon. Deputy Speaker: Thank you. Next Order.

BILLS

Second Reading

THE PENAL CODE (AMENDMENT) BILL
(National Assembly Bill No.56 of 2022)

(Moved by Hon. David Gikaria on 5.7.2023 - Morning Sitting)

(Debate concluded on 26.7.2023 - Morning Sitting)

Hon. Deputy Speaker: Hon. David Gikaria, you may reply.

Hon. David Gikaria (Nakuru Town East, UDA): Thank you, Hon. Deputy Speaker. First of all, let me take this opportunity to thank all Members who have contributed to this important amendment Bill which intends to address some of the colonial laws that we are supposed to look into and remove from our Constitution. After the promulgation of the Constitution of Kenya, 2010, we needed to clean up our Penal Code, which has very punitive colonial laws that are against our Constitution. I had an opportunity to appear before the Departmental Committee on Justice and Legal Affairs, which agreed with me. Over and above Section 182, which I was seeking to repeal, they also agreed that there are many other laws within the Penal Code which need to be looked at holistically. I will ask the Chairperson of the Departmental Committee on Justice and Legal Affairs, Hon. Murugara, to draft a Committee amendment that will look into those punitive laws that are curtailing our people from engaging in business, addressing day-to-day issues, and other important matters.

I totally agree with the Members who contributed on the issue of begging for alms on our streets, which we had overlooked. It is true that there are some people who are bringing beggars even from across our borders to come and beg on our streets. That provision is being deleted. However, we also need to look into a proper way of addressing the issue of beggars.

I agree with the Government in its targeted measures to try and address issues faced by people living with disabilities. It is also part of what I am proposing to amend in the National Construction Authority (Amendment) Bill to address some of the issues faced by people living with disabilities. Instead of people living with disabilities begging on the streets, the Government can come up with measures to enable them to earn a living. It has been said that disability is not inability. There are better ways in which people living with disabilities can support themselves.

Most importantly, I agree with all those who contributed to the amendment Bill. The Penal Code (Amendment) Bill will address cases of the police taking advantage of the Penal Code by looking at someone, deciding that they are likely to commit a crime, and then arresting them.

With those many remarks, I beg to reply.

(Question put and agreed to)

(The Bill was read a Second Time and

Committed to Committee of the whole House)

First Reading

THE ANTI-CORRUPTION AND ECONOMIC CRIMES (AMENDMENT) BILL
(National Assembly Bill No.30 of 2023)

*(The Bill was read a First Time
and referred to relevant Committee)*

Hon Deputy Speaker: Next Order.

MOTION

INTRODUCTION OF COMPREHENSIVE HEALTH
EDUCATION AS A CORE SUBJECT IN SCHOOLS

THAT, aware that improving public health is a fundamental responsibility of the Government and it is imperative to address pressing health problems faced by young people, including poor sexual and reproductive health, inadequate knowledge and information regarding sexual health and protection against sexually transmitted infections; concerned that the current state of adolescent health training programmes is inadequate and fragmented resulting in limited access to health care information and services by the youth in the country; further concerned that as a result of this, young people face significant barriers in accessing comprehensive health care; cognisant that comprehensive sexual education through school-based programmes, community-based programmes and health care facilities can promote healthy sexual practices amongst young people and reduce the spread of HIV/AIDS and other sexually transmitted infections, lower the incidences of teenage pregnancies thus increasing school attendance and retention; now therefore, this House resolves that the National Government through the State Department for Basic Education, introduces comprehensive health, wellness and sex education in the curriculum as a core subject in schools.

(Moved by Hon. Njeri Maina on 26.7.2023 - Morning Sitting)

(Resumption of debate interrupted on 26.7.2023 - Morning Sitting)

Hon. Deputy Speaker: We had 15 minutes left on this particular debate. Who was on the Floor of the House?

Before we proceed, let me acknowledge and welcome students from the following schools. They are seated in the Speaker's Gallery: Pangani Girls High School, Starehe Constituency, Nairobi City County; and Katani DEB Secondary School from Mavoko Constituency, Machakos County. You are welcome.

(Applause)

(Hon. Deputy Speaker consulted the Clerks-at-the-Table)

I have been informed that Hon. Julius Taitumu had a balance of seven minutes. Is he here? Is there a Member who wants to contribute? Press the intervention button. You may proceed. Hon. Nimrod Mbai, do you want to raise a point of order or you want to contribute to the debate?

(Hon. Nimrod Mbai spoke off the record)

Okay. Proceed.

Hon. Nimrod Mbai (Kitui East, UDA): This is the Motion on introduction of comprehensive health education as a core subject in schools. Thank you, Hon. Deputy Speaker for giving me the opportunity to speak to it.

Secondly, I appreciate our almighty God. Things were not so good for me yesterday. The position that was under attack is that of my community and not mine. I cannot stand to lose it. I will be cursed. I will make effort to be here and correct things.

There is something I have picked on the issue of health in our schools. I represent a rural constituency like most of you. Girls become pregnant at early stages in the rural constituencies. Our girls drop out of secondary school at the age of 14 or 15 years, when they are in Form Two or Form Three. You do not find the same in urban areas. That does not mean that girls in rural areas engage more in reproductive behaviour than the ones in the urban areas. Whatever is taught in the urban areas for girls to be aware, alert, and restrain from getting early pregnancies is part of health education. I urge that it is also put in the curriculum for the girls in the rural areas to be aware of how to protect themselves and not waste their lives with early pregnancies.

We lose brilliant minds. These girls end up losing the whole of their lives. When you drop out of school, within no time, you get a second child, a third and a fourth one. A mother of five children in the rural areas has her peers in the university in urban areas. I urge the Mover of the Motion to include reproductive health as part of the curriculum, especially in the rural areas.

With those remarks, I beg to support the Motion. Thank you.

Hon. Deputy Speaker: Hon. Beatrice Elachi, Member for Dagoretti North.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Deputy Speaker. I also want to thank the Mover of the Motion. If you look at how things in the country are moving today, you realise that our sons and daughters... I know I talked about it. I am still talking about it because as a mother, I am wondering where we are. Why are we doing this?

Having said that, we, as a House, have to ask ourselves what brought us here and what we shall be remembered for. We, as women, were told yesterday that we have decided to take what used to be the men's way of doing things in Parliament. It was not a very kind thing to say. However, we took it in our stride and appreciate that we have to change. I am saying this because I was taken aback. Can we try now because we want to see more women in Parliament? We do not want that to become the main thing that we shall be remembered for in the 13th Parliament. I hope that all of us will reflect back and see how to deal with inner reflection and everything else that is happening.

Hon. Deputy Speaker, I know I wanted to speak to the Motion, but I felt there is need to speak on this. We are the leaders and role models of many other Kenyans out there. Therefore, we need to think of how to go back to our roots in terms of understanding and appreciating the rules of the House. On behalf of women, and being a woman leader, I apologise to Hon. Speaker. I also request that as we move forward, we should do it as a team and appreciate ourselves in this House as women. We can disagree, but we do not need to go beyond it. We are allowed to disagree. That is why this is a House of debate. As we do it, let us respect one another and our opinions. We might have sharp opinions, but we do not need to

go beyond them. We are praying for Hon. Speaker. Every time, on the *Hansard*, it will be remembered in the archives of the 13th Parliament that he spoke to us on his Chair. We are praying that, that will be the last time he will ever tell us that again. As women leaders, let us just reflect. Remember we must pass the two-thirds gender rule in this House. We do not want anyone to say that when we are many, we might not agree.

Lastly, I beg that the pathway that leads to Bunge Towers should be opened, so that we can go through it when we are going to committees. All the roads on the other side have been closed. Can they not open the pathway for us, so that we can use it to cross to the Bunge Towers?

Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: I am assuming that the Clerks-at-the-Table have taken note of that, so that they can notify the Clerk of the National Assembly. I will give one more chance to Hon. Dorothy Ikiara.

(Consultations)

Time is up? Let us just give her a minute. She has been there since morning. You may proceed, Hon. Dorothy Muthoni.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Deputy Speaker. I stand in support of this important Motion. I want to thank Hon. Njeri Maina for bringing this important topic to the Floor of the House. Children are like wet cement; whatever you teach or show them sticks on them. I say this even in view of the new Competency-Based Curriculum (CBC), where children are more oriented to doing things for themselves as opposed to yester years where the teacher was a know it all.

Comprehensive health education should be a core subject in our schools. As I sit here, the school curriculum is tailored towards having this particular topic in all the classes and grades across the schools because hygiene and health are in the syllabus.

Hon. Deputy Speaker: Give her two minutes to complete her sentence please.

Hon. Dorothy Muthoni (Nominated, UDA): Health education is important because it covers the physical, mental, and social wellness of school learners. Schools are, therefore, the ideal setting for health programmes. We are raising up a generation where many children are going to waste simply because nobody is responsible in their wellness. Mental, sexual, and other habits that affect the health status of a learner are better placed in school. The only way we can do this is by ensuring comprehensive health education is taught as a core subject in our schools. I support this Motion. If it is already in the syllabus, let it be enhanced. Let the curriculum content be well tailored in such a way that it captures the needs of children, especially mental health.

Hon. Deputy Speaker: You have 10 minutes to reply, but you can donate the time to someone else.

(Loud consultations)

You have donated two minutes to Hon. Wanjiku Muhia. She may proceed.

Hon. Wanjiku Muhia (Kipipiri, UDA): Thank you, Hon. Deputy Speaker. I support this Motion, but I want to put some information on the Floor. Such a good debate has not seen the light of day because of misconception of ideas. A similar debate or Bill was in the Senate, I think in the 12th Parliament, sponsored by Hon. Susan Kihika, who is now the Governor for Nakuru. A similar debate has been in the EALA.

Comprehensive education speaks on comprehensives, including social, mental, and other rights of awareness. Some people, not necessarily Members of Parliament, just pick one

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subject like sex to talk about. They conclude that it is not good to teach sex to our students and then the debate falls out of the way. Members in this House have debated very well. I hope it will go through. She will take this Motion further and even get ideas from Senators. We can then put in place a comprehensive education on health awareness for our students.

Hon. Deputy Speaker: Proceed Hon. Njeri Maina.

Hon. Njeri Maina (Kirinyaga County, UDA): Thank you, Hon. Deputy Speaker. I see a number of Members would have liked to contribute. Unfortunately, I also want to highlight issues that were raised when other Members made their contributions. I want to thank all the Members who took their time to make very meaningful contributions. This Motion was brought forth because of a programme we ran in Kirinyaga County dubbed the ‘Triple Threat Action’. It was speaking to children in schools on matters to do with mental health, sex, gender-based violence, drugs and substance abuse.

Like my colleagues have said, it is very important that this topic is not lost in the noise of sex education only. The topic is: Comprehensive Health Education. Hon. Phelix Odiwuor asked how comprehensive it is. It is going to deal with issues of mental health and emphasis is put on matters social welfare. We have agreed that we are in the era of social media and our children need guidance. They will have a teacher who is competent in social media. Social media does not care about age. At the tap of a finger, our children can access harmful information. If they are not guided in the right and structured manner, they can be misled by that information. It is with regard to our values. It is also about the rights of our children. It is with regard to drugs and substance abuse and the need to develop healthy relationships, healthy eating behaviours among other things.

There were concerns raised about the age we would prefer this education to be introduced. We have curriculum developers. They will ensure that anything that is packaged for our children is age-appropriate. The way you package information for a seven-year-old is not the same way you will package it for an 11 or 12-year-old or post teen. This will enhance retention in our schools because it will reduce teenage pregnancies. It will empower our children on their rights and protect them from sexual exploitation. We have seen an uproar in social platforms with regard to exploitation of young children by even their grandfathers. I remember in the recent week we had an issue from Murang’a where a two-year-old had been defiled by the grandfather. We must agree that in this era and age of information from all manner of sources, we need to ensure that it is regulated.

