(Legislative Supplement No. 35)

LEGAL NOTICE NO. 77

THE DIGITAL HEALTH ACT

(No. 15 *of* 2023*)*

THE DIGITAL HEALTH (DATA EXCHANGE COMPONENT) REGULATIONS, 2025

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THE DIGITAL HEALTH ACT

(No. 15 *of* 2023*)*

IN EXERCISE of the powers conferred by section 60(d) of the Digital Health Act, 2023, the Cabinet Secretary for Health, in consultation with the Digital Health Agency and the county governments, makes the following Regulations—

THE DIGITAL HEALTH (DATA EXCHANGE COMPONENT) REGULATIONS, 2025

PART I—PRELIMINARY

Citation.

1. These Regulations may be cited as the Digital Health (Data Exchange Component) Regulations, 2025.

Interpretation.

2. In these Regulations, unless the context otherwise requires—

"Act" means the Digital Health Act, 2023; No. 15 of 2023.

"Agency" means the Digital Health Agency established under section 5 of the Act;

"aggregate health data" means health data consolidated and stored in a central system;

"Board" means the Board of Directors of the Agency constituted under section 8 of the Act;

"data exchange" means a secure sharing of health data between health providers, systems and institutions promoting coordinated healthcare in a secure manner;

"data processor" means a natural or legal person, public authority, agency or other body which processes personal data on behalf of the data controller;

"digital health solution" includes a digital health application, intervention, initiative, digital health technology, infrastructure, telehealth systems, electronic health information systems and provision of education and training support for e-Health initiatives;

"enterprise service bus" means an architectural pattern whereby a centralized software component performs integrations between applications; transformations of data models, handles connectivity, message routing, converts communication protocols and potentially manages the composition of multiple requests and may make these integrations and transformations available as a service interface for reuse by new applications;

"health data" means data related to the state of physical or mental health of the data subject and includes records regarding the past, present or future state of the health, data collected in the course of registration for or provision of health services or data which associates the data subject to the provision of specific health services;

"health worker registry" means the registry established and maintained in accordance with regulation 16;

"Office of the Data Protection Commissioner" means the office of the Data Protection Commissioner established under section 5 of the Data Protection Act; Cap. 411C.

"shared health record" means a digital record of a patient's health information that is shared between health care providers;

"shared resources" includes the national health data dictionary, client registry, facility registry, health worker registry, the Kenya Health Enterprise Architecture, product catalogue, interoperability layer, logistics management information services, shared health records, health management information services, and finance and insurance services;

"telemedicine health provider" means a healthcare worker who is qualified, registered and licensed to practice in Kenya and who provides telemedicine services;

"telemedicine platform" means the technology infrastructure, services and support that enables the provision of healthcare services and sharing of medical knowledge over distance using telecommunications; and

"unauthorized access" includes the illegitimate and unsanctioned entry, retrieval and processing of data within a system by an individual or an entity that has not been granted explicit permission and privileges by a health data controller.

3. The object of these Regulations is to provide for— Object of the Regulations.

(a) establishment and implementation of the data exchange component of the System; and

(b) exchange of health information within the System.

PART II – ENTERPRISE SERVICE BUS

4. (1) Pursuant to section 16(a) of the Act, the Information and Communication Technology environment of the System shall include an enterprise service bus. Enterprise service bus.

(2) The enterprise service bus shall—

(a) route messages between certified digital health solutions;

(b) monitor and control the routing of exchange of messages between certified digital health solutions;

(c) control onboarding and versioning of certified digital health solutions;

(d) monitor and eliminate redundant services; and

(e) provide common services including—

(i) event handling;

(ii) data transformation and mapping;

(iii) message and event queuing and sequencing;

(iv) security or exception handling; and

(v) protocol conversion.

Onboarding onto the enterprise service bus.

5. (1) The Agency shall upon an application specified under regulation 6, onboard a health data controller as a user in the enterprise service bus.

(2) A health data controller who was using or managing health data using a digital health solution shall be onboarded into the System within six months from the date of publication of these Regulations.

