

MODEL LEGISLATIVE FRAMEWORK

ON
COMMUNITY HEALTH WORKERS TRAINING,
REGISTRATION, LICENSING AND
(FINANCING)





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MODEL LEGISLATIVE FRAMEWORK ON COMMUNITY
HEALTH WORKERS
TRAINING, REGISTRATION AND
LICENSING AND {FINANCING) –)
BILL 20.....

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FOREWORD



Ensuring primary health care is available and accessible to all has been a priority for health systems around the world since the Alma-Ata Declaration of 1978. As new targets focused on championing Universal Health Coverage (UHC) continue to be set globally, there is a growing consensus among health leaders on the need to invest in strengthening health systems with particular emphasis on community health worker-based primary healthcare to ensure adequate preparedness against future epidemics.

Community Health Workers (CHW) played an important role in increasing access to health services during the Millennium Development Goals (MDG) era especially for the health-related goals 4, 5 and 6 on reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases respectively. In recent years, the health worker crisis, especially in Sub Saharan Africa has triggered a renewed interest in CHWs owing to their potential to relieve the workload of professional health workers particularly in scaling up antiretroviral therapy for

those affected with HIV/AIDS. The crisis is especially acute in rural and marginalized areas where 80% of the population has been affected.

Amref Health Africa strongly believes that CHWs are the most affordable and available category of human resources for health in Africa and that their role is crucial for the attainment of health-related Sustainable Development Goals (SDGs). Hence, there is a need to mainstream CHWs into the health system and to re-orient mid-level health workers in community-based approaches to enable them to supervise CHWs effectively.

SDG 3 calls for measures that go beyond increasing access and improving the quality of care. The goal calls on governments “to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries”. Furthermore, the World Health Organization (WHO) recommends providing paid CHWs with a written agreement specifying roles and responsibilities, working conditions, remuneration and workers’ rights, yet many countries in Africa still lack a legislative bill that provides guidance on how CHWs will be engaged and remunerated.

Amref Health Africa is thus advocating for the integration of qualified CHWs into the health workforce including the development of new strategies to enable them to contribute more effectively to improved health outcomes. The Amref regional context of the Health Systems Advocacy Partnership (HSAP) through the global CHW campaign launched in 2017 is addressing among other things, the lack of regional policies supporting CHW recognition and remuneration and seeks to empower and partner with Civil Society Organizations (CSOs) to advocate for the recognition and remuneration of CHWs. The campaign is lobbying for CHW legislation through the development of a model legislative bill that can be adapted by regional or intergovernmental bodies, national governments, civil society organizations and other HSA partners.

Development of The Model Legislative Bill for CHWs has borrowed heavily from the WHO CHW Guidelines on Health Policy and Systems Support to optimize community health worker programmes (2018), Ministry of Health (MOH) focal persons from different countries and a host of other sub regional bodies and CSOs. The model legislation will serve as a legal framework and provide clarity in the roles and responsibilities assigned to CHWs in the Health sector and promote and strengthen service delivery at the Community level.

A handwritten signature in black ink, appearing to read 'Githinji Gitahi', with a large, stylized flourish at the end.

Dr. Githinji Gitahi
Group Chief Executive Officer
Amref Health Africa

ACKNOWLEDGEMENT



Developing this model legislation has been a monumental undertaking with the objective of ensuring that CHWs are mainstreamed (recognized and remunerated) into the formal health workforce in Sub saharan Africa. This task has required the input, collaboration, and support from an array of stakeholders brought together by Amref Health Africa's vision of lasting health change and the CHW Campaign to make CHWs accessible to everyone everywhere.

The Model Legislation has been developed by Amref Health Africa, the Ministry of Health in different countries, development partners, sub regional bodies, non-governmental organizations (NGOs), civil society organizations (CSOs), faith based organizations (FBOs).