This Motion will mitigate drug and substance abuse in our school-going children. It will promote healthy relationships among them. Remember, it has been taboo for very many years for parents to talk to children about relationships between a girl and a boy. It does not have to be sexual. That relationship can be healthy. They can benefit from each other. They need to be guided. At the end of the day, they will grow into young adults. We know the natural order of things is that they will engage, at an appropriate age, in a healthy relationship. We need to talk to them and stop burying our heads in the sand. Back in the day, if my grandfather saw me with a boy, he would say, ‘I do not want to see you with that boy.’ There was no reason. There was no harm. I am seated next to Hon. Nimrod and there is no harm sitting next to him. A girl-child does not get pregnant by sitting next to a boy-child. We need to talk to them and tell them. We need to make them understand that if they engage in sexual activity at such a young age, their education will be derailed and they might contract STIs. That is what my Motion is about. It will also promote mental health among the young people. As we all know, mental health is a major topic. The Mental Health (Amendment) Act, 2020 is a very robust law that was passed in the last Parliament, but we do not have the infrastructure to implement the same. Let our children be told that life comes with its pressures, but that does not mean they should think of committing suicide or feel useless in life. We should look after the welfare of our children. Let us look beyond sensational topics in the media on sex.

This is not a Motion to teach our children to practise sex. I am an advocate of the High Court of Kenya and I am mindful of the welfare of our children and guided by the law. This Motion is within the law. There is no harm in talking to our children about sex. At the end of the day, these children have other teachers who will teach them matters sex. The question I want to ask Members is: Will we give children the right teacher in school who will guide and talk to them giving regard to our culture and societal values?

Hon. Deputy Speaker, with those few remarks, I beg to reply.

Hon. Deputy Speaker: Thank you, Hon. Njeri Maina. We will defer the Question to a later time.

(Putting of the Question deferred)

Next Order.

ESTABLISHMENT OF NATIONAL CANCER
PREVENTION AND CONTROL FUND

Hon. Deputy Speaker: Hon. Timothy Toroitich, before you proceed, allow me to recognise the presence of students from Ilpoori Primary School, Narok West Constituency, Narok County. Welcome to Parliament.

(Applause)

Hon. Toroitich, you may proceed.

Hon. Timothy Kipchumba (Marakwet West, Independent): Hon. Deputy Speaker, I beg to move the following Motion:

THAT, aware that Article 42(1)(a) of the Constitution provides for the right of every person to access the highest attainable standard of health, which includes the right to health care services; further aware that cancer is among the leading causes of death in the country; noting that, although the budgetary allocation for health care services is progressive, it is inadequate to cater for cancer prevention and care across the country; further noting that cancer control in the country is hampered by inadequate cancer care infrastructure and limited specialised human resource capacity; recognising that a significant number of cancer patients do not complete prescribed treatment due to the high cost of cancer management; further recognising that the Cancer Prevention and Control Act, 2012 seeks to promote access to quality and affordable diagnostic and treatment services for persons with cancer and to ensure sustainable capacity for the prevention and control of cancer; this House resolves that the Government, through the National Treasury, establish a National Cancer Prevention and Control Fund to promote prevention, control, and treatment of cancer in the country.

Hon. Deputy Speaker, cancer is a menace in this country. It has killed very many people and orphaned too many children. Today, cancer is equivalent to a death sentence. It should prick the conscience of this House and the nation. It is about time this House took deliberate and intentional mechanisms to sort out the cancer menace in this country. Many Members here have been invited to fundraisings. We attend several functions in our constituencies majorly to fundraise for cancer treatment. We have invested in too many things in this country including agriculture and education. However, there is a problem in terms of investment in cancer treatment infrastructure in this country.

The statistics are glaring. Allow me to read this out so that we understand the nasty situation cancer has caused. According to the GLOBOCAN Report of 2018 by the International Agency for Research on Cancer (IARC), in 2018, there were 47,887 new cancer cases in this country, and the mortality rate was 32,987. That accounts for almost 90 per cent death rate. That was in 2018. The current projection is that almost 100,000 people die of cancer annually. From the statistics, it means if there are 100,000 cases per year, then the mortality rate is 90,000 people every year. That means that every month we lose 7,500, which translates to 250 people per day and 10 per hour. If that does not prick the conscience of Members, the country and the Government, then I do not know what will. Losing 10 people per hour to cancer in this country is a national tragedy. It is a national disaster of monumental proportions.

We have a progressive legislation known as the Cancer Prevention and Control Act, 2012. Unfortunately, the law as established is a skeleton. We need to give flesh to that particular skeleton of legislation. That particular legislation creates the National Cancer Institute of Kenya (NCI), which is an equivalent of the US National Cancer Institute. The agency is like a toothless bulldog that cannot bite. It is micro-managed by the Ministry of Health. If you Google the NCI website, you will be surprised that it does not have statistics of cancer cases in Kenya since 2013. What they rely on are the statistics from IARC that were done in 2018. The projections that I have given here are merely projections; they are not based on research by NCI Kenya. I call upon the Departmental Committee on Health to invite NCI Kenya to appear before them to ascertain the issues that have been raised in the Report.

The gist of this Motion is to establish a Fund that will promote, prevent, control and treat cancer. The traffic at Jomo Kenyatta International Airport (JKIA) of people going to seek treatment in India is very huge. The reason behind it is that, as a country, we have not been able to provide adequate and comprehensive healthcare for cancer. Research has shown that if cancer is detected at an early stage, it can be treated. The problem is that in Kenya, cancer is detected at the last stages, which makes it very difficult to be treated.

[Hon. Deputy Speaker (Hon. Gladys Boss) left the Chair]

[The Temporary Speaker (Hon. (Dr) Rachael Nyamai) took the Chair]

If we can pass this Motion and create that Fund, it will mean that people who cannot afford treatment of cancer can be treated in this country using the money from it.

I invite the consciousness of this House. I invite the conscience of this Government to consider taking seriously cancer in this country. Hon. Members here have lost their relatives or are taking care of families that have lost their relatives to cancer. It is incumbent upon this House to consider creating this special Fund and thereafter allocate its resources in subsequent financial years so that we can wipe out or manage cancer to assist our people get proper treatment.

I beg to rest the prosecution of this Motion. I call upon my friend, Hon. Duncan Maina Mathenge, popularly known as DMM, the Member of Parliament for Nyeri Town, to second this Motion.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Mathenge.

Hon. Duncan Mathenge (Nyeri Town, UDA): Hon. Temporary Speaker, I beg to second the Motion on the creation of the Cancer Fund. The funding in our health sector is inadequate despite several declarations that the Kenyan Government is a signatory to, especially the Abuja Declaration that requires us to set aside up to 15 per cent of our national budget to health. More worrying is the fact that we are only at 7 per cent progressive as it may be. Only 2 per cent of our GDP goes to health funding.

The cost of cancer treatment in Kenya, according to a research paper published in 2018 assessing the direct medical cost of cancer care, established that the cost of cancer therapy varied with the type of cancer. Patients on chemotherapy alone require Ksh140,000 while those on treatment for surgery require Ksh130,000. Those on radiotherapy require Ksh120,000. However, radiotherapy takes up to ten sessions and chemotherapy up to 15 sessions. Some patients who take a combination of the three treatments require well above Ksh500,000. Another study in 2018 showed that the cost of treating stage three breast cancer and cervical cancer depended on the treatment followed, whether it was curative or operative approach. The cost of cancer generally increased by stage.

The public sector cost of treating stages one, two and three breast cancer ranges from Ksh190,000 to Ksh250,000. The cost of cervical cancer ranges from Ksh120,000 to Ksh250,000. Patients' payments in the private sector generally are ten times more than the public sector's cost. Palliative care for six months for cancer patients in the public sector will generally range up to Ksh40,000 while in private facilities it is up to Ksh200,000.

On the economic front, cancer is a growing problem. It affects both the nuclear family and extended family. Patients suffer financial loss, disability, reduced quality of life, and premature death. It is estimated that in this country, up to 50 per cent of patients with cancer do not seek services due to lack of money. Even the majority of those who end up seeking cancer treatment, who are up to 70 per cent, do so late because they cannot raise the money needed. By the time they have the money, it is already too late with the disease having advanced to higher stages, which are costlier. Among those who seek services, their personal lifetime savings are completely exhausted. They turn to assets, eventually unsecured loans, and as a last resort, they have community fundraisings to finance their illness. Unfortunately, by that time they are almost on their deathbed. The indirect cost of cancer treatment such as transport and accommodation add to the financial toll. The high cost of cancer drugs coupled with the drug shortages even when the finances are available, complicates matters for cancer patients and cancer care in our country.

Facilitated financial access for patients with cancer will increasingly, and most likely, lead to earlier diagnosis and better outcomes. It will reduce cost as opposed to the current state where up to 70 per cent of cases access treatment late, requiring more elaborate investigations and much more expensive treatment options with poorer outcomes.

A very high percentage of cervical cancer patients - I hope the honourable ladies of this House are listening to these statistics - referred to radiotherapy, do not access the treatment because they cannot afford it. Even those who access the treatment do not undergo the entire treatment protocol because they cannot finance it. Multiple investigations, radiotherapy and chemotherapy are the main components of direct costs for cancer patients. Cancer causes a heavy economic burden with adverse social implications beyond the death of cancer victims. Studies have demonstrated that orphans of cancer patients have a higher under-five year mortality rate in this country than other children. This has a considerable impact on communities.

More broadly, the Cancer Fund will be an appropriate response to the achievement of Sustainable Development Goal (SDG) No.3, whose target is reducing premature mortality from non-communicable diseases such as cancer by one-third by 2030.

In the year 2010, our then health Minister and current Kisumu Governor, Hon. Anyang Nyong'o, disclosed to the nation that he had prostate cancer and sought treatment in California, USA, at the Hellen Diller Family Comprehensive Care Centre, and was treated by radiation. A year later in 2011, Hon. Beth Mugo, the then Minister for Public Health and Sanitation, similarly revealed to the nation she had breast cancer and was treated in the USA, requiring both surgery and radiation.

At this point, Hon. Temporary Speaker, allow me to congratulate Hon. Beth Mugo for starting the Beth Mugo Cancer Care Foundation which assists patients with cancer and their families. In both the cases, these Kenyan VIPs must have received *ex gratia* payments to support their surgeries having exhausted their insurance medical covers. Without doubt, it is almost certain that their cabinet colleagues raised money for their treatment to augment their financial requirements and express financial solidarity.

Today, I ask this House to stand with ordinary Kenyans and ordinary families, like the family of Julia Kivanya in Nyarugumo Village, who is undergoing cancer treatment at the Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) for cancer of the spine. The single mother who is jobless could never have had any hope of accessing cancer treatment if the local community had not fundraised for her three times in the last one-and-a-half years.

I am urging this House to start with the family of Eric Mwangi Kimang'a in Nyarugomo Village who has throat cancer. Again, last week, the community had to raise Ksh700,000 for him to access treatment at either Nakuru Cancer Centre or the KUTRRH. Even before we talk about the cost of treatment, these people cannot afford the expensive cost of required diagnostic procedures. The examples are endless. Every Member of Parliament in this House and those who will contribute to this Motion have had to engage in similar fundraising.

Hon. Temporary Speaker, in July 2022, the National Cancer Task Force recommended that we activate the Cancer Fund. Therefore, our Motion comes to give weight and support to the various policies and legislation that will contribute towards enhanced and effective cancer care in this country. Three decades ago, our forefathers had the foresight of setting up the Kenya Hospital Authority Trust Fund. Today, it has Ksh1.7 billion lying with the Unclaimed Assets Authority. The Fund, meant for healthcare, could finance the setting up of comprehensive cancer care centres of excellence.