(3) The Agency shall use a portal for purposes of onboarding health data controllers to the enterprise service bus.

Application for onboarding to the enterprise service bus.

6. (1) An application for onboarding as a user of the enterprise service bus shall be made to the Agency in Form DE 1 set out in the First Schedule

(2) An application under subregulation (1) shall be accompanied by—

(a) the particulars of a health data controller of a digital health solution including proof of registration with the Office of the Data Protection Commissioner;

(b) a data protection impact assessment report for the digital health solution;

(c) particulars of the organization of the health data controller;

(d) particulars of the developer of the digital health solution;

(e) particulars of the digital health solution being onboarded;

(f) a valid certificate of compliance issued upon the certification of the digital health solution; and

(g) proof of payment of the onboarding fees specified in the Third Schedule.

(3) The Agency shall not onboard a health data controller onto the enterprise service bus unless the health data controller has a certified digital health solution.

(4) Upon receipt of an application under subregulation (1), the Agency shall review the application and notify the applicant of the outcome of the review within fourteen days from the date of the application.

(5) Where an application under subregulation (1) is approved, the Agency shall issue an enterprise user licence to the applicant and give user access to the enterprise service bus to a health data controller by providing the health data controller with—

(a) an internet address and ports;

(b) an application programming interface endpoint; and

(c) authentication and authorization protocols.

(6) The enterprise user licence issued to a health data controller under subregulation (5) shall be valid for a period of one year from the date of issue.

(7) A health data controller may apply for a renewal of an enterprise user licence following the expiry of the enterprise user licence.

Review and appeal.

7. (1) An applicant dissatisfied with the decision of the Agency in relation to onboarding to the enterprise service bus may within seven days from the date of the decision of the Agency, apply to the Agency for a review.

(2) A person aggrieved by the decision of the Agency under subregulation (1), may within fourteen days from the date of the decision of the Agency, appeal to the High Court.

Record of health data controllers.

8. (1) The Agency shall keep and maintain a record of health data controllers of the certified digital health solutions onboarded onto the enterprise service bus in accordance with regulation 6.

(2) The record shall contain particulars of a health data controller including—

(a) organization, service delivery or healthcare management;

(b) the digital health solution being utilised by the health data controller; and

(c) enterprise user licence of the health data controller.

Suspension from use of the enterprise service bus.

9. (1) The Agency shall suspend a health data controller from the enterprise service bus where the —

(a) health data controller is not using the access rights for the intended purpose;

(b) health data controller has facilitated unauthorized access to the enterprise service bus by a third party;

(c) digital health solution of the health data controller is not valid;

(d) health data controller fails to maintain the enterprise user licence;

(e) health data controller fails to pay the applicable agency fees specified in the Third Schedule; and

(f) health data controller has contravened the provisions of any relevant law and the contravention is reported to the Agency by the relevant body.

Cap.7J.

(2) The Agency shall comply with the provisions of the Fair Administrative Action Act when suspending a health data controller under subregulation (1).

(3) The Agency shall upon suspending a health data controller under subregulation (1), block the health data controller from accessing the enterprise service bus.

(4) A data controller who resolves all the compliance issues raised by the Agency under subregulation (3), may upon application to the Agency be re-onboarded to the enterprise service bus.

(5) The Agency shall notify the health data controller of the blocked access under subregulation (3) within three days from the date of blocked access stating the reasons for the blocked access and the compliance issues which the suspended health data controller is required to address.

(6) A health data controller re-onboarded to the enterprise service bus under subregulation (4) shall upload health data in the enterprise service bus in the manner set out in these Regulations.

(7) The Agency shall not re-onboard a health data controller who is suspended under this regulation, until the Agency is satisfied that the issues for which the health data controller is suspended for are addressed.

Maintenance of health data banks.

10. (1) The national health data bank and county health data bank established and designated under section 26(1) (a) of the Act, respectively, shall comprise of centralized information systems that shall collate minimum data set at client level and aggregate data processed by certified digital health solutions:

(2) Any health data transmitted to the national health data bank or the county health data bank by a certified digital health solution shall be stored, reviewed, audited, updated and secured in accordance with the Act and these Regulations.