Amref Health Africa is thankful for and recognizes the contributions of Commissioner Winfred Lichuma, the facilitator for leading the process and putting the participants views into this draft bill. We appreciate the regional HSAP team led by Prof (Dr) Joachim Osur and Dona Anyona and all HSAP Country Managers and staff of the 5 countries; Kenya, Zambia, Malawi, Uganda and Tanzania for providing valuable inputs to the development of the legislation. In addition, Amref Health Africa is thankful to Hon. Fatuma Ndagiza Chairperson of the legal and Rights committee of East Africa Legislative Assembly (EALA) and Bennett Jack Adolphus with Gcinile Buthelezi from the Ministry of Health South Africa, Dr Jairos Hiliza of Ministry of Health Tanzania, Doreen Namagetsi Ali and Wanga Zulu Ministry of Health Zambia, Dr Jesca Nsungwa, Ministry of Health Uganda and Benson Phiri from Malawi.

Finally we acknowledge the Dutch Ministry of Foreign Affairs for their Financial support through the HSAP. To all we say thank you so much.

A handwritten signature in black ink, appearing to be 'Joachim Osur', written in a cursive style.

Prof. Joachim Osur
Technical Director for Programmes at Amref Health Africa
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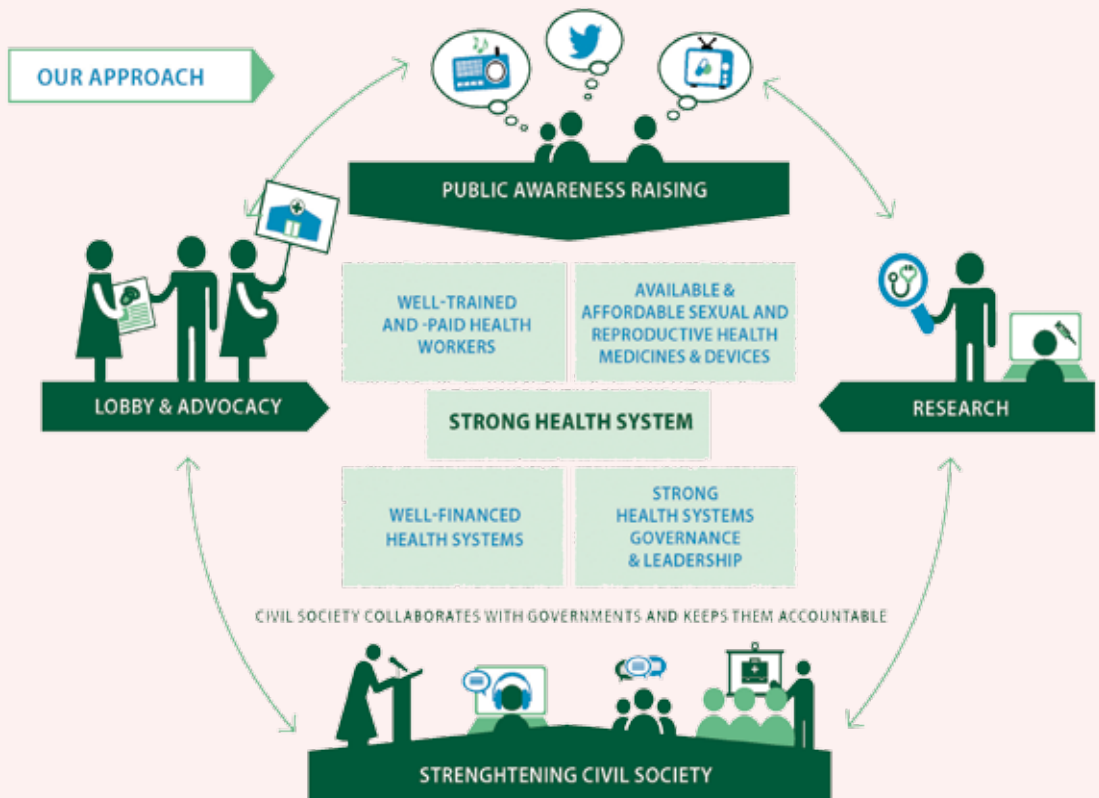
MODEL LEGISLATIVE FRAMEWORK ON COMMUNITY HEALTH WORKERS TRAINING, REGISTRATION AND LICENSING AND {FINANCING) –)

BILL 20.....

OR

(AMENDMENT TO EXISTING LAW) - COMMUNITY HEALTH SYSTEM
(TRAINING, REGISTRATION, LICENSING AND PRACTICE)

AS AN AMENDMENT OF PUBLIC HEALTH ACT OF OR OTHER EXISTING LAW OF
20....