(Hon. Duncan Mathenge spoke off record)

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Member, for seconding the Motion. You did not go on record seconding the Motion. I will give you an opportunity to do so.

Hon. Duncan Mathenge (Nyeri Town, UDA): Thank you, Hon. Temporary Speaker. I submit and second the Motion.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much.

(Question proposed)

Hon. Members, now we start debate. We are not going to put the Question, but start debate. The first opportunity goes to my boss, Hon. Boss, Member for Uasin Gishu County.

Hon. Gladys Boss (Uasin Gishu, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity to lend my voice in this very important Motion.

Hon. Members, I actually got off the Speaker's Chair because this topic is very close to my heart. I know that the Motion by Hon. Timothy Toroitich is requesting the House to resolve that the Government, through the National Treasury, establishes the National Cancer Prevention and Control Fund to promote prevention, control and treatment of cancer in the country.

Hon. Members, I wish to bring your attention to the fact that I brought a Petition to this House during the 12th Parliament, and in that Petition, I sought the National Assembly to order the Pest Control Products Board (PCPB) to remove 267 pesticides off the market in this country. Those pesticides have been confirmed to be causing cancer in Europe, the USA and

the UK. In fact, more than 20 years ago, a farmer in the US was paid \$250 million for developing cancer as a result of using a pesticide that was commonly known as Roundup. However, that pesticide continues to be sold in Kenya today, the reason being that the PCPB in Kenya is in bed with agrochemical companies. I am not ashamed to say that they continue to support that trade. In the Petition I brought to Parliament, I had over 10 professors in Kenya who helped me undertake research. If Europe, America and the UK have removed those products from their market on account that they cause cancer, why do we allow them in our country? That is all we said when we undertook the research.

The law in the US and the UK allow companies to produce or manufacture those pesticides for export. It is not for use in their countries, but for export to countries that permit them. To put it more clearly, they are for a country that is stupid enough to accept products that cause cancer. Kenya is one of those countries. The people who have mandate under the law are the PCPB. I brought that Petition to this House and a parliamentary Committee approved it. Unfortunately, the parliamentary Committee made a decision and ordered the PCPB to take measures to remove the pesticides off the market. So far, out of the 267 products I requested to be removed from the shelf, only seven have been removed. They have only removed seven in a period of four years.

I had an opportunity to visit the board in their offices and went to a meeting there and demanded to see the CEO. When I asked the CEO why they had not removed the products from the market, she said they wanted to undertake further research. I asked her what research they could undertake that had not been undertaken by those first world countries. I asked them of the cases in Kenya. For example, when *World Science* and other medical journals published peer reviewed research findings showing that hormone replacement therapy was causing breast cancer and ovarian cancer, our gynaecologists in Kenya did not do further research. They simply stopped prescribing the medicine and chemists stopped stocking them.

Additionally, when *World Science*, in peer reviewed medical journals, said that certain cough syrups were damaging our children's lungs, the paediatricians did not do further research. They simply stopped prescribing it and pulled it off the shelf. The PPCB has refused to save the lives of Kenyans. Hon. Timothy Toroitich, no matter how much you say we should put money in preventing or treating cancer, we must first start by the most obvious - removing products that cause cancer from the market.

I was once told not to name the companies that are selling the said products in Kenya. I will, however, mention them. They are Bayer from Germany and Dao from America. I have had an occasion to speak to Members of the German Parliament and I told them to stop the manufacture of the said products. We are working with these countries yet they are selling us poison that is causing cancer. Instead of saying that we put more money into the cure for cancer and prevention, why can the Government not stop the 267 products from entering our market?

When the PCPB did not act, I did a Statement to this Parliament, seeking the removal from office of all the members of the board because of their reckless endangerment of the lives of Kenyans. As I stand here, Hon. Members, I want you to help me shame the members of the PCPB. Research has been done. We launched a book called the *Pesticides Atlas*. We have a document done that shows the products that cause cancer. If other countries are paying damages to people who have developed cancer through consumption of these products, why is Kenya still allowing the sale of these products in our markets?

Last year in November, I had the occasion to hold a cancer screening medical camp in Uasin Gishu County and the number of people who were found to have cancer were all farmers. This is because it is getting into our food system, water system and into our bodies through the food that we consume. Therefore, cancer cannot be dealt with by treatment alone, but also by prevention. The buck stops with the PCPB, which has failed to remove the 267 pesticide products off our shelves.

The argument they made when they threatened that they would bump me off life if I continued with this crusade, is that there would be starvation in Kenya. Kenya imports 6,000 other pesticides that are safe. If you remove the 267, this country will continue to be food secure.

Hon. Members, I plead with you to join me in summoning the PCPB, call them to book and remove them from office because they are the cause of cancer in this country in their facilitation of approval of the said products.

Thank you, Hon. Temporary Speaker for the opportunity.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Well spoken, Hon. Boss. Hon. Fatuma Mohammed, Member for Migori County.

Hon. Fatuma Mohammed (Migori County, Independent): Thank you, Hon. Temporary Speaker for giving me this opportunity. I congratulate my sister, Hon. Boss, for her sentiments on the pesticide companies that are selling harmful products to Kenyans.

If I may add to that, there is no need to look for cure if there is no protection. First, we need to protect our people before we look for treatment. It makes no sense looking for treatment for what we have caused ourselves. As we all know, cancer has no treatment. It can be prevented, and the treatments that are there are very minimal.

As African countries, by the time we realise that we have cancer, in most cases, it is at an advanced stage when you are actually ill - which is mostly stage three and four. Instead of working so much to cure something that the world out there knows very well has minimal success, let us work more on protection and prevention.

It is unfortunate that Hon. Boss says that most people who were tested and diagnosed with cancer in her county were all farmers. These are the same people who feed us. Probably, they are the ones who might die first, if I may use that phrase, as used before. If that happens, who will feed us? A generation that is very important to us will be no more.

In as much as we look for cure, the health insurance companies also need to be a bit lenient to Kenyans. If you go to take an insurance cover, you are required to fill a form that lists the diseases that you have. You could be walking with cancer and you do not know. If you take that cover and within three months you fall sick, they will not cover you because there is a grace period for covering such treatments. If you have cancer, they will tell you that that is a terminal disease and they would not cover you yet you did not know that you had it. The insurance companies should re-consider this stand. It is something which is beyond us. It is not like the other diseases that can easily be prevented or cured easily.

I request the Government to take this matter seriously. I think cancer is the number one killer disease though they say it is malaria. Malaria is curable even with herbs. We do not have cure for cancer in Kenya. It is a disease that is really making Kenyans poor. Once you have a cancer patient, your form is sure to be signed that you are going to run broke no matter how rich you are. A disease that cannot be cured by the rich, a poor person cannot even maintain it. Why can we not work more on its prevention than cure? We tend to take a lot of our time considering that the only known cancer in Kenya is mostly cervical.

Our young girls need to be told the root causes of cervical cancer. I can see there are some students in the galleries and I am addressing you, my dear little girls. *Mama* needs to teach you that early sex is a call for cervical cancer. Your cervix is still too small, and when you start engaging in dirty things, you are inviting a disease that has no cure. Other than HIV, cancer will ruin you. Although HIV is a little bit manageable, it still has no cure, just like cancer. When you get cancer, you are guaranteed that your life will be a very difficult one. Dear school girls who are up there in the galleries, please, be reminded that you, and an old *mama* like me or a grandmother, are all candidates for cancer.

Dear Kenyans, let us take the cancer problem seriously. Hon. Gladys Boss has done a difficult job by bringing to our attention the pesticides that cause cancer, but the Government

takes it lightly and does nothing about it, which is quite unfortunate. It was the responsibility of the Government to act with immediate effect to close all the said companies. There is nothing else that they can do. They are only telling us that they are still going round investigating. How are they going to know if this problem is true or real? Are they going to test it on human beings and see how many people are going to die for them to affirm that, indeed, these products are bad and that we need to get them off the shelves?

If the European countries cannot use the said products in their countries, those products cannot be good for us. Stop treating Africans like lesser human beings. What is bad for you is bad for us. You have five senses and same organs just like us. The only difference is the skin colour, which is outside. Stop killing us when you are preventing your own country. You are putting the right measures not to have cancer in your country.

The life span for an African person is always longer, fortunate enough, than that of the people from western countries because of the kind of food that we eat. We should encourage our farmers, those with the right information, to tell the others the right foods that can help our *wananchi* to prevent cancer. Cancer is not prevented by medicine, but rather by our lifestyle and the foods that we eat.

Dear Kenyans, let us take this information seriously and teach the young, the old and our neighbours that cancer is a very serious disease, and that prevention is better than cure.

With those remarks, I support the Motion.

*(Hon. Danson Mwashako and Hon. Jematiah Sergon
walked into the chamber while the Temporary
Speaker was on her feet)*

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Migori County. We can now have Florence Jematiah. However, before she does that, Hon. Members, when I was on my feet, I realised that Hon. Mwashako and Hon. Jematiah were walking around the chamber. For order in the House, kindly, do not repeat that.

You may proceed, Hon. Jematiah.

Hon. Jematiah Sergon (Baringo County, UDA): Thank you very much, Hon. Temporary Speaker.

Just to add to what the Members who have spoken before me have said, it is unfortunate that in this time and era, we are discussing the effects of cancer not only in Kenya, but in Africa. As we all know, cancer is a very dangerous and incurable disease.

*The Temporary Speaker (Hon. (Dr)
Rachael Nyamai) left the Chair)*

(The Deputy Speaker (Hon. Gladys Boss) took the Chair)

We have learnt from time to time that there is no way this disease can be treated without proper measures on prevention. We have to understand that cancer is caused by certain lifestyle choices and certain types of food we eat.

Our grandparents used to have traditional food. While growing up, we did not have access to junk food and sugar, as it is the case for our children. We have a lot of obesity cases because our children do not engage in any physical exercises. This is an avenue for diseases, especially cancer. We used to have very nutritious foodstuffs like millet and sorghum. Today, in our daily consumption, we do not interact with these foodstuffs. What happened to the generation that used to give us nutritious food?

Today, if you visit any normal family, you will find a lot of generic and processed foodstuffs served during breakfast. This exposes us to these incurable diseases. Cancer has been a problem. In many homesteads in our constituencies, people are facing a challenge in cancer treatment. It is very expensive to treat cancer. Through your indulgence, on the clinical testing conducted, I want to concur that Uasin Gishu was just part of the population. If you go through the system and do the same countrywide, you will get very many cancer cases. In Uasin Gishu, the rising cases of cancer are probably caused by fertilizers. In some areas, there are chemicals that were not properly disposed of, like asbestos in North Eastern, and water contamination in other areas. These end up causing health problems to people because chemicals are key contributors to cancer. I want to echo what Hon. Fatuma said. We need to prevent this disease before we start treating it. The earlier we prevent it, the better for us.

I also want to reiterate that insurance companies have also been part of the problem. They cannot be selective on the diseases to cover, especially when they know that this is a terminal disease. They claim that they cannot cover it because the cost of treatment would be more. Why am I paying for an insurance? Diseases like cancer do not show early symptoms.

We have lost many people, including Members of Parliament. My former Member of Parliament, the late Hon. Grace Kipchoim, was a cancer patient. May her soul rest in peace. We have lost many people leaving their families in dire problems and poverty. At the end of the day, we use a lot of money to treat these patients. When they die, their families end up poor because they exhausted most of the resources they had. As the Government and Parliament, we need to sit and correct where we have gone wrong. We must have affordable ways of treating cancer, and mostly preventing it.

Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: Member for Mosop, Hon. Abraham Kirwa.

Hon. Abraham Kirwa (Mosop, UDA): Thank you very much, Hon. Deputy Speaker, for giving me an opportunity to contribute to this Motion on establishing a National Cancer Prevention and Control Fund.

(The Deputy Speaker (Hon. Gladys Boss) left the Chair)

*(The Temporary Speaker (Hon. (Dr)
Rachael Nyamai) resumed the Chair)*

I want to thank Hon. Toroitich for coming up with this Motion. Many Kenyans have died and continue to die on a daily basis due to cancer. Most of these people are dying because they cannot afford the cost of treating cancer. The average cost of chemotherapy in this country is between Ksh12,000 and Ksh200,00 per session. An average Kenyan cannot afford it. On a weekly basis, if they were to use the regular drug to treat cancer, it would cost them an average of Ksh50,000.

In this country, the National Health Insurance Fund (NHIF) covers cancer to a maximum of Ksh600,000. If you go for three sessions, you will have exhausted your NHIF cover limit. Once you exhaust your limit, it will be upon you to come up with the rest of the funds. Since most of the citizens cannot afford to have that kind of money, they will forgo treatment. They will choose to stay at home and wait for their fate. Some will choose to use traditional medicine while others will just wait for their death. As a nation, it is time we came up with ways of preventing cancer. The most common cancer is breast cancer followed by cervical cancer and stomach cancer. These are very common with women. Women are very productive, and they contribute a lot to the development of this nation. As a nation, we ought to sit down and look for a solution to this problem.

The Kenya Cancer Policy 2019-2030 provides for a framework to comprehensively address cancer control in Kenya through systematic implementation of evidence-based interventions for prevention, screening, timely diagnosis, treatment, survivorship and palliative care. Unfortunately, these are only suggestions. In reality, none of these ideas and suggestions have been implemented. As a nation, why should we allow people to die as we sit and watch? The NHIF needs to review their cover. When you have the NHIF Universal Health Coverage (UHC) Supacover, you can go to India and Apollo for treatment, but they do not cater for travel expenses. However, once you exhaust your limit, they will tell you that you have reached the maximum limit and that you need to consider selling your land or organise for a fund raising.

As Members of Parliament, we do a lot of fundraising to save lives. As a nation, we should consider establishing a Cancer Prevention and Control Fund so that in instances like this, Kenyans will be saved and many people will continue to live in this country.

Thank you very much for giving me the opportunity to contribute.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Member. Hon. Lillian Gogo, Member for Rangwe.

Hon. (Dr) Lillian Gogo (Rangwe, ODM): I thank you, Hon. Temporary Speaker. I want to thank my dear colleague for invoking a Motion on cancer prevention and control. It is important for us to establish a fund to prevent and control cancer. Prevention is always better than cure.

I support this Motion. It is known that cancer is a problem the world over. I thank my dear friend, Hon. Boss, for articulating very well some of the failures that we have had as a country by allowing various products that have been condemned as not safe for use in other countries, to continue being used here when they are well known carcinogens. I insist that the Government moves with speed to bring these people to book. They must be held accountable for feeding Kenyans with products they know very well to be carcinogenic.

Hon. Temporary Speaker, allow me to also mention some physical carcinogens that still exist. We have some chemical carcinogens that lie around in most of our learning institutions. The learning institutions that were established earlier still have asbestos roofing. It is well known that products made from asbestos are carcinogenic. We have several people who are living under asbestos-based roofs. I do not know what the National Environment Management Authority (NEMA) is doing about removing these asbestos roofs, and also disposing them. In my constituency, at Asumbi Teachers Training College, I have very many asbestos roofs. This is a national learning institution that is hosting young people.

We have biological carcinogens. One Member has already talked about cancer of the cervix. Cancer of the cervix is a sexually transmitted disease, with men as carriers and women as sufferers. I insist that if we do not have behaviour change, as much as we want to talk about cancer and still continue as a nation to involve ourselves with promiscuity, we continue to misbehave with our sexuality, then cancer will not leave this country, however, much money we put into a fund to mitigate its effects. I urge Kenyans to go for screening for the viruses that cause cancer of the cervix.

Hon. Temporary Speaker, curing cancer is very expensive. So, the best approach is prevention and control. In lifestyle, there is obesity. We sit around and become overweight. I appreciate the way these Motions have been brought. There was a comprehensive healthcare Motion that preceded this one. We should start early by training even our young people on issues that propagate cancer. We have carcinogens in our foodstuffs, by way of aflatoxin. We have carcinogens in water and drugs, but the worst bit is lifestyle. We talk very much about cancer, and we are concerned about the many cancer deaths. I want to pray for the soul of my friend, Roseline Damian, who was a gospel singer. She has rested on the basis of cancer of the brain, breast cancer and leukaemia. These are cancers. May her soul and those of the rest of many Kenyans who have passed on because of cancer this week rest in peace. It leaves many

orphans. I insist and say again that, as a leadership, any forum that we have, even outside there, we should talk about prevention and control.

There are cancers that just come due to stress. We have Kenyans living under diverse stress. We should have a composed life. We should have peace. We should have a peaceful nation. Right now, Kenyans are stressed. Right now, the cost of living is high. This might result in diseases. We should learn to prevent diseases. Kenyans need to find ways of accommodating the high cost of living.

This is a Motion that has come at a good time. I support it. I also say that as a nation, we should come out and even establish a national sports day or national walking day, probably once a month, so that Kenyans can leave their vehicles at home and walk to work. We can walk and have our children walking long distances. I represent a rural constituency and there are times I have been called to raise funds, especially for people who have lost their lives because of cancer. You empathise with the position. If we can have prevention and control, then it will also trickle down on us so that this money can also be used in other areas.

I appreciate those of us who are working in the medical profession, and other researchers, who are working on cancer. I implore the Government that more money should be put into cancer research. More money should be put into our medical learning institutions and other institutions so that more research can be done on local remedies to cancer treatment. We depend very much on treatment of cancer. However little that can extend life, it is better than someone dying early. We should, therefore, invest in our own research systems and research institutions. We need to put aside some money for the proposed National Cancer Prevention and Control Fund to facilitate research. We should have a research component so that we support our learning, and research institutions so that we can come up with local solutions to cancer prevention and control.

As I go back to my seat, this is a timely debate. We want to take care of ourselves and run a healthy nation. We want to run a responsible nation. We want to stay in a country where we know that, if I do this, I am likely to get cancer, and if I do not do this, I am likely to get cancer. Other than cancer, there are also other diseases that are a problem and also cause cancer. It should have a wider view. We should have a comprehensive approach to the prevention and control of cancer.

Thank you, Hon. Temporary Speaker, for the time you have given me. Allow me to appreciate the Deputy Speaker, Hon. Boss, for getting into another stage. She had her son get married over the weekend, and when this happens, it is a plus for us women.

Thank you.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Rangwe Constituency.

Next is Hon. Paul Biego, Member for Chesumei Constituency.

Hon. Paul Biego (Chesumei, UDA): Thank you, Hon. Temporary Speaker, for giving me an opportunity to support this Motion from my good friend, Hon. Timothy. As I support, I would like to bring to the attention of this House that when a Member brings a Motion of this nature, it is for the benefit of the nation. I strongly support because of what people in our constituencies go through.

Cancer has been a problem because many people call us for fundraisers. By creating a fund for cancer prevention, it will ease the burden for us politicians and the people back at home. It takes me back to the olden days when the Government was struggling and advising people to be vaccinated. Young children are being vaccinated and the mortality rate has decreased, which is a form of prevention. In the case of cancer, I strongly support the establishment of the proposed fund because as they say, prevention is better than cure.

I concurred with the Mover of the Motion that cancer is like a death sentence. When anybody is diagnosed with cancer, it is like a death sentence. Now that it has become clear that

fundraisers are unable to help in terms of the treatment of cancer, this Motion is coming at the right time to help our people prevent cancer before contracting it. With the statistics that have been given by the Mover, it is extremely clear that the number of cancer patients and those who succumb to the disease is big. That means, as a country, we are losing many potential voters who would have helped in nation-building. We need to deal with this menace once and for all, by people observing preventive measures.

The nature of cancer is such that it progresses extremely slowly. It has been proven that years or decades may pass before one notices the symptoms. During that time, the cancer may go undetected. Therefore, screening programmes for detecting cancer at early stages are vital. At that time, treatment options are more effective. Therefore, we should all stand firm as a House and ensure that we establish the proposed fund so that we do not lose our loved ones to cancer.

This Motion will especially help the vulnerable and the poor who are unable to go for check-ups. We know that there are many advertisements and promotions on cancer awareness that encourage people to go and check their status. However, the main problem is that many people are poor and cannot afford transport to health facilities. It is important for us to put this fund in place and take it closer to the people in the villages, so that it is easy for them to access preventive measures.

As the Deputy Speaker, Hon. Gladys, contributed to the Motion, I was saddened because, as a country, we know the causes of cancer yet we still want to cure it instead of preventing it. Apart from creating the fund, we need to get rid of pesticides that have been proven to cause cancer. I join my colleagues who said that the PCPB should hasten the removal of the 267 pesticides that cause cancer and adopt other available options that have been proven to be harmless.

Studies have shown that a majority of cancer patients are from farming areas, and that will slowly affect people living in towns because what is consumed in towns or in urban areas is from the rural areas. A majority of the people who live in rural areas consume food directly from their farms. That is probably why the study shows that a majority of them are affected. We all know that the sources of food that we eat are those same farms. So, the earlier, the better. That is why I stand here to support my great friend, Hon. Timothy, in the establishment of the proposed National Cancer Prevention and Control Fund.

I want to go on record that this is long overdue. Former Members of Parliament tried to do this earlier, but their efforts did not see the light of day. Let us take this matter seriously, so that the 13th Parliament goes down in history as having assisted to prevent this menace. We know for sure that many diseases like HIV/AIDS have been contained because of prevention. Many other diseases have also been prevented. Let us take this opportunity to support the Motion, so that we can establish the proposed fund for prevention and control of cancer.

Thank you very much and be blessed.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. Next is Hon. Charles Ngusya, Member for Mwingi West.

Hon. Charles Nguna (Mwingi West, WDM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute and add my voice to the Motion. I will start by thanking my colleague and good friend, Hon. Timothy Toroitich, for bringing the Motion to the House. It has invoked many issues concerning cancer and its management in this country.

I will begin by noting that cancer is an illness or a disease that is usually associated with physical, social, emotional and financial ramifications for people and families that are affected by it. When you hear of cancer, you think of patients who fear death, disfigurement, abandonment, financial hardships and all sorts of negativity associated with that disease. That is why it is very important to debate this matter and collectively initiate the establishment of the proposed fund.

I concur with the Members who have said that cancer is sometimes caused by lifestyle choices. I listened to our Deputy Speaker, and it dawned on me that sometimes, we are the architects of our misery. If the Western world has done this, we should have done away with those carcinogenic products long ago. We need to support the eradication of these products.

Hon. Temporary Speaker, establishing this Fund through the National Cancer Institute of Kenya will help the country collect, analyse, and disseminate data regarding cancer issues. I note with concern that we do not have the data on how many patients we have lost to cancer. We do not even have enough data on the prevention, diagnosis, and treatment of the same. Establishing this Fund will empower these institutions and the NGOs keen on eradicating cancer in the country. Now and then, we hold fundraisers for cancer patients. Many families go through financial distress and emotional stress because the Government does not have a fund for cancer patients. This Fund will help families overcome challenges and financial hardships during cancer treatment.