PART III—SHARED RESOURCES

Shared resources.

11. (1) Pursuant to section 16(e) of the Act, the System shall consist of the shared resources which shall be maintained in accordance with this Part.

(2) The users and consumers of the shared resources in the System shall pay the service fee specified in the Third Schedule for use of the System.

Cap. 79C.
Cap. 411C.

(3) The shared resources is designated as critical information infrastructure and shall be accorded the security safeguards provided under the Computer Misuse and Cybercrimes Act and the Data Protection Act.

(4) The Agency shall utilize the existing relevant government and third party databases in the performance of its functions including the maintenance of shared resources under subregulation (1) for purposes of enhancing access and utilization of healthcare services.

The national health data dictionary.

12. (1) The System shall have the national health data dictionary which shall be the single source of reference of health terminology within the System.

(2) A health data controller who has been onboarded as a user under regulation 6, shall use the national health data dictionary as the data reference dictionary within the System.

(3) The Agency shall be responsible for the day-to-day management and maintenance of the national health data dictionary and in particular shall—

(a) ensure that the national health data dictionary is available, updated and comprehensive;

(b) enable a certified digital health solution to access and utilise the national health data dictionary;

(c) regularly inform stakeholders in the digital health sector on the key components of the national health data dictionary affecting health data terminology; and

(d) update the national health data dictionary guided by —

(i) emerging concepts or domains;

(ii) the adoption of new standards;

(iii) the existence of obsolete concepts or domains;

(iv) data quality assessments;

(v) the changes in security protocols; and

(vi) continuous improvement concepts.

The client registry.

13. (1) There shall be a client registry in the System which shall be the single source of reference in the identification of clients seeking health services.

(2) The Agency shall be responsible for the day-to-day management and maintenance of the client registry and in particular the Agency shall—

(a) enable certified digital health solutions to access and utilise the client registry; and

(b) provide for self-registration of an applicant in the client registry through the patient portal using Form DE 2 set out in the First Schedule.

(3) A health data controller who has been onboarded onto the enterprise service bus under regulation 6 shall register a client through a certified digital health solution.

(4) When being registered in the client registry under subregulation (3), a client shall be required to provide—

(a) in the case of a citizen of Kenya—

(i) a national identity card;

(ii) a valid passport; or

(iii) a birth certificate in the case of a person under the age of eighteen years;

(b) in the case of a person who is not a citizen of Kenya and who is ordinarily resident in Kenya —

(i) a valid asylum-seeker pass;

(ii) a valid movement pass;

(iii) a valid letter of recognition;

(iv) a valid refugee identification card; or

(v) a valid conventional travel document.

(5) A health insurance provider shall—

(a) ensure that all its clients are registered in the client registry; and

(b) cause a client to be registered in the client registry where the health insurance provider is enrolling a client who is not registered into the client registry.

(6) The Agency shall grant access to a certified digital solution to the client registry to identify clients and patients and to verify client identity or verify information, upon payment of the fees specified in the Third Schedule by the responsible health data controller.

The facility registry.

14. (1) There shall be a facility registry in the System which shall be the single source of reference of health facilities in Kenya.

(2) The Agency shall be responsible for the day-to-day management and maintenance of the facility registry and in particular shall—

(a) assign a Kenya Master Facility List Code to a health facility; and

(b) designate a portal in the facility registry where health data controllers may update their information including on the services offered and the infrastructure owned.

(3) The facility registry shall contain the following particulars of the health facility —

(a) geo-location details of the health facility;

(b) contact details of the health facility;

(c) regulatory details of the health facility;

(d) list of services offered by the health facility;

(e) infrastructure details of the health facility; and

(f) human resources responsible for health in the health facility.

(4) A health data controller shall upload the following information into the facility registry—

(a) a certificate of registration of the health facility by the relevant regulatory body;

(b) a valid licence issued by the relevant regulatory body;

(c) an inspection report of the health facility; and

(d) a duly completed checklist of the health facility.