DEVELOPED BY AMREF HEALTH AFRICA WITH PARTNERS

AMREF HEALTH AFRICA PROPOSAL TO DRAFT COMMUNITY HEALTH WORKERS (CHWS) LEGAL FRAMEWORK

Why the proposed Community Health Workers (CHWs) law?

There exist inequalities and inequities and challenges that face CHWs and therefore the need to have a legal framework to promote management of service delivery for CHWs and integrate them in the Primary Health Care services at the Community level. These will help harmonize existing health care services, policies and regulations to achieve quality health care at the community Level aimed at achieving Universal Health Coverage by 2030.

In 2018, the World Health Organization issued Practice Guidelines titled 'Health Policy and System support to optimize Community Health Worker Programmes' aimed at guiding countries to acknowledge CHWs as a vital component of primary health care and that there is compelling evidence demonstrating the invaluable contribution made by CHWs in delivering basic and essential primary health care services. That investing in CHWs confers value for money and the urgent need to recognize, integrate, support and reward the crucial role they play. Further that improving the working and living conditions of CHWs will make progress toward Universal Health Coverage and achieving the Health targets of the Sustainable Development Goals (SDGs)

Notable challenges CHWs in Africa experience include the following

- a) Limited linkages of CHWs role and that of other community based resources.
- b) Unclear working relationship between CHWs and formal Health Care workers for example nurses, midwives, pharmacists etc.
- c) Lack of scheme of service for CHWs including uncoordinated training of individuals designated as CHWs hired as volunteers without remuneration.
- d) Poor coordination of services offered by CHWs.
- e) Inadequate continuous skill development for CHWs.
- f) Weak referral systems.
- g) Unstructured skill development for the CHWs.
- h) Inadequate platform for community engagement in matters of Health.
- i) Non recognition of CHWs in Health Policy documents
- j) Lack of a regulatory body to effectively monitor and manage the CHWs practice.

The Purpose of the law

The Bill seeks to harmonize and regulate the services offered by Community Health Workers (CHWs) and align the same to existing policy and legal frameworks to promote accessible health care services for all. Most African Countries promote the existence of CHWs through policy frameworks that have failed to provide for adequate compensation for the services rendered by CHWs.

It is considered that a legal regime will make countries to review their policy frameworks with a view of working around common understanding on the selection, training, registration, licensing and financing existence of CHWs and align their existence to the existing health operations in countries.

THEFORE the bill intends to do the following:-

- a) Provide a framework for the protection and advancement of the services offered by CHWs.
- b) Promote recognition of regulated training and award of scheme of service for CHWs in line with their entry level in the health service provision.
- c) Acknowledge and clarify the role CHWs play and streamline their role especially in referrals from the health service and from the consumers at the community level.
- d) Promote establishment and regulation and foster development of common measures in terms of training, regulation, career progression and entry levels.

How to use the model legislation

The model legislation is put together through extensive consultations with key stakeholders from State and non-State actors with expertise in the subject matter from Kenya, Malawi, Zambia, Uganda and Tanzania. Views were also received from the East Africa Legislative Assembly and representatives from Ministry of Health South Africa.

In using the model legislation, countries may either

- a) Adopt and Adapt the proposed draft model legislation as a stand alone law and introduce it in parliament for enactments or
- b) Using the proposed model draft seek to amend existing Public Health laws or its equivalent as appropriate to provide for integration of CHWs in already existing regulatory system.

NOTE:

The draft has in some paragraphs intentionally used OR to guide the countries opt for the most preferred language in terms of drafting new legislation or adopting/reviewing and or amending existing laws.

THE MODEL LEGISLATIVE FRAMEWORK ON COMMUNITY HEALTH WORKERS (TRAINING, REGISTRATION AND LICENSING AND {FINANCING) –OPTIONAL) BILL 20.....)