Prevention is better than cure. Many people perish because of lack of information. This Fund will ensure we have cancer counselling centres where everyone susceptible to the disease can visit. We see many Kenyans going to India to seek treatment. India has enjoyed medical tourism because they have adequate facilities and personnel to handle Cancer. Hyderabad is one of the cities that thrives on medical tourism. This Fund will employ researchers who can establish cancer treatment centres and promote medical tourism, which is an added advantage to the country. This will also create employment for our people. We will need to do a lot of research on cancer, and many of our people can venture into the medical field.

I want to conclude and allow my colleagues the opportunity to speak on the same. I see the need to have this Fund in place. The NIC Kenya must create awareness of what it does; its presence should be felt in the country. So far, most cancer patients are unaware that this institute exists.

With those few remarks, I support.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Mwingi West. Next in line is Hon. Dorothy Muthoni, Nominated Member.

Hon. Members, I see a lot of interest in this Motion. At the beginning of the Motion, we did not limit contribution time. Most contributors take 10 minutes to debate. Use your discretion to speak for fewer minutes so that more people can speak to this. I ask you to be patient. The screen is full, but I will do my best to ensure that as many of you speak. However, that will depend on the length of time each Member takes.

Hon. Dorothy, you may proceed.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. I rise to support this very important Motion. I thank our brother, Hon. Timothy Toroitich, the Member for Marakwet West, for bringing this Motion. All of us need to note that cancer is a monster that is feared...

(Technical hitch)

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): What happened to Hon. Dorothy's microphone?

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. Cancer is a monster that we all fear. The worst and the most disheartening news anyone can get is when we go to hospital, and the doctor asks to test for cancer. Whether it is yourself or a relative, that marks the beginning of all your fears and anxiety. I know too well that each family seated here today has, in one way or the other, been affected by this monster. The Government of Kenya, through the relevant State Departments and in fulfilment of Article 43 of the 2010 Constitution, confers that the highest attainable standard of health should be accessible to every

Kenyan. However, recognizing that cancer is the number three cause of mortality and the second leading cause of all non-communicable diseases in the country; noting that annual incidences are increasing by the day, I want to underscore that we have major types of cancer that spread across the board, and they are spotted in all communities. Cervical and prostate cancer are among the leading cancers in this country.

The Member for Migori County has cautioned our young girls seated in the Public Gallery to care for their sexual health. This is timely because we see very young girls getting cervical cancer, one of the sexually transmitted cancers. I also join her in cautioning young girls on matters of sexuality, so they do not fall prey to this devastating disease.

Many years after Independence, we are here talking of a disease that is causing havoc and that has been here with us for long. We are devastated because the health facilities that care for cancer patients are overstretched. We are concerned that we only have 58 oncologists, 60 oncology nurses, 12 oncology pharmacists, 27 radiology technologists, and two nuclear medical physicians in this country. These personnel are overstressed and overworked because the number of patients they handle daily does not match their expertise.

I also note that out of the many cancer patients diagnosed yearly, 78 per cent have no chance of survival, meaning that most cancer patients do not make it. They die in the next one to five years after the detection of cancer. I was very concerned when Hon. Gladys Boss gave evidence of why our people are dying of cancer. Pesticides that have been condemned in the Western world are still on the counters in our country. Because of corruption, they still find their way to our farmers. We buy the products which have been sprayed with these pesticides, which expose all of us to the dangers of cancer. When you visit a market, grocery store, or fruit market, you do not enquire which pesticides were used to spray the vegetables and fruits you buy. It is high time we, as a country, joined forces and walked the talk of ensuring that if something is condemned, we all rise and condemn it. I urge the Government to ensure that the 257 condemned pesticides are out of our shops as early as tomorrow.

We also have an issue with beauty products which find their way into our markets. They are condemned in other countries but are still on our shelves. The effects of cancer are not realized in a day but after one year, two years, three years, or even five years. It is high time the various government agencies worked and ensured that they are not corrupt so that things that are not supposed to be on our shelves are not there.

The proposed Fund by Hon. Timothy will ensure that we increase the capacities of the community health system to create awareness about cancer and seeking healthcare. Doing so will increase the chances of survival and successful treatment. We also want to increase human resource capacities at all levels of healthcare in the community: county, tertiary and national levels. This will ensure that there is early detection of cancer and accurate diagnosis is made so that referral and treatment are done at the earliest opportunity. This Fund will also ensure that equipment is procured for diagnosing and staging to complement the current capacity. We note that all available facilities are only found at the Kenyatta National Hospital (KNH) and, most recently, KUTRRH. These are the only public utilities with all the gadgets required to diagnose cancer patients properly.

We also have private health facilities that are not within reach of common persons. You realize that cancer is the only disease that will use your money, your relatives' money, and the money of the entire community. It will ensure that it carries all your wealth to the grave. It is high time we, as a country, became serious about cancer. The only way we can do this is to ensure that this Fund is put in place so that we can employ, at the earliest opportunity, community health workers who will assist people at all levels to detect early symptoms of cancer. If we, as legislators, can sit here and not pass legislation that will ensure cancer treatment and prevention is accessible to all of us, it will be very unfortunate.

I support this important Motion and urge Hon. Timothy and the entire House to ensure we walk the talk. This Motion should not only end by debating, but we should also take action.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. Hon. Members, I know I should look at the left side, but I will purposively allow the Member for Westlands, Hon. Tim Wanyonyi.

Hon. Tim Wanyonyi (Westlands, ODM): Thank you, Hon. Temporary Speaker, for allowing me to speak on this Motion. I listened to Hon. Deputy Speaker when she was speaking. She gave good information on the prevention of cancer. Some of the chemicals we consume are banned in many countries, but they are still on our shelves. Prevention is always better than cure. If we work on the causes of cancer from the outset, we will manage its effects that are now spreading like wildfire. We lost about two or three Hon. Members in the last Parliament: my good friend, Hon. Ken Okoth, and Hon. Waititu, Member for Ruiru. We lost them to cancer. Many other Kenyans are suffering. When cancer hits, it does not matter how much savings you have. It drains you and your family. It leaves the families devastated. It is good...

Hon. Gathoni Wamuchomba (Githunguri, UDA): On a point of information, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Gathoni wa Wamuchomba has a point of information. I want to know whether the Member for Westlands would like to be informed. Would you like to be informed by Hon. Gathoni wa Wamuchomba?

Hon. Tim Wanyonyi (Westlands, ODM): Yes. Please go ahead.

Hon. Gathoni Wamuchomba (Githunguri, UDA): Thank you, Hon. Temporary Speaker. I want to inform the Hon. Member that the late Hon. Waititu Wakapee was not the Member for Ruiru Constituency but Juja Constituency.

Hon. Tim Wanyonyi (Westlands, ODM): Thank you for that information, Hon. Wamuchomba.

Cancer is a disease that needs a very high level of diagnosis. Hon. Ken Okoth was treated for common ulcers for a long time. When he went abroad later, he was diagnosed with stage three cancer, which was unfortunate. If it was diagnosed early enough, he could have prevented it. We must work on diagnosing cancer because people are often treated for a different disease, yet they have another disease hidden within their bodies.

We must also look at some of the things that we allow into our country. We import some things that are not only consumed but also commonly used. Some things that cause cancer are brought very close to us, even in the villages where you could not imagine we could have such a disease. Some of the chemicals used in farming have been banned worldwide, but they are still here. We must look at this issue carefully. The people who are responsible for controlling these chemicals must be serious. Some overlook and allow these dangerous things to get into our system and infect us.

Hon. Temporary Speaker, cancer is not just a common disease. It has no proper cure. We try to prolong it, but eventually, it will end somebody's life. So, we must seriously, as a country, start working on prevention and make sure that the causes of cancer are minimized or eliminated so that we protect our population from getting these infections.

Thank you, Hon. Temporary Speaker, and I congratulate Hon. Toroitich for bringing this up. Establishing a fund for cancer will be a good thing if the Government can do that because this will also help people who are being trained or those who are taken outside the country where they spend a lot of money. If we have investments in the country and have more facilities also dealing with cancer and if we can have them at least at the county level, people will access treatment quickly because healthcare will be near and accessible.

Hon. Temporary Speaker, the establishment of a fund in collaboration with county governments will be handy for all of us. We want to encourage this, and maybe the Hon. Member at a later stage can also convert the Motion into a Bill and bring it so that we can pass it into law and make sure that Kenyans can access affordable treatment within the country and the available facilities.

Thank you very much. God bless you.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you, Member for Westlands.

Hon. Mark Mwenje, Member for Embakasi West. His card is blinking on intervention. Is he out of the House?

Let us have Hon. Agnes Pareyio, Member for Narok North.

Hon. Agnes Mantaine (Narok North, JP): Thank you, Hon. Temporary Speaker, for allowing me to add my voice to this Motion on the Establishment of a National Cancer Prevention and Control Fund by Hon. Timothy. Before I continue, I would like to thank Hon. Timothy for bringing this Motion to this House.

Cancer is a killer, and it kills everybody. As leaders, I think it is our concern to look at this issue and ensure these funds are available. It is worrying that some countries manufacture pesticides that kill our people. Unfortunately, they do not sell them in their countries but come and make money from us. It is a shame to know that these pesticides are killers, and we allow them to remain on our shelves.

I come from Narok North, and they do a lot of farming. They use the Roundup pesticide while preparing their land. The problem starts from the agrovets because they inhale Roundup at the shops. Then it moves to the innocent women and children as people spray their land. It is carried by wind to innocent people who are not even aware. We cannot just be silent as leaders as we see our people suffering.

I hate and fear cancer because it killed my father. When it was pronounced, everybody was shaken. Everybody considered using resources on my father as a waste because, after all, he would die. People believe that there is no cure and, of course, there is no cure for cancer. Hence there is no need to use resources. I support this Motion because it states that we need to look for funds that will take care of our people.

At the same time, we need to create awareness among people who think that Roundup is doing good to them. We need them to be aware that as they spray Roundup, they are bringing cancer to themselves, which is already a killer. It is already killing people. So, we also need to educate our people. We need to bring a Motion to this House to introduce comprehensive health education as a core subject in our schools. We need to have our children and young women knowledgeable about what causes cancer. They need to be aware and start living right. Our people should have information. We should ensure that we give a lot of information out there so that as you use Roundup or as you have early sex, you know what you are getting yourself into or what will happen to you.

I support this Motion. There is need for us, as a House, to make sure that we take to task those people making money out of killer pesticides.

With those few remarks, I support that there is need for us to have these funds to make sure that we support those people that already have cancer. This will enable them to access hospitals and have medical cover so that they can treat themselves and take care of their relatives.

Thank you.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much.

Let us have Hon. Caroline Ng'elechei, Member for Elgeyo Marakwet County.

Hon. Caroline Ng'elechei (Elgeyo Marakwet County, Independent): Thank you, Hon. Temporary Speaker, I rise to support the Motion on the Establishment of a National Cancer

Prevention and Control Fund by Hon. Timothy Toroitich, Member of Parliament for Marakwet West.

As I sat here listening to Members' debate, I realized that the issue of cancer is very emotive. Let us focus more on discussing the funds as per the Motion. I choose to stick and discuss the Fund to control and prevent cancer. As a country, I think there is insufficient focus, or we have never given attention to the killer disease of cancer. There are too many people in Kenya today suffering from cancer than even malaria. However, there are funds allocated by the Government towards malaria. Even when we had COVID-19, funds were allocated and vaccines were free. We have donors giving Anti-Retroviral (ARVS) medicine. We have others even helping us to control births by giving us pills. In many public places, condoms are free; you can pick them up from every dispenser.