(5) Every health data controller shall be responsible for the accuracy of the information they uploaded on the facility registry.

(6) A health data controller who submits false or misleading information to the facility registry commits an offence and shall, on conviction, be liable to the penalty specified under section 59(1) of the Act.

The telemedicine health provider registry.

15. (1) There shall be a telemedicine health provider registry in the System which shall contain a list of all e-health service providers and shall be the single source of reference in the provision of telemedicine in Kenya.

(2) The Agency shall be responsible for the day-to-day management and maintenance of the telemedicine health provider registry.

(3) The telemedicine health provider registry shall contain the following information—

(a) the certified digital health solution being utilised by the telemedicine health provider;

(b) particulars of the health data controller;

(c) regulatory details of the telemedicine health provider;

(d) a list of services offered by the telemedicine health provider; and

(e) proof of registration as a data controller or data processor with the Office of the Data Protection Commissioner.

(4) The Agency shall, upon application by a telemedicine provider, issue a telemedicine provider code to a telemedicine health provider.

(5) A telemedicine health provider shall—

(a) use a digital health solution certified in accordance with the Act for service delivery; and

(b) prepare a report of the health data arising from the provision of e-health services in the manner specified in the Act.

The health worker registry.

16. (1) There shall be a health worker registry in the System which shall be the single source of reference for all information related to health workers for purposes of health information exchange and accessing the System.

(2) The health worker registry shall contain information on—

(a) personal details of a health worker;

(b) qualifications of a health worker;

(c) details of the relevant regulatory body that licensed or registered the health worker as provided by the regulatory body or the health data controller; and

(d) where applicable, valid practice licence details of the health worker.

(3) The Agency shall maintain an up-to-date health worker registry integrated with the various information systems owned and maintained by the regulatory bodies.

(4) A health worker shall, subject to proof of valid licensing by the relevant regulatory body, apply to the Agency for registration to access the health worker registry.

(5) An application under subregulation (4) shall be made through the portal in Form DE 3 set out in the First Schedule.

(6) Upon receipt of an application under subregulation (4), the Agency shall validate the information submitted and where the health worker has a valid licence or is authorized to practice by the relevant regulatory body —

(a) register the health worker in the health worker registry; and

(b) issue a unique identifier to the health worker for purposes of accessing and using the System.

(7) The Agency may decline an application under sub regulation (4) where the health worker—

(a) does not have a valid practicing licence issued by the relevant regulatory body;

(b) is deregistered by the relevant regulatory body; or

(c) has contravened the provisions of the Act or these Regulations.

Product catalogue.

17. (1) There shall be a product catalogue in the System which shall be the comprehensive register of all registered health products and technologies in the country including digitally enabled medical equipment.

(2) The product catalogue shall contain information on a health product or technology including—

(a) identification of a health product or technology by a unique product identifier in accordance with the prevailing policy;

(b) generic name or international non-proprietary name of the health product or technology;

(c) strength of a health product or technology;

(d) formulation of a health product or technology;

(e) route of administration of the health product or technology;

(f) class of the health product or technology;

(g) brand name of the health product or technology; and

(h) status of the health product or technology.

(3) The health products and technologies in the product catalogue shall have a standardized unique health product and technology identifier issued by the Pharmacy and Poisons Board established under section 3 of the Pharmacy and Poisons Act. Cap. 244.

(4) The Agency shall, in collaboration with the Pharmacy and Poisons Board established under section 3 of the Pharmacy and Poisons Act, ensure that the product catalogue is up to date. Cap. 244.

The National Logistics Management Information Services Platform.

18. (1) There shall be a National Logistics Management Information Services Platform in the System which shall be the main reference point in the reporting, tracking and tracing of quantities, statuses and location of all health products and technologies.