OR

**(AMENDMENT TO EXISTING LAW)-COMMUNITY HEALTH SYSTEM (TRAINING, REGISTRATION,
LICENSING AND PRACTICE) AS AN AMENDMENT OF PUBLIC HEALTH ACT OF OR OTH-
ER EXISTING LAW OF 20....**

PREAMBLE

The object of this bill is to provide for a legal framework to promote the existence of Community Health Workers (CHWs) and to provide for clarity in the role and responsibilities assigned to CHWs in the Health sector and to promote and strengthen service delivery at the Community level. The law will regulate training, certification and registration and set minimum qualifications and standards and working conditions for the CHWs.

OR

{The object of this amendment is to review the Public Health Act of ----- or any other relevant law (name it) of to provide for a legal framework to promote the existence of Community Health System and to provide for clarity in the role and responsibilities assigned to Community Health Workers (CHW) in the Health sector and to promote and strengthen service delivery at the Community level. The law will regulate the training, certification and registration and set minimum qualifications and standards and working conditions for the CHWs}

The need for the law stems from the realization that there is inconsistency in country support of CHWs and there has been reluctance to integrate them into health care systems of African countries. These impede recognition of realization of the potential contribution made by the CHWs in the context of primary health care provisions.

Clause

Part 1-Preliminary Provisions

- 1) Short Title and Commencement
- 2) Interpretation
- 3) Objects of the Act

Part 11-Community Health Workers

- 4) Role of Community Health Workers

Part III-The Regulatory Body

- | | |
|---|-----------------------------|
| 5) Community Health Workers Council / | Regulatory Committee / Body |
| 6) Function of the Council / Regulatory | Committee/Body |
| 7) Powers of the Council / Regulatory | Committee/Body |

Part IV-Training and Registration of CHWs

- 8) Approved Training Institutions
- 9) Supervision
- 10) The Registrar
- 11) Persons Eligible to be Registered
- 12) Application for Registration

- 13) The Register/Database
- 14) Appeals
- 15) Offences Related to Registration
- 16) Removal from Register
- 17) Application for Practice Certificate
- 18) Renewal, Cancellation of Practice certificate

Part V Discipline

- 19) Disciplinary Committee
- 20) Functions of Disciplinary Committee
- 21) Disciplinary measures
- 22) Lifting of the Suspension
- 23) Restoration of the name in the Register
- 24) Funds to Support Implementation

Part VI Miscellaneous

- 25) Certificates
- 26) General Penalty
- 27) Regulation

It is considered that a legal regime will make countries to review their policy frameworks with a view of working around common understanding on the election, training, registration, licensing and financing existence of CHWs and align their existence to the existing health operations in countries.



A Bill For

[Insert appropriate Title of the bill]

An Act of parliament to provide for the integration of Community Health Workers (CHWs) into formal health care system in terms of training, employment, career progression and improve the quality and cultural diversity for the delivery of health services and address social determinants of health with a goal towards standardizations of Community Health Workers roles and functions; and connected purposes.

PART I-PRELIMINARY

Clause	Title	Provision
1	Short Title	<p>This Act may be cited as the Community Health Workers Training, Registration, Licensing and {Financing} Bill 20.....</p> <p>OR</p> <p>(Amendment To Existing Law)</p> <p>Community Health System (Training, Registration, Licensing and Practice) As An Amendment Of Public Health Act of Or</p> <p>Other Existing Law Of the year</p>
2	Interpretation	<p>In this Act, unless the context otherwise requires: -</p> <p>Approved training institution means an institution for the training of persons seeking registration under this law, which has been declared by notice in the government gazette to be so approved by the Minister of Health/Or equivalent in collaboration with relevant regulatory body.</p> <p>Certification by the Council means certification for registration of Community Health Workers on taking and passing the council examination for competency.</p> <p>Community Health Worker (CHW) is a female and/or male individual chosen by community and trained to address health issues of individuals and communities in their respective localities, working in close relationship with health facilities. A CHW acts as a catalyst and a change agent to enable people to take control and responsibility for their own health.</p> <p>OR</p> <p>Community health worker is a male or female member of a community and provides health education, support and assistance to communities, families and individuals with preventive health measures and gaining access to appropriate curative health and social services and referrals for a wide range of services. A CHW creates a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services.</p>