It is about time we also got to give a slot to cancer, Hon. Temporary Speaker. Somebody might argue and say that the other ones are donations. If no one is interested in funding this, the Government of Kenya should pick it up and ensure that something is done about cancer.

Cancer has affected almost all families. Two years ago, I lost my father and grandfather to cancer. I understand the plight that families go through when they have cancer patients. They feel helpless. They are traumatized, and they are drained into poverty. The worst nightmare is knowing that they will lose their patient if they are in the late stages of cancer, stage three and stage four. At times we spend a lot of money even after we have been told that our cancer patients should be given palliative care, and nothing can be done to save their lives. Since you cannot sit and watch your loved one die, you will spend money on them while knowing that that money will go to the grave.

It is about time in this country for terminal diseases, especially cancer, to be made a burden to the Government. The Government should help the people of Kenya shoulder such burden. Some diseases like malaria and HIV/AIDS are preventable, but who can prevent cancer? It is a disease that we do not know when we have it. You can walk with it for several years before it is diagnosed. Then, you may be told that nothing can be done about it. If we were to combine the resources used by Kenyans to offer palliative care and treat their loved ones, it would be massive. It can even run the economy of this country.

People who have and who do not have the means and need to have their loved ones stay alive will sell their property and fundraise to travel to India, China, the UK, or the USA for treatment. The worst thing is that when you are in any of these countries, you are never told that your patient may not survive. You will be milked to zero and might return with a patient who has died. The expenditure of having a dependant in those countries is not easy. As we speak, my friend is hospitalized in India. His name is Jude. He is being treated for cancer. It is not cheap. He has been there three times. He has done all he can, including taking loans. Some of these expenses can be made more affordable if, as Kenyans, we set aside a hospital that will exclusively deal with cancer. We have very many private hospitals. We also have institutions that deal with palliative care. When a cancer patient is on palliative care, they will still go for chemotherapy or radiotherapy, which is Ksh35,000 or Ksh45,000 per session. They may also need other drugs. So, you will pay for all these while knowing you will not have the person again.

I support this Motion by Hon. Timothy. I want to thank my Member of Parliament for coming up with this Motion. It is time that we gave cancer the attention and resources that it requires. When people go outside the country to get treatment, they come back and tell us that the technology outside there is superior to what we have in Kenya. That makes me ask myself if the Government can allocate us one cancer centre that is fully equipped with modern equipment so that even if we fundraise to treat a cancer patient, we will not have to incur money on air tickets and hotels outside the country.

I want to urge every Member here... Unfortunately, when we discuss sensitive issues like this one, they do not get much attention from Members. However, this has made me sit here since morning as I was waiting to be given an opportunity to contribute. I know cancer is affecting everyone, and it is draining us financially. I beg to support the Motion.

Thank you.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Elgeyo Marakwet.

Hon. Members, this is to inform you that the screen is full. Many Members are interested in talking about this Motion. I thank you for debating very well.

Before we go to the next Hon. Member to speak, I would like to recognize the presence of students seated in the Speaker's Gallery from Mirera High School, Naivasha Constituency, Nakuru County.

(Applause)

You are welcome to the National Assembly to observe the proceedings of the House.

Hon. Members, the next opportunity goes to Hon. Beatrice Elachi, Member for Dagoretti North.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. I rise to thank Hon. Timothy for bringing this Motion. I know many Kenyans, wherever they are watching this debate, are wondering if we will come up with something that can reduce the challenges many families face. As we know, cancer is a disease that has made many families very poor. In this House, we lost the former Governor, the late Joyce Laboso, whose memorial was just a few days ago. We also lost Hon. Members. Many people succumbed during the COVID-19 pandemic because they had cancer. We lost too many doctors and families. I have too many family members in Dagoretti North who had cancer. Today, I was talking to the mother of coach James in Kawangware. She is going through her chemotherapy. We were discussing how we can support her through her National Health Insurance Fund (NHIF) Card. It is not just her. Many other women, men and children are sick today with cancer. As we discuss this Motion, we pray that God will give all these families grace as they go through this painful process.

I want to thank our Deputy Speaker. She started by telling us about banned pesticides. This is something that we have entertained in our country. I do not know how we entertain it and move on. We have our own people in offices who have just decided to ignore some of the things we say in this House. If you look at the pesticides banned in Europe, you will be surprised that they are on our shelves in Kenya in numbers. I hope that in Kenya right now, Aldrin, Benzene, Dinoseb, Calcium Cyanide, Endrin Menazon, Nitrogen, Sodium Methane, and many others are out of the shelves. If you walk into any of our local agrovets, one of these banned pesticides will be on their shelves. Our farmers are helpless because they do not know them. We are here now talking to a body that is supposed to look into these things, yet we say we are safe. Cancer arrived in our country as a silent killer when those dealing with pesticides made money. If you visit hospitals today, you will find that many Kenyans have inflammation and other ailments. Our parents are ailing, but because they cannot be diagnosed properly, we next know that they have stage three or stage four cancer. Every day we have cases of acute H-pylori because of contaminated water. And it becomes a silent killer. As we debate this Motion, we need to request the Government to improve NHIF coverage for Kenyans undergoing chemotherapy. They are struggling and must go to KNH. We can make the situation better. We can look at how to deal with this menace once and for all. We can put up our research centre. We are told that you must go to South Africa or India for just the correct diagnosis. Africa has only South Africa. Why can we not, as a country, establish a centre where there is not too much

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crowding to save our own? I believe cancer is the leading killer in our country, especially among the poor. People would wish to see their patients through, but they are helpless. Cancer treatment has become too expensive for Kenyans. We should support Hon. Timothy in developing this Motion into a Bill. In the meantime, we should ask the Government to enhance NHIF coverage for people with chronic diseases.

Recently, I made a call in Dagoretti North through NHIF to see if I can deal with people with chronic diseases, especially elderly parents. But such efforts are not enough. It is sad. Today you might be normal, but tomorrow you find yourself in a similar situation. I plead with insurance service providers. You can make 10 trips, but you are told you must get a letter from a doctor. If you get the letter, insurance providers say you cannot go for a diagnosis in certain hospitals. You cannot go for treatment without being tested. Even the insurance service provider for Members of Parliament should change their attitude. I am a Member of the Committee on Members' Services and Facilities, and we receive many such complaints. If a Kenyan feels they want treatment, allow them to go. A few months ago, there was a Motion proposing that one must go through the Ministry before going for treatment. We refused. If you go to the Ministry to sign off for someone to go for treatment, the person may be no more. Anyone with insurance cover by a parastatal or a company must be allowed to go for treatment wherever they want. They understand where and how they are sick.

Even as I name the banned pesticides in the EU and India, I pray that our country should also name them. More than 200 pesticides are supposed to be banned from our shelves, including those banned in the EU and India. This is a Motion that the 13th Parliament should carry to the end and see to it that we save the lives of many Kenyans. To all Kenyans who have passed on through cancer, today we celebrate you wherever you are and pray to God to have mercy on their souls.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Beatrice. Next is Hon. Brighton Yegon, Member for Konoin.

Hon. Brighton Yegon (Konoin, UDA): Thank you very much, Hon. Temporary Speaker, for allowing me to contribute to this Motion. As you know, cancer is a menace that has consumed many Kenyans. It is spreading in our villages like a bushfire. It is a total disaster. Families have been drained of resources due to the huge budget required to treat cancer and other terminal diseases. Even as we talk about cancer, other terminal diseases drain the resources of our people, especially kidney disease, HIV and AIDS, and diabetes. Fundraising for treatment has drained families of their resources. Many families have sold all their land, investments, and hard-earned resources to fund the treatment of terminal diseases.

Some of the suspected causes of these diseases are lifestyle and the pesticides that we use. However, the main cause of cancer is still a mystery. We are told that it is possible to get treatment if it is detected early. The Government should put in place relevant equipment and infrastructure and sensitize people on early detection for the ultimate treatment of this disease. The State should come on board to handle bills through the National Cancer Prevention and Control Fund to promote prevention, control, and treatment of cancer in our country.

With those few remarks, Hon. Temporary Speaker, I support.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Brighton.

Hon. Catherine Omanyo, Member for Busia County.

Hon. Catherine Omanyo (Busia County, ODM): Thank you, Hon. Temporary Speaker. I support this Motion and thank my dear colleague for bringing it now. If you look at the nation's temperature, these are the things that Members of Parliament should discuss. The altar of public opinion will judge us if we just come here and sit, enjoy our salaries, and go home.

European nations have been dumping toxic waste in Africa. They hold some top government officials to ransom to ensure their poisonous waste, which they do not know where to dispose of, is brought to our nations.

Pharmacies sell medicines that have been banned in the developed nations. Why do they bring them to Africa? Farmers use toxic pesticides that are harmful to our health. They know very well that our health system is not yet at par with theirs. Why bring them into our countries when they have tried them and found out that they are poisonous? We want the suppliers of the poisonous pesticides to be named and shamed, and if there is a board that has been compromised, it should be disbanded because we are talking about endangering people. Our people must be protected and this House has the right Members to protect them. Those pesticides that Hon. Gladys Boss has already highlighted should be put in writing and doors knocked to say that they are killing us. I know she is a very good farmer because I have witnessed her farming. She is not talking out of theory; she is pragmatic. Why should we keep lamenting that cancer is killing us and that cancer is on the rise but lack the oomph to prevent it from spreading? We must name and shame the people who allow the supply of these pesticides today, if not now. If they are in big offices, they should be made to leave them.

We know very well that if we have the Cancer Fund in town, symptomatic patients will be detected in advance and when cancer is diagnosed early, it means it is not costly. It can be controlled at an early stage. Doctors know what they need to do to control or eliminate it. Actually, cancer can be healed if it is detected on time. But in Africa, cancer is only diagnosed or detected at a time when it has eaten up a person and the person is almost dying. Most people know that once they are told that they have cancer, it means that they are nearing the grave. We can do something about this. This nation at 60 years, and still counting, is not young and should not have teething issues of how. We have research being conducted at the University of Nairobi and other institutions. They can do it. Let us not think that the solution is somewhere in Europe or America; the solution is in our hands and this is the time to activate what we can do as a nation and stand tall.

We must prioritise health issues. We cannot be leading graves; we want to lead healthy people for a healthy nation makes wealth.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. Hon. George Koimburi, the Member for Juja.

Hon. George Koimburi (Juja, UDA): Asante sana Mhe. Spika wa Muda kwa kunipea nafasi hii ili nichangie jambo la ugonjwa wa cancer ambao umeleta shida katika taifa letu la Kenya. Ninaomba Waheshimiwa wenzangu tujaribu kuliangalia kwa undani zaidi kwa sababu mwenye ameleta Hoja hii aliongea juu ya Hazina inayoweza kutumika katika matibabu ya ugonjwa wa cancer.

Hili jambo ni la muhimu na lizungumziwe katika Jamhuri yetu ya Kenya kwa sababu watu wengi wameumia na kufilisika. Familia nyingi zimezorota. Watu wameuza mashamba, nyumba, na raslimali ambazo zingefaidi jamii zao. Kwa hivyo, ninaomba tuliangalie jambo hili tukiangazia sana pahali pesa hizi huwa zinaenda na tuhakikishe zinarudishwa kwa raia na zisaidie watu haswa kujenga hospitali na kupeana madawa ambayo yatasaidia kutibu ugonjwa wa cancer.

Asante sana Mhe. Spika wa muda.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Asante sana Mbunge wa Juja. Nafasi inayofuata inaenda kwa Mhe. Edith Nyenze, Mbunge wa Kitui Magharibi.

Hon. Edith Nyenze (Kitui West, WDM): Thank you Hon. Temporary Speaker for giving me this opportunity to also air my views on this Motion from our colleague Hon. Timothy on the establishment of the National Cancer Prevention and Control Fund to control and prevent cancer in the country.