(2) The Agency shall be responsible for the day-to-day management and maintenance of the National Logistics Management Information Services Platform and in particular shall—

(a) administer the National Logistics Management Information Services Platform guided by the National Logistics Management Information Services standards;

(b) ensure that the National Logistics Management Information Services Platform provides information on health products and technologies to ensure health products and technologies conform to the standards of quality, safety and efficacy set by the Pharmacy and Poisons Board pursuant to section 3B (2)(b) and (d) of the Pharmacy and Poisons Act; Cap. 244.

(c) ensure that a person using or managing a logistics management information system to authenticate, track or trace a health product or technology conforms to the National Logistics Management Information Services standards;

(d) ensure that the National Logistics Management Information Services Platform provides commodity visibility and operational management of the national supply chain; and

(e) grant access to the National Logistics Management Information Services Platform to a certified digital health solution being used by a health facility or a supplier of a health product or technology for purposes of tracking and tracing of health products and technologies.

(3) The National Logistics Management Information Services Platform shall contain information on a health product or technology including—

(a) identification of a health product or technology as set out in the product catalogue provided under regulation 17;

(b) batch details of a health product or technology;

(c) quantities of a health product or technology;

(d) manufacturing information of a health product or technology including the—

(i) name of the manufacturer of the health product or technology;

(ii) manufacture date; and

(iii) date of expiry of the health product or technology;

(e) location of a health product or technology; and

(f) status of a health product or technology including the—

(i) condition of a health product or technology; and

(ii) usage of the health product or technology.

(4) A supplier of a health product or technology shall apply for registration into the National Logistics Management Information Services Platform.

(5) An application for registration into the platform under subregulation (4) shall be made to the Agency in Form DE 4 set out in the First Schedule.

(6) Where an application under subregulation (4) is approved, the Agency shall register the supplier in the National Logistics Management Information Services Platform.

(7) A supplier or provider of a health product or technology shall electronically report on the information specified under subregulation (3) through—

(a) the National Logistics Management Information Services Platform; or

(b) an appropriate system that is interoperable with the National Logistics Management Information Services Platform.

Shared health record.

19. (1) There shall be a shared health record in the System which shall be the single source of reference for the medical history of patients in the System.

(2) The Agency shall be responsible for the day-to-day management of the shared health record and in particular shall—

(a) maintain the Shared Health Record in the defined standard format containing the minimum data set for purposes of ensuring patient data portability, continuity of care, billing and settlement of claims;

(b) maintain a longitudinal record of every encounter from an application of a digital health solution.

(c) grant a client access to their personal Shared Health Record through the patient portal designated by the Agency; and

(d) audit the log of access shared by a certified digital health solution for purposes of enhancing compliance and evaluating trends in authorized and unauthorized access.

(3) A digital health solution certified by the Agency shall, in relation to the shared health record —

(a) query and update the shared health record for every encounter with a client;

(b) provide an electronic alert to a client where access to the shared health record is identified; and

(c) maintain an auditable log of all access that has taken place in the Shared Health Record indicating the users, data entry, retrieval and frequency of access.

(4) Every client encounter in the shared health record shall be uploaded and updated within twenty-four hours of the client encounter.

(5) A health data controller shall be responsible for updating the shared health record and shall—

(a) share encrypted health data with the Agency within twenty-four hours of collection of the health data in the format specified in the Second Schedule;

(b) ensure that the transmitted health data contains the minimum data set issued by the Agency.

(c) retain a copy of the health data transmitted as specified in section 25(1) of the Act; and

(d) keep a metadata log of the transmissions made under this regulation.

(6) Despite subregulation (4) and (5), a health data controller may transmit health data within a period not exceeding seven days in exceptional circumstances including where—

(a) the digital health solution is offline; or

(b) a special situation beyond the control of the health data controller occurs as may be approved by the Agency.

(7) A health data controller who fails to—

(a) transmit health data to the Shared Health Record commits an offence and shall, on conviction, be liable to the penalty specified under section 59(2) of the Act; or

(b) comply with the provisions on the transmission of sensitive personal data as provided in the Act and these Regulations commits an offence and shall, on conviction, be liable to the penalty specified under section 59(1) of the Act.