Clause	Title	Provision
		<p>Community health refers to a basic package of preventive, promotive, curative, rehabilitative, and surveillance health services delivered in rural and urban communities with the participation of people who live there. This package of services consists of the community components of the Essential Health Package.</p> <p>Community Health Workers Council means the regulatory body established under this Act.</p> <p>Health Institution means a hospital, nursing home, maternity home, health center, dispensary or other institution where health or Medical services are rendered, either free or on payment of fees.</p> <p>Integration means the coordinated delivery of multiple health interventions as well as interventions from other sectors that improve health outcomes. CHWs will deliver the package of community health services through integration at the point of care.</p> <p>Licence means a permit/ certificate of competence to serve as CHW granted under this Act.</p> <p>OR</p> <p>License means a license to serve as CHW granted under existing relevant Acts.</p> <p>Ministry responsible for Health means the Government ministry designated to deal with matters of Health.</p> <p>Regulatory body refers to existing Professional Councils/body for various cadres and disciplines of health care workers under relevant Acts.</p> <p>Regulatory Committee means a Community Health Workers regulatory committee established under this Act;</p> <p>Register means a book of record of Community Health Workers maintained as per this Act.</p> <p>OR</p> <p>Register means the register of Community Health Workers maintained as per respective Professional Councils.</p>

Clause	Title	Provision
3	Objects of the Act	<p>a) Provide for selection, training, certification, registration, licensing and recruitment and remuneration of CHWs for purposes of practice;</p> <p>b) Provide a legal framework for the protection and advancement of the services offered by CHWs;</p> <p>c) Provide for recognition and establishment of the scheme of service for community health workers;</p> <p>d) Promote and enforce the role CHWs play in health service delivery at the community level;</p> <p>e) Acknowledge and clarify the role CHWs play and streamline their role especially in referrals from the health service and from the consumers at the community level and</p> <p>f) Promote establishment and regulation to foster development of common measures in terms of training, regulation, career progression and entry levels).</p>

Part II THE COMMUNITY HEALTH WORKERS

4	Role of Community Health Workers (CHWs)	<p>The CHWs will provide preventive, disease surveillance, promotive, curative and rehabilitative community services as stipulated in their job descriptions and scope of practice. Specifically they will:</p> <p>{Choose as appropriate}</p> <ul style="list-style-type: none"> • Provide referral services to appropriate health service facilities and other social welfare services; • Provide evidence-based health guidance and assistance to community residents; • Identify and refer individuals to health and human services programs; • Integrate and support progress in the patient's care plan and overall patient wellness; • Conduct home visits and outreach services and sensitize the communities on uptake of quality health services; • Provide evidence-based health guidance and assistance to community residents; • Collect, compile, and document community demographics, community health data, including monitor for potential outbreaks; • Integrate and support progress in the patient's care plan and overall patient wellness;
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Clause	Title	Provision
		<ul style="list-style-type: none"> • Provide care, support, follow-up, and health education in community settings on health matters; • Follow the implementation of the full Community Health Based Program and • Actively participate in village health Committees meetings to update them on the health issues of their respective communities.