This Motion is very important. Such a Fund should find its way into our Budget. We should budget for it so that we help our people. It is the responsibility of the Government to ensure that we have healthy people and a healthy nation. So, it is very important to have it factored in the Budget. A healthy nation will ensure that we are economically stable and our bodies are healthy and will go a long way in ensuring longevity of our people. This is a very important Motion in the prevention and control of cancer.

I also note that the Fund will be very important in educating Kenyans about cancer. Actually, it should be declared a national health disaster. My colleagues can bear me witness that it is one of the diseases which takes a lot of money and also affects very poor people who cannot even afford its treatment. Therefore, such a Fund would also come up with preventive measures and create awareness on how this disease can be controlled and managed. If it is true that some pesticides, chemicals, cosmetics and medicines imported from other countries find their way into our country and cause cancer. What is the Government doing about it? Where is the Kenya Bureau of Standards (KEBS)? Why do they not prevent such products from foreign countries which cause diseases from gaining entry into the country? I caution the Government to be very careful. If it is a proven fact that they cause cancer, we should do something to prevent them from getting into our country.

Hon. Temporary Speaker, sometimes I ask questions about cancer. They say that cancer is caused by weight gain or excessive weight; they say that cancer is caused by tobacco; that cancer is caused by alcohol, but sometimes I wonder because there are very thin people who do not eat meat but have cancer though they say that meat also causes cancer. You will find an active poor person who does not take meat and does not have excessive weight, and neither takes alcohol nor smokes tobacco has cancer. We should come up with some diagnosis that shows the exact causes of this disease. It is neither a disease for the rich nor for the poor; it is a disease for all. Though they say that weight gain contributes to cancer, I am not saying it does not, but I have seen many people who do not have excessive weight getting cancer. So, we should come up with the real causes of cancer, real preventive measures and create awareness to our people so that we know what to prevent. I am sure this disease has directly or indirectly affected almost every one of us in one way or the other. As I have said, we should declare this disease a national health disaster. Then, the Government should come up with measures of budgeting for this disease. Even Kenyans can contribute to this Fund. Maybe we could have awareness through cancer walks to contribute towards this Fund even if it is on an annual basis. Since all of us are affected, I am sure all Kenyans will be willing to even contribute to this Fund and ensure that this killer and horrifying disease is controlled and prevented. If possible, reduced in a big way.

With that, I support. Thank you.

Hon. Temporary Speaker (Hon. (Dr) Rachel Nyamai): Thank you very much, Member for Kitui West.

Before we go to Hon. Wamuchomba, I would like to welcome students seated in the Speaker's Gallery. They are St. Peters Kambura-ini Secondary School from Kieni Constituency, Nyeri County. Students, you are welcome to observe proceedings of the House.

(Applause)

Hon. Gathoni Wamuchomba, Member for Githunguri.

Hon. Gathoni Wamuchomba (Githunguri, UDA): Thank you for giving me an opportunity to surely support this wonderful Motion.

It is a meaningful Motion on behalf of the great people of Kenya because cancer has, indeed, been a menace in our households. Allow me to congratulate Hon. Timothy Toroitich for this wonderful Motion. I am sure the people who voted him in are proud to have a realistic

Member who is moving with the times and the needs of the people of his constituency. On behalf of all Members, Hon. Timothy Toroitich, thank you for filling the gap.

I receive about 10 cards inviting me to medical related fundraisers every time I am in my Githunguri Constituency. Fifty per cent of the cards I receive are fundraising for the sick, bedridden, hospitalised, dead and not released for burial. It is because of associated bills. Other cards are about people seeking treatment outside the country but cannot afford the bills demanded. Every single household in my constituency has such cases. Families are going bankrupt and selling ancestral land to cater for medication. My voters in the constituency are farmers. We concentrate on dairy farming. We use our dairy cows as assets. We have provided our pedigree cows as security in hospitals to cater for medical bills. It is emotionally challenging for a family to give out its cows, title deeds and logbooks to hospitals so that they take care of their ailing kin.

I am very excited about this idea of establishing the National Cancer Prevention and Control Fund. We cannot implement any intervention without money. I am also very keen to know what happens after we debate this Motion and probably create the Fund. Do we have a departmental sector within the Ministry of Health that strictly takes care of cancer? I mean diagnostics, investment and other activities around cancer.

Hon. Temporary Speaker, I come from a media and communication background. I have been very active for the last 24 years in this country. When I was on radio, I invested almost 50 per cent of my time speaking about malaria control during the late 90s and early 2000 up to about 2006. Every single morning we aired advertisements sensitising communities around the lake, central and eastern highlands on how to prevent malaria. We even created a department in the Ministry of Health called Department of Malaria Control (DoMC). That was a preventive intervention.

We have the money. We are supporting this Motion to raise money through the National Cancer Prevention and Control Fund. However, what preventive efforts are we going to put in place to have a complementary approach after we get the funds? We should control, fund and prevent. How do we prevent? Preventive medicine is cheaper than curative medicine. How do we prevent cancer in this country when we have made Kenya the dumping place of electronic wastes with very serious levels of lead, a metal associated with causing cancer? How do we control cancer yet we are still allowing fuel that is not purified enough into this country? It carries lead with it, a hard metal scientifically known to cause cancer. How do we control the spread of cancer when we are still allowing, into this country, pesticides banned in other jurisdictions because of the mess and hazards associated with such pesticides?

I travelled to Japan about a month ago. I had a discussion around our coffee with people who buy our coffee from Kenya. Sadly, they told me that they no longer buy coffee from Kenya and that our coffee was banned for the next three years, since 2020. This is because of impurities traced in our coffee and use of banned pesticides. I even got a list of pesticides banned in Japan but are currently in use in Kenya. They gave me a list of 127 pesticides allowed in Kenya. If we go to the Pest Control Products Board website, you will find over 300 pesticides that are allowed. The difference of those pesticides is what is making our coffee not to get market outside Kenya. We are the source, the conduits, and the problem. Even as we set up the National Cancer Prevention Control Fund, we must come up with complementary approaches to help us win the war against cancer like we did with malaria control and many other diseases that have been our problem and we have come up with a solution.

I support this Motion and pray that it is not going to die at that level. How I pray that you give direction on how to actualise the National Cancer Prevention and Control Fund through your honourable Chair. Thank you, Hon. Temporary Speaker.

Hon. Temporary Speaker (Hon. (Dr) Rachel Nyamai): Thank you, Member for Githunguri. Hon. Naomi Waqo, Member for Marsabit County.

Hon. Naomi Waqo (Marsabit County, UDA): Thank you very much for allowing me to add my voice to this very important Motion that has been brought to us by Hon. Timothy Toroitich. I also want to thank him for coming up with a Motion that is of concern to each one of us.

As many Hon. Members have said, cancer is a disease that is affecting us as a country, and has affected many families in a huge way. Some people have suffered by their family members being sick. Others have even lost two family members and you can imagine their stress. This is because it financially drains them and you can imagine what many families have gone through, especially those who have been affected in terms of having two ailing members of the family.

Before, we used to believe that cancer was a disease for old people but today, even a one-year-old baby or a six-months-old baby can get it. I have witnessed a child who was less than a year die of cancer. It was traumatising for the parents to sit there and take care of a sick child who was young, and could not even bear the pain. Families have been denied the opportunity to economically grow because of the confusion that this disease has brought into many homes.

I know that even here, many of us have either been affected or survived cancer. That is why, as the National Assembly, we need to give this Motion all the seriousness that it deserves. Cancer, as we all know, is said to be the third killer disease. But today, we can all agree that it is the first or the leading cause of death in Kenya.

When it comes to the leading cancers, we have women who have died, or are suffering from cervical cancer. Some have died because of breast cancer. Many children and grown-ups are suffering because of chronic leukaemia. Others are suffering from stomach cancer and you can name them. The moment you hear of cancer in your family, it brings a lot of problems because it drains people financially and thus poverty levels of our people have been increased due to the nature of treatment that this disease requires. That is why, we as the leaders need to come up with measures and ways in which cancer can be fully controlled. That is why an establishment of the National Cancer Prevention and Control Fund is something that we need to set up now, and if not now, let it be like yesterday.

It is good for us to advocate early screening of cancer and management in all the 47 counties. This is so that we minimise patients travelling outside the country in search of treatment. The people of Marsabit County, for example, travel for hundreds of kilometres to Nairobi, a distance of almost 700 kilometres in order to seek medication. But if we have cancer management centres in every county, and not only the buildings alone, but well equipped with doctors and experts on call, that can truly help the people and they would not need to travel far in search of treatment.

Today, many cancer patients do not even come to Nairobi for cancer treatment. Many of them travel all the way to India. We have hospitals in this country. Why then would our people travel all the way to India? It is because the expenses that one would incur in Kenya would be about three or four times that of India. This then means that there is need for us to review the cost of cancer treatment.

Proper research needs to be done in order to know the causes of cancer. People in my county suffer because of cancer while some have died. Nobody knows the cause. People blame eating of meat or animal products, others say it is because of the chemicals that we consume through food yet some of our people are not even exposed to chemicals. They live in natural and traditional way, and you wonder where and how they get this disease. Others say that it is because of the refrigerated food yet many of our people do not have even refrigerators in their homes. We need to invest in thorough research to find the cause. Again, there is need for us, as a country, to provide good medical care to the patients and the caregivers. Counselling to both the sick and the caregivers is something that we need to do.

One year ago, I lost my mom to cancer and it was very painful to watch her go through the chemo, pain and suffering. It is still very fresh in my mind. It is a disease that I would not want any other Kenyan to die of. It is a disease that I would not want to see any family suffer from or try to manage. As one of my colleagues has already said, we need to make it as a national disaster as it has claimed almost 32,000 or 40,000 people. In fact, the Mover of the Motion said about 90,000 to 100,000 die per year because of cancer. That can only be a national disaster. We are losing the young, old and even babies. We are calling upon the Government to pronounce this as a national disaster. The only thing that we, as a nation, can give to the people who are currently in hospitals, suffering and going through the pain of chemo, heavy medication, pain and trauma that they are going through, is to establish the National Cancer Prevention and Control Fund. This is so that the patients can know that we are thinking of their welfare, and are walking their journey with them even when they are sick on those beds.

There are families that have lost both their parents to cancer and children have been left orphaned. We need to come up with a special programme so that all the children orphaned as a result of cancer can be given special care. They also have fears that they might also die of the same disease, and that is why counselling is necessary. A special fund for them is also necessary so that they can be comforted even if their parents or one parent has died, who might happen to be the breadwinner. It would comfort them to know that they would get the necessary education so that their future can be secured. There is need for the Ministry of Health to come up with serious measures and way forward on this. This is so that people can get to know that as a country, they are taken care of.

I support this Motion. It is my prayer that very soon, this Fund will be established so that it can offer comfort and help to those who are already infected or affected by the disease.

Thank you very much.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Marsabit. Hon. Members, listening to various Members as they contributed, the Hon. Wamuchomba called upon the Speaker to guide on this matter. I have also heard other Members call upon for guidance on what needs to be done.

One, is to bring to your attention that there already exists an Act of Parliament, that is the Cancer Prevention and Control Act of 2022. It is important for the Mover of the Motion to check and find a way of bringing an amendment to this Act. I am sure you know what to do. We will be guided by the Clerk's office. We have a robust legal department that can assist you to ensure that all these matters being raised by Members are brought in as amendments. I hope that helps to guide the House and other Members who are going to contribute going forward.

Hon. Members, we will now go to the Coast and have the Member of Parliament for Magarini. I hope he is in the House. Hon. Harrison Kombe.