(8) The access of the shared health record of a client by a health data controller shall be limited to the particular encounter of the health data controller and the client.

(9) A client may, besides the data in the Shared Health Record, request further information from the health data controller in writing, and where such request is made, the respective health data controller shall provide the requested information within a period of seventy-two hours from the date of the request.

(10) A health data controller may, subject to consent by the client to whom the information relates, request for information held by another health data controller in a certified digital health solution for purposes of the provision of healthcare services.

Health Management Information Services Platform.

20. (1) The Agency shall maintain the Health Management Information Services Platform in the System for reporting purposes.

(2) The Health Management Information Services Platform shall contain a public portal for the sharing information on—

(a) matters of public interest;

(b) summary statistics, dashboards and information on key metrics relevant on diseases and events of public health in Kenya; and

(c) select aggregate health data published in various formats for easy consumption by various stakeholders including the members of public.

(3) A certified digital health solution shall submit a report on the minimum data set to the Agency.

(4) A health data controller shall ensure that all providers under the jurisdiction of the health data controller comply with the specified reporting obligations for the Health Management Information Services Platform.

(5) A health data controller who fails to submit reports to the Health Management Information Services Platform commits an offence and shall, on conviction, be liable to the penalty specified under section 59(2) of the Act.

(6) The aggregate health data for publication under subregulation (2) shall be based on a criteria including—

(a) disease burden;

(b) public health events;

(c) diseases; or

(d) health-related events of public interest.

(7) In the management of the Health Management Information Services of the System, the Agency shall —

(a) provide access for reporting purposes under the Health Management Information Services Platform to the relevant institutions in accordance with the Kenya Health Data Governance Framework including access by health data controllers and health data processors to data generated and

reported by them in the Health Management Information Services Platform;

(b) review and update the information in the public portal in the Health Management Information Services Platform;

(c) during the certification process, ensure that the certified digital health solution has capacity to comply with the reporting obligations for the Health Management Information Services Platform; and

(d) provide the minimum data set for reporting as determined by the Cabinet Secretary including—

(i) immediate diseases as they occur;

(ii) electronic integrated disease surveillance and response;

(iii) public health events as they occur;

(iv) disease or events of international concern;

(v) disease registries; and

(vi) routine reporting.

Insurance and finance services in the System.

21. (1) For purposes of insurance and finance services in the System, a digital health solution certified by the Agency shall provide comprehensive costing of the healthcare services provided to clients.

(2) The claims management system of a health insurance provider shall, for purposes of identifying clients accessing healthcare services, reference the client registry.

(3) In administering health insurance services in the System, the Agency shall—

(a) assess and certify the claims management systems of health insurance providers;

(b) provide access to the certified claims management systems of health insurance providers to an invoiced clinical encounter contained in the shared health record; and

(c) require the health insurance service provider to pay the service charge in the manner specified in the Third Schedule.

Offences.

22. Any person who violates any provision of these Regulations, commits an offence and shall on conviction to liable to the penalty specified under section 59(2) of the Act.

FIRST SCHEDULE

FORM DE 1 (r. 6(1))

APPLICATION FOR ONBOARDING TO THE ENTERPRISE SERVICE BUS

Details of the Health Data Controller
▪ TITLE:
▪ FULL NAME:
▪ SEX
▪ ID/PASSPORT NO.:
▪ ORGANIZATION NAME:
▪ POSITION IN THE ORGANIZATION:
▪ EMAIL ADDRESS:
▪ COUNTY:
▪ TEL NO.:
▪ PROOF OF REGISTRATION WITH THE ODPC (Reg. no.):
DETAILS OF THE DATA PROTECTION OFFICER
▪ NAME:
▪ SEX
▪ ID/PASSPORT NO.:
▪ POSITION IN THE ORGANIZATION:
▪ EMAIL ADDRESS:
▪ TEL NO.:
ORGANIZATIONAL DETAILS
▪ TYPE OF ORGANIZATION ☐ Health Facility ☐ Health Insurance Company ☐ County ☐ Other If Other Please Specify:

HEALTH FACILITY ONBOARDING	
▪ ATTACH SCHEDULE OF THE FACILITY/FACILITIES TO BE ONBOARDED (MFL code, Name of facility, Facility In-charge, Digital Health solution(s) name and version):	
APPLICATION DETAILS	
▪ TYPE OF APPLICATION (Tick appropriately) ☐ New Application ☐ Re-onboarding	
▪ SHARED RESOURCES TO BE ACCESSED (TICK APPROPRIATELY) ☐ Client Registry ☐ Health Facility Registry ☐ Health Worker Registry ☐ Community Health Unit Registry ☐ National Shared Health Records ☐ Electronics Claims Management Service ☐ National Logistics Information Management System ☐ Telemedicine Registry ☐ National Health Data Dictionary	
REQUISITE DOCUMENTS (Attach the following documents)	
▪ Certificate of Incorporation (Where applicable)	
▪ Tax Compliance Certificate (Where applicable)	
▪ For Public Health Facilities – Gazette Notice	
▪ Certificate of Registration with the ODPC	

▪ Certificate of Compliance for DHS	
▪ Data Protection Impact Assessment Report	
▪ Proof of Payment	
DECLARATION	
I hereby attest that the information provided, including the attached documents, is true and accurate to the best of my knowledge. I authorize the DHA for validation and verification for legitimate purposes.	
Signature: ..... Date:	

FORM DE 2 (r. 13(2)(b))

SELF-REGISTRATION IN THE CLIENT REGISTRY

APPLICANT DETAILS
▪ FIRST NAME:
▪ MIDDLE NAME:
▪ FAMILY NAME:
▪ SEX:
▪ DATE OF BIRTH:
▪ NATIONALITY ☐ KENYAN ☐ NON-KENYAN
IF KENYAN, PROVIDE;
▪ NATIONAL IDENTITY CARD NUMBER; ▪ VALID PASSPORT NUMBER; OR ▪ MAISHA NUMBER; ▪ BIRTH CERTIFICATE NUMBER (for <18yrs).
FOR NON-KENYANS PROVIDE WHERE APPLICABLE;
▪ ASYLUM-SEEKER PASS; ▪ A MOVEMENT PASS; ▪ A LETTER OF RECOGNITION; ▪ A REFUGEE IDENTIFICATION CARD; OR ▪ A CONVENTIONAL TRAVEL DOCUMENT.
▪ EMAIL ADDRESS:
▪ COUNTY OF RESIDENCE:
▪ TEL NO.
*UPLOAD SOFT COPY OF IDENTIFICATION DOCUMENT
DECLARATION
I hereby attest that the information provided and uploaded documents is true and accurate to the best of my knowledge. I authorize the DHA to validate and verify for legitimate purposes.

FORM DE 3 (r. 16(5))

APPLICATION FOR REGISTRATION IN THE HEALTH WORKER REGISTRY

APPLICANT'S DETAILS
▪ FULL NAME:
▪ ID/PASSPORT NO.
▪ SEX:
▪ EMAIL ADDRESS:
▪ TEL NO.
REGULATORY DETAILS
▪ REGULATORY BODY:
▪ REGISTRATION NUMBER:
▪ STATUS OF PRACTICE LICENSE
REQUISITE DOCUMENTS (Attach the following documents)
▪ Valid license of practice:
DECLARATION
I hereby attest that the information provided, including the attached documents, is true and accurate to the best of my knowledge. I authorize the DHA to validate and verify for legitimate purposes.
Signature: ..... Date: .....