PART III THE REGULATORY BODY

5	Community Health Workers Council/Regulatory committee/Body	<p>a) There is established the Community Health Workers Council;</p> <p>b) The Council shall be a body corporate with perpetual succession and shall in its corporate name be capable of:-</p> <p>(i) Suing and being sued;</p> <p>(ii) Entering into contracts;</p> <p>(iii) Holding charging and disposing of movable and immovable property.</p> <p>Performing such duties that are lawful under this Act.</p> <p>c) The Council shall consist of 5 members who shall be appointed by the Minister responsible for health and shall serve for a period of three years and eligible for renewal once;</p> <p>d) The membership shall ensure that not more than two thirds of members are from one gender;</p> <p>OR</p> <p>a) There is established a regulatory committee under made up of identified representative from Ministry of health;</p> <p>b) The membership of the regulatory committee shall be appointed by the DPS /responsible minister [Indicate as appropriate] and</p> <p>OR</p> <p>CHW shall be regulated by designated existing regulatory body under relevant Acts as amended where necessary and shall comply with the requirement of gender balance.</p>
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Clause	Title	Provision
6	Functions of the Council/ Regulatory committee/Body	<p>{Select as appropriate}</p> <ul style="list-style-type: none"> a) In consultation with approved institutions approve the curriculum for training the CHWs; b) Prescribe the minimum education entry requirements for the CHWs training; c) Provide certification to the CHWs who complete and are eligible for practice; d) Regulate and approve Institutions to offer the CHWs high quality Training; e) Licence and regulate the Practice of CHWs; f) Maintain an updated register for CHWs; g) Establish and maintain professional code for all the registered CHWs; h) Set up the Disciplinary Committee and regulate its operations; i) Cause to be published in the official Government Gazette the list of all CHWs practitioners; j) In consultation with the Minister responsible for Health, establish the CHWs cadre within the health service and set their remuneration package and career progression; k) Undertake any other matters relevant to the provision of the Act and <p>OR</p> <p>Functions designated by existing regulatory body shall be amended where necessary to include CHWs functions as appropriate.</p>
7	Powers of the Council/ Regulatory committee/Body	<p>The Council/Regulatory Committee/Body shall have all the powers necessary for effective performance of its function</p> <ul style="list-style-type: none"> a) Control, supervise and administer assets of the Council/Regulatory committee/Body; b) Manage the budget of the Council/Regulatory committee/Body; c) Receive any grants on behalf of the Council/Regulatory committee/Body; d) Operate an account of behalf of the Council/Regulatory committee/Body; e) Provide guidance to CHWs in the participation of activities such as research; f) Work with other organisation/institutions in furtherance of its mandate and <p>OR</p> <p>Designated existing regulatory body shall be vested with powers provided for in Part of the Public Health Act or {any other law-Insert as appropriate} as amended in and in accordance with relevant Acts.</p>

Clause	Title	Provision
PART IV TRAINING AND REGISTRATION OF CHWs		
8	Approved Training Institutions	<p>Minister of Health/Cabinet Secretary or [their equivalent {State}]</p> <ol style="list-style-type: none"> a) Shall in consultation with relevant regulatory body issue guidelines on the minimum qualification requirement for entry into training as CHWs; b) Shall approve training curriculum and accredit institutions to offer training for CHWs; c) Shall regulate the course curriculum with the relevant identified institutions; d) It shall be an offence for any other institution not accredited to purport to train CHWs; e) Any institution wishing to conduct the CHWs training will apply for accreditation and approval to the Ministry of Health and f) Training institutions will issue accredited certificate of qualification for registration to any person who completes the certified course under this Act. <p>A person or institution who contravenes the requirements above commits an offence liable to fine not exceeding(Insert Amount as appropriate</p>
9	Supervision	<p>The Ministry responsible for Health/Relevant Regulatory body shall offer supervisory role to ensure the training offered meets the minimum requirement and it is sufficient to guarantee the holder the required knowledge and skills to undertake the role of CHWs provided herein.</p>
10	The Registrar	<p>There shall be established the Chief Community Health Worker Officer who shall be the Registrar of the Council/Regulatory Body/Committee and shall perform the duties as prescribed by this Act.</p> <p>OR</p> <p>There shall be established a focal person who will act as the Chief Community Health Worker Officer who shall be the Registrar of the Council and shall perform the duties as prescribed by this Act.</p> <p>OR</p> <p>The Registrars of the relevant regulatory body shall perform the duties as prescribed by the Acts of the respective regulatory body and as amended where necessary.</p>

Clause	Title	Provision
11	Persons Eligible to be registered	Subject to the provision of this Act, a person who has undertaken the certified training and hold the certificate shall be eligible for registration.
12	Application for Registration	<p>A person who has passed examination in the approved training institutions shall apply to the relevant regulatory body for registration.</p> <p>The relevant regulatory body may deny registration to a person who does not meet the set criteria.</p> <p>The relevant regulatory body shall provide guidance on the procedure for application including payment of prescribed fees.</p>
13	The Register/Data base	<p>The office of the Registrar of relevant regulatory body shall keep a register of all registered CHWs, which shall be updated periodically.</p> <p>The relevant regulatory body may give directions on deletion or amendment to the register.</p> <p>It is the responsibility of every registered person to notify the registrar of any changes in their registration particulars.</p>
14	Appeals	The person denied registration may appeal to relevant regulatory body within 90 days of notification of the denial.
15	Offences related to Registration	<p>a) No person shall be engaged as a CHW without registration;</p> <p>b) A person who practices without registration shall be deemed to have committed an offence and is liable to fine of(Insert Amount as appropriate within the country fines regime) or imprisonment for a period of</p> <p>c) No individual or institution should engage any CHW not registered under this Act;</p> <p>d) Any persons who engages unregistered person under this Act commits an offence and is liable to a fine of(Insert Amount as appropriate) or imprisonment for a period ofyears(Insert as appropriate).</p>
16	Removal from Register	<p>The registrar of relevant regulatory body shall remove from the list of registered members the following:</p> <p>a) Deceased persons;</p> <p>b) Those recommended for removal by the council for contravening the practice rules and</p> <p>The registrar shall cause the list of names to be published in the official gazette notice.</p>

