

# Brief Concept Note

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## ***Establishing the Marisyana Omtatah Memorial Medical Institute (MOMMI)***

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**BY:**

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## **Introduction**

My name is **Andrew Okiya Omtatah Okoiti**. I am a human rights defender and a businessman. On 9<sup>th</sup> August 2022, I was elected the Senator representing Busia County in the Senate (the Upper House of Parliament) of the Republic of Kenya.

In memory of my late daughter, and to ensure that no other person suffers a similar fate of dying due to the lack of quality health care, I am appealing to well-wishers to join me in mobilising the funds and resources required to establish and operate a modern medical institute comprising of a diagnostics centre, and a 600-bed referral, teaching & research hospital in Kwang'amor Village, Busia County, Western Kenya, on the international border with the Republic of Uganda. The institute will be run commercially but on a missionary work ethic by an independent trust appointed by its shareholders.

I have donated 20 acres of land as my initial contribution to the facility, which will be called **Marisyana Omtatah Memorial Medical Institute (MOMMI)**. And once construction works commence, I will supply all the stones, ballast, and sand required for the construction.

On 20<sup>th</sup> March 2020, my 22-years old daughter, **Marisyana Anuarite Omtatah**, who was a third year university student, travelled from Nairobi to visit her grandmother (my mother) in Kwang'amor Village (my village of birth).

On 16<sup>th</sup> April 2020, due to the lack of basic lifesaving medical facilities in the region, my daughter succumbed to acute malaria which she had contracted a few days earlier but which could not be diagnosed and treated at the local medical facility where she presented herself to.

The facility, like others in the region, lacked the necessary diagnostics and treatment amenities, including trained personnel, and her death was not an isolated event. Many people have died and continue to die, including mothers at childbirth and newly born babies, due to, what in today's medicine, are preventable and/or treatable causes. All mothers should experience childbirth safely and with respect, and all newborns ought to get a safe start in life.

I have no doubts that, if my daughter had been in Nairobi, she would not have died due to the lack of proper diagnosis and treatment. And that is unacceptable! No



**Pictures of the late 22 years old Marisyana Anuarite Omtatah**

one should die of preventable/treatable causes simply because of where they live or the size of their pocket.

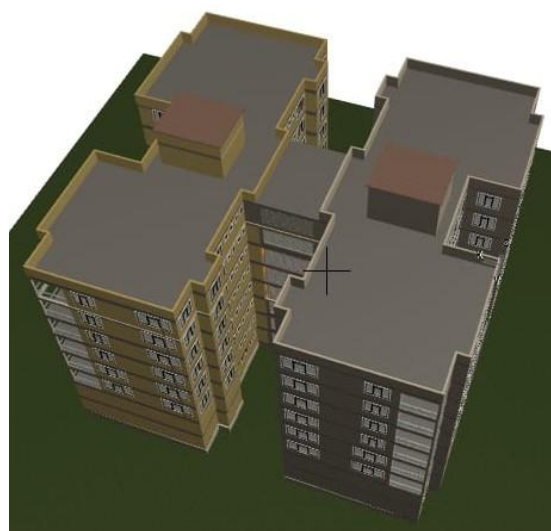
### **Overview of Kenya's Healthcare System**

Kenya is a middle-income country in East Africa with a population of 54.7 million people. Article 43 (1) (a) of the Constitution of Kenya, 2010, guarantees to every Kenyan the right to the highest attainable standard of health including emergency treatment. This has further been operationalized through the Health Act No. 21 of 2017 and other laws such as the Cancer Prevention and Control Act No. 15 of 2012, which provide for a rights-based approach to the provision of health care services.



Towards achieving these commitments, the Ministry of Health has developed an elaborate policy framework outlined in, among others, the Kenya Health Policy 2014-2030, the Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2015-2020, and the National Cancer Control Strategy 2017-2022.

The Kenyan healthcare system can be split into three subsystems, being the public sector, commercial private sector, and Faith Based Organisations (FBOs). The public sector is the largest in terms of the number of healthcare facilities, followed by the Commercial Private Sector and the FBOs. There is a large disparity among these health facilities, especially in rural areas, where quality medical services are hardly available.



Health financing is mixed and receives funds from taxation, the National Health Insurance Fund (NHIF), private health insurances, employer schemes, Community Based Health Financing (CBHF), user fees (out of pocket expenses), development partners, and Non-Governmental Organisations (NGOs).



**Artistic impressions of MOMMI Towers**





To uphold MOMMI’s philosophy of making quality health care accessible and affordable, it is intended that costs will be contained by tweaking processes, driving hard bargains, negotiating creative partnership deals, and using economies of scale (i.e., the cost advantages businesses obtain due to a large customer base).

It is intended that patients at MOMMI will get quality care at a cost lower than any other hospital in the country and at a fraction of what it would cost elsewhere in the world.