Hon. Harrison Kombe (Magarini, ODM): Ahsante, Mhe. Spika wa Muda kwa kunipa fursa hii kuchangia Hoja hii ya saratani.

Jibu la tiba ya saratani liko kwa Waafrika. Jamii ya Magharibi ni nzuri sana kwa kubuni matatizo, lakini sio kutoa suluhisho. Lakini jamii ya Afrika ina suluhisho. Tunaweza kulizuia na kulimudu suala hili la saratani. Ningependa kumshukuru ndugu Timothy kwa kuleta Hoja hii ya kuweza kubuni hazina maalum ambayo itashugulikia suala hili la saratani. Kwanza, Hazina hii itatusaidia kufanya utafiti. Vilevile, itasaidia wale ambao hawawezi kugharamia matibabu haya ya saratani. Saratani ni ugonjwa ambao unaweza kudhibitiwa kwa wakati unaofaa.

Shida kubwa ambayo tunayo sasa ni kwamba madaktari wetu hapa nchini sio warahisi wa kukuambia unaogua *cancer*; wanaogopa wakikuambia hivyo basi utaingiwa na hofu na mambo yakakuharibikia haraka kuliko kawaida. Ningependa kusema kuwa hofu ni ugonjwa ambao hata umeshinda saratani. Hofu inaweza kukuua kabla ya saratani. Zamani, Upungufu wa Kinga Mwilini (Ukimwi) ulipogunduliwa, mtu angeambiwa tu ako na HIV, basi tayari

ashakufa. Hivi leo ukiambiwa una saratani, basi utafikiria miezi sita baadaye utaenda kupumzika kaburini. Lakini si hivyo. Inastahili watu waambiwe mapema.

*(A Member crossed the Floor
without bowing to the Chair)*

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Excuse me. I would like to be assisted to identify the Member who has crossed from left all the way to the right.

Which Hon. Member is this? Is he a new Member in the House? I hope you are not going to cross back to where you were.

*(Hon. Temporary Speaker consulted
with the Clerks-at-the-Table)*

It is unfortunate that the Clerks-at-the-Table are also not able to identify him, but I would like to guide you as follows: if you want to cross, you have to go all the way to the end, bow and then you cross to the other side. I know we are still learning, but I encourage you to learn faster. It is one year down the line.

You may continue, Member of Parliament for Magarini.

Hon. Harrison Kombe (Magarini, ODM): Ahsante, Mhe. Spika wa Muda. Nilikuwa ninaelezea shida ambayo inatukumba. Kwanza, sio wahusika wengi hujitokeza kufanyiwa uchunguzi. Hii ni kwa ajili ya hofu ambayo imewekwa pale. Ukweli ni kwamba tunaweza kuzuia na kumudu ugonjwa huu wa saratani. Bunge hili limebahatika kwa sababu tuna mahali pa mazoezi. Kuna sehemu ya *reflexology*. Ni sehemu muhimu ambayo hata kama ugonjwa utakuandama siku chache zijazo, kwa njia ya *reflexology*, unaweza ukajulikana unaenda kuandamwa na ugonjwa upi. Saratani ya aina yeyote pia inaweza kugunduliwa hata kama inaanza saa hii kwa kutumia ile njia ya *reflexology*. Hivyo basi, ikiwezekana, katika mafunzo ya udaktari, *reflexology* iweze kujumuishwa kwa sababu ni kitengo muhimu ambacho kinasaidia kujua magonjwa ya aina mbalimbali. *Reflexology* inafanya kazi sawa na ile mashine ya *Magnetic Resonance Imaging* (MRI). Hivyo basi, ningehimiza wizara husika ihakikishe kwamba somo hili linafundishwa katika vyuo vyetu vya udaktari. Tukifanya hivyo tutaweza kusaidia jamii yetu kwa kukinga na pia kudhibiti ugonjwa huu wa saratani.

Kuna pia shirika la ubora wa bidhaa ambalo kwa sasa linatubwaga. Tunavyozungumza, asilimia sitini ya madawa yanayouzwa na kutumika hayafai kabisa. Ni asilimia arubaini tu ndiyo madawa ambayo yanaweza kutufaa kwa matumizi. Sitini hayafai na bado yanapatikana kwenye maduka ya kuuza madawa. Shirika hilo linafaa lipigwe msasa.

Kwa hayo mengi, ninasema ahsante tena.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Ahsante sana, Mbunge wa Magarini.

Hon. Members, I would like to find out whether the following Members are in the House because their names are appearing on the screen: Hon. Eric Muchangi, Member of Parliament for Runyenjes? Hon. Lilian Siyoi? Please remove those names from the screen. Hon. Anthony Wainaina? Out of the House? It seems they left their cards inserted. Hon. Josses Lelmengit, Hon. Wakili Muriu. Okay. Thank you very much.

Let us proceed to Hon. Joseph Emathe, Member of Parliament for Turkana Central.

Hon. Joseph Emathe (Turkana Central, UDA): Thank you, Hon. Temporary Speaker for this opportunity.

At the outset, I would like to thank Hon. Toroitich for bringing this Motion on the establishment of a Cancer Prevention and Control Fund. Cancer is one of the most contributing factors in our social economic growth; negative effects of cancer are what makes our economy

in one way or the other not to grow in a better trajectory. We are spending a lot of money at the household level to treat cancer. When we get into cancer statistics, you realise that it is one of the third highest causes of morbidity in the country. This contributes to 7 per cent of the deaths in Kenya.

I do not want to speak too much on this because my fellow Members have done so. The President was able to take the Cabinet Secretaries (CSs) through a contract signing process. And with the signing of contracts, it would be easier to account for funds if we are able to introduce the Cancer Prevention and Control Fund. This is because it will be easier to measure their performance on how the funds are utilised in the counties. It will also be easier for us to understand how much of our funds go into supporting cancer prevention and control. Therefore, when we say that we have a national institute of cancer...

(Hon. Dorice Donya crossed the Floor without bowing)

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Member for Kisii County, I know that you are still learning but when you entered the Chamber, you sat on the left, and while in the middle, you crossed the Floor to the other side. We do not do that here. I would like you, to walk back, bow and make a decision on which side of the aisle you want to be and walk there.

(Hon. Dorice Donya walked to the Bar and bowed to the Chair)

You may proceed, Hon. Member for Turkana Central.

Hon. Joseph Emathe (Turkana Central, UDA): What I wanted to mention is on the performance contracting and the introduction of the national institute of cancer to take charge of the fund. Once we introduce it, it will be very easier.

Lastly, is to ensure that this comes out as either an amendment to the existing Act or we provide for a regulation that will help us bankroll this Fund because it is a very important Fund that will help us, as a country.

Looking at the agony in terms of the emotional challenges the household is brought from about 60 per cent income to zero, and the dependants are left with too much agony, especially when the patient who was probably the household bread winner or the care giver dies...

Thank you. I support.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much Hon. Member for Turkana Central. Hon Francis Sigei, Member for Sotik Constituency.

Hon Francis Sigei (Sotik, UDA): Madam Temporary Speaker, I also want to thank you for giving me this opportunity to also contribute to this very important Motion.

At the outset, I want to thank my brother, Hon. Timothy Toroitich for bringing up this Motion. Hon Timothy Toroitich through the Chairperson, I would like to thank you. This Motion speaks to the people of Sotik because of the many funerals that I have been attending in my constituency. People have been asking me to talk about this issue in Parliament because it is the most prevalent disease in Sotik Constituency, and the entire Bomet County. The disease is costly, scary, devastating and terminal. This Motion has, therefore, come at the right time. I want to support the Member who said that he would like the Government to declare this disease a national disaster. By doing so, it would allow the Government to look for funds, as the sponsor of this Motion, Hon. Toroitich has mentioned.

We need money. This disease has brought abject poverty. People have sold land, cows and everything. The people who have died are both the poor and the rich. It does not know the age and the limit of whatever people have.

So, I would like to mention a number of things which I feel should be done. One, is public education. People should be enlightened more on the causes of this disease. From the debate that we have had today, it appears that nobody knows the causes of cancer and therefore, we need to look for the causes. We need experts to come on board and help us unravel this mystery. They should do research. The Government should also facilitate the research that is to be conducted. This House has a duty to really work on this issue.

Madam Temporary Speaker, I would like to talk about these pesticides and chemicals. Their fate is in the hands of this House. This House can make decisions, and call upon those who are responsible for allowing dangerous chemicals and pesticides into this country to resign.

We have a whole Departmental Committee on Health which can summon those who are concerned. The Minister for Health should come to this House and explain to us why they allow such chemicals into our country to kill our people. I also want this House to allocate more money so that this Government can be able to work on this disease.

I urge the Mover of this Motion to bring some amendments to this Act so that it can attract funds from the international community to assist us.

I also want to ask the Government to establish a cancer centre in every county so that people can get more information about this disease. I also know that we have few oncologists in this country.

Lastly, is the issue of vaccination and screening which are very important preventive measures, which if done early enough, can prevent this disease.

I would like to support this Motion and thank Hon Timothy Toroitich for bringing it. It is going to be one of the best Motions that I have ever seen in this House.

Thank you.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Sotik Constituency. Hon. Amina Mnyazi, Member for Malindi.

Hon. Amina Mnyazi (Malindi, ODM): Asante sana Mhe. Spika wa Muda. Kwa sababu ya wakati, nitazungumza kwa haraka.

Jambo la kwanza, ni kumshukuru ndugu yangu, Mhe. Timothy Toroitich kwa sababu hili swala la saratani, ni jambo ambalo linagusa kila Mkenya kwa njia moja au nyingine. Na ninapozungumza, ni jambo ambalo liko karibu sana na moyo wangu.

Ningependa kuunga mkono hii Hoja. Kwa kweli, tunafaa kuweka kitita cha hazina, ili sisi kama Wakenya, tuweze kujikinga na kudhibiti ugonjwa wa Saratani maana, ni jambo ambalo litaweza kutusaidia mahali pakubwa sana.

Nchi ilipokuwa ikipambana na janga la *Tuberculosis* (TB), malaria na UKIMWI, Serikali iliingazia hayo magonjwa kwa undani zaidi na sasa ni wakati wa janga la saratani liweze kuangaziwa pia.

Pale Malindi, kuna watu wengi ambao wako na huu ugonjwa wa saratani. Nimeweza kuwasaidia kwa njia tofauti lakini ni vizuri tuweze kuweka vichwa vyetu pamoja ili tuzidi kusaidia watu wetu.

Jambo la kwanza, hata mbali na hizi pesa, sisi kama Wabunge na Serikali, lazima tuwawezeshe madaktari wetu zaidi. Tunafaa pia kuwahimiza watoto wetu kusomea huu ugonjwa, *oncology* ili wasikuwe wachache. Tunafaa pia kuwaelimisha watu wetu kuhusu huu ugonjwa wa saratani ndio wapate ujuzi utakaowasaidia kujua jinsi ya kushinda huu ugonjwa. Tusomeshe watu wetu kuhusu ugonjwa wa saratani ndipo tupate madaktari wengi ambao wanaweza kutusaidia kwa upande wa saratani.

Wagonjwa wa UKIMWI, kwa mfano, wanapewa madawa na vyakula na Serikali. Ni muhimu tuwasaidie wale walio na ugonjwa wa saratani kupata madawa na vyakula ili waweze kujisaidia katika hali yao.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Amina Mnyazi will have a balance of three minutes when this debate is put on the Order Paper, after which the Mover will be called upon to reply.

ADJOURNMENT

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Members, the time being 1.00 p.m., the House stands adjourned until this afternoon at 2.30 p.m.
Thank you.

The House rose at 1.00 p.m.

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