Clause	Title	Provision
17	Application for Practice Certificate or Certificate of competence	<p>A person who qualifies under this Act shall apply in a prescribed form to the relevant Registrars to be issued with a practicing certificate as a CHW.</p> <p>The practice licence shall be renewed annually on payment of prescribed fees.</p> <p>The relevant regulatory body shall issue the practice certificate within 60 days upon application.</p>
18	Renewal, cancellation of practice certificate	<p>The relevant regulatory body shall issue and date the renewal practice which shall be due for renewal on the date of expiry unless the applicants name has been removed from the register.</p> <p>If a CHW commits any breach that is subjected to disciplinary action, the relevant regulatory body may consider and commence removal proceedings. The Members will be given an opportunity to defend themselves.</p>

PART V DISCIPLINE

19	Disciplinary Committee	<p>The relevant regulatory body shall deal with all matters of misconduct by the CHWs.</p> <p>The relevant regulatory body will determine the membership and quorum of the disciplinary committee.</p> <p>The relevant regulatory body will refer disciplinary complaints to the committee. The matters referred will include allegations of negligence and professional misconduct and conviction in a criminal matter.</p>
20	Functions of Disciplinary Committee	<p>The Committee shall inquire into the complaints and make recommendations to the Council accordingly.</p>
21	Procedure of the Committee	<p>The complainant and the CHW subject of the complaint will be afforded an opportunity to appear in person before the Committee. The committee will make its recommendations to the relevant regulatory body.</p> <p>The committee will regulate their procedure in the proceedings</p>
22	Disciplinary Measures	<p>On the recommendation of the Committee, the Regulatory body/ Committee may</p> <ol style="list-style-type: none"> Issue a letter of warning; Suspend the member's registration for a period specified but not exceeding one year; Suspend, withdraw or cancel the practice certificate.

Clause	Title	Provision
		<ul style="list-style-type: none"> d) Impose a fine; e) Remove the name of the subject from the register; f) Withdraw Certificate of practice if the subject suffers from ill health that cannot allow them to effectively practice and g) A CHW who is aggrieved by the decision of the relevant regulatory body may appeal to the High Court within 60 days from date of decision.
23	Lifting of the Suspension	A CHW may be reinstated to the practice after lifting of the suspension after expiry of the period of suspension.
24	Restoration (Reinstatement after suspension) of name in the register	The relevant regulatory body will cause the name of the CHW to be restored back to the register upon payment of a prescribed fee.
25	Funds to support implementation	<p>The Government will allocate resources through the Ministry responsible for Health towards implementing this Act. These include:</p> <ul style="list-style-type: none"> a) Payment of salaries and allowances; b) Funding research and training and <p>Any other requirement approved by the relevant regulatory body through its annual budget.</p>

PART VI MISCELLANEOUS

26	Certificates	<ul style="list-style-type: none"> a) A certificate under the seal of the relevant regulatory body to the effect of registration is conclusive evidence of the facts stated. b) All certificates under the seal of the relevant regulatory body shall remain the property of the relevant regulatory body.
27	General Penalty	A person convicted of an offence under this Act for which penalty is not provided shall on conviction be liable to a fine of ...(Insert as appropriate) or imprisonment for a term not exceeding three years...(Insert as appropriate).
28	Regulations	The relevant regulatory body may with approval of the Minister of Health make regulations for implementation of this Part of the Act.



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