FORM DE 4 (r. 18(5))

APPLICATION FOR REGISTRATION IN THE NATIONAL LOGISTICS MANAGEMENT INFORMATION SYSTEM PLATFORM

COMPANY DETAILS	
COMPANY/LTR NAME:	
COMPANY/LTR ACCOUNT TYPE:	
☐ PHARMACEUTICALS	☐ MEDICAL DEVICES
☐ BLOOD & BLOOD PRODUCTS	☐ NON-PHARMACEUTICALS
CERTIFICATE OF BUSINESS/REGISTRATION NO.:	
OWNERSHIP TYPE:	
☐ SOLE PROPRIETOR	☐ PARTNERSHIP
☐ PRIVATE (LIMITED)	☐ PUBLIC
BUSINESS TYPE:	
☐ RETAIL	☐ WHOLESALE
☐ MANUFACTURER	☐ HOSPITAL

COMPANY PHONE NO:	
▪ COMPANY EMAIL ADDRESS:	
PHYSICAL ADDRESS	
APPLICANT'S DETAILS	
▪ TITLE:	
▪ FULL NAME:	
▪ ID/PASSPORT NO.	
▪ SEX:	
▪ POSITION IN THE ORGANIZATION	
▪ EMAIL ADDRESS:	
▪ TEL NO.	
▪ CITIZENSHIP ☐ KENYAN ☐ RESIDENT ☐ FOREIGN NATIONAL	
REQUISITE DOCUMENTS (Attach the following documents)	
▪ CERTIFICATE OF INCORPORATION	
▪ PHARMACY & POISONS BOARD LICENSE	
▪ TAX COMPLIANCE CERTIFICATE	
▪ APPLICATION FEE PAYMENT RECEIPT	
DECLARATION	
I hereby attest that the information provided, including the attached documents, is true and accurate to the best of my knowledge. I authorize the DHA to validate and verify for legitimate purposes.	
Signature: ..... Date:	

SECOND SCHEDULE ((r. 19(5)(a))

FORMAT FOR THE SHARING OF HEALTH DATA IN THE SHARED HEALTH RECORD

Personal Data

Health facility name: ..... Unique Patient Number: .....

Surname: ..... First name: ..... Middle name: .....

Date of Birth: ...../...../..... Address: .....

Mobile number: ..... SHIF Number: ..... Blood Group: .....

Allergies: .....Transfer/Referral from: .....

Date of Admission: .....Date of Discharge: .....

Medical Data

Diagnosis: .....

Other Conditions:

1. .....

Clinical findings: …….....

Operations/Procedures: .....

Investigations

Laboratory findings: .....

Imaging findings : .....

Treatment

1. .....
2. .....

Referrals/Other Instructions: .....

Doctors' Name (Print) :..... Signature: .....

THIRD SCHEDULE (r. 6(2)(g), 9(1)(e), 13(6))

FEES

	Component	*Sub-component*	*Fee*
1	Use of the Enterprise Service Bus	A. Health Service Delivery	(a) Onboarding to the Enterprise Service Bus (i) Level 1 – KES.10.00 (ii) Level 2 and Level 3 – KES. 2,000 (iii)Level 4 – KES. 20,000 (iv)Level 5 – KES. 50,000 (v) Level 6 – KES. 100,000 (b) Annual licence fee (i) Level 1– KES. 5.00 (ii) Level 2 and Level 3 – KES. 1,000 (iii)Level 4 – KES. 10,000 (iv)Level 5 – KES. 15,000 (v) Level 6 – KES. 25,000
		Telemedicine platform	(a) Onboarding into the telemedicine platform—KES. 100,000 (b) Annual licence fee – KES. 50,000 Provided that this shall not apply in relation to a telemedicine functionality within an Health Information Management Service (HIMS).
		B. National Logistics Management Information Services Platform	(a) Onboarding into the Platform-KES. 500,000 (b) Annual retention in the platform-2% of the annual gross turnover accrued through the Platform
		C. Health Insurance Providers	(a) Onboarding into the Enterprise Service Bus—KES. 500,000 (b) Annual Licence- KES. 25, calculated per life per annum
		D. Insurance premium-based financing	(a) 15% of the interest charged by the third-party provider
2	Health Information Management Service(HIMS)		(a) 2% of service offered through HIMS Provided that the amount charged shall not exceed KES. 5,000

Made on the 9th April, 2025.

ADEN BARE DUALE,
Cabinet Secretary for Health.

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