The national healthcare budget has staggered between 5.5% and 9.5% of the national budget (Republic of Kenya, 2020). In absolute terms, combined budget allocations to health by national and county governments grew nearly three times between Financial Year (FY) 2013/14 and FY 2019/20, from Kenya shilling (KES) 78 billion to KES 217 billion (US\$ 0.78 to 2.17 billion).

Notably, county governments allocated KES 124 billion in FY 2019/20, a large increase from KES 42 billion in FY 2013/14, while allocation by the MOH increased from KES 36 billion to KES 93 billion in the same period. These allocations are lower than the target of 15% set forth in the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2013–2017 (Republic of Kenya, 2017), and in the Abuja declaration (World Health Organization, 2021).

The overall government allocations are therefore inadequate to meet health sector needs and commitments despite significant increases to the health budget in recent years. There is therefore a need for alternative healthcare financing. Hence, the establishment of MOMMI will be a major boost to the health sector.

### **Making quality health care accessible and affordable**

In Kenya, and in other East African Community partner states, quality health care is unaffordable to the masses where it is available. Hence, there is need to make health care accessible and affordable.





***More pictures of the late 22 years' old  
Marisyana Anuarite Omtatah***

The cost savings MOMMI will offer should attract customers in greater numbers. But care will be taken to avoid the tipping point beyond which volume has an adverse impact on the quality.

The hospital will partner with insurance plans for health care that will reimburse it for services rendered to insured patients. For those who don't have an insurance plan and can't afford the hospital's regular charges, MOMMI will offer concessional rates.

The discounts will depend on the financial capacity of each patient assessed by the institute and will be funded either by the institute's charitable trust, individual donors, or by the hospital itself. The institute's policy will be clear: No one who comes to MOMMI will be denied treatment due to a lack of funds.

The managing team will follow the unique accounting practice of studying the hospital's profit and loss account on a daily basis. By monitoring the average realisation per patient and profitability on a daily basis, the hospital will be able to assess how much concession it can afford to give the following day without adversely impacting its profitability.

To ensure the viability of the project, MOMMI will have a hybrid pricing model. Apart from the regular packages for treatment, the institute will also offer semiprivate and private rooms and even private apartments and cottages for those who want and can afford better personal amenities. However, the medical facilities will be the same for every patient. The upgraded accommodation, which will comprise around 20% of the total available at the hospital, will be commercially priced and will be used to offset the losses incurred from treating the poor.

### **Investment opportunities in Kenya's health sector**

The Kenyan healthcare sector is experiencing difficult times. There is a double burden of infectious diseases remaining a significant cause of ill health and death coupled with a rising incidence and mortality from non-communicable conditions.

The middle class in Kenya has been growing, together with the economy, increasing the demand for accessible quality health care services. Some 32.5 million Kenyans lack any form of basic insurance and are treated in ill-equipped and poorly staffed facilities. The sector faces enormous deficiencies in coverage and infrastructure and supplies, creating business opportunities for those willing to invest in this potentially lucrative sector, which is perennially under-funded by the exchequer. The Covid-19 pandemic exposed the inadequacies of Kenya's and the region's healthcare infrastructure and general unpreparedness in terms of bed capacity and/or equipment in both normal and emergency situations.

### **Teaching Hospital**

Medical training is one of the important elements in the framework of improving the health and economic conditions of the country. To achieve self-sufficiency of specialists to cater to many patients,

the hospital will train students to become physicians, nurses and nursing assistants, paramedics, midwives, or other health or laboratory personnel, not to mention future managers and also the continuing training of staff in place.

Further, to address the acute shortage of employment opportunities in Kenya and the region, the facility will look for partnerships and concessions to train nurses and related personnel for employment in healthcare systems of counties like the United States of America and the United Kingdom.

### **Research Hospital**

The hospital will devote clearly defined space, staff, equipment, and other resources for research purposes and will have documented teaching affiliations with accredited schools of medicine. And as a research centre, the hospital will be available to provide care for the rarest and complex conditions, teach future health care providers, and move research results into practice. Clinician-investigators will translate scientific observations and laboratory discoveries into new approaches to diagnosing, treating, and preventing disease.

The medical research facility is also critically required in the area to carry out clinical research into traditional herbal medicines which are widely used in the region, with a view to documenting and developing modern medicines.

### **Pharmaceutical and equipment manufacturing**

MOMMI will seek partnerships with manufacturers of pharmaceutical products and medical equipment to setup production lines on the premises. Currently, Kenya imports most of its medicines and medical equipment.

### **The MOMMI's catchment area**

Given its strategic location on the Kenya-Uganda international boarder, placing it practically at the centre of the East African Community<sup>1</sup>, and the challenges faced accessing affordable quality health care in the region, the MOMMI will offer critically required and reasonably priced medical services to communities in Kenya, Tanzania, Uganda, Rwanda, Burundi, Democratic Republic of the Congo, and South Sudan.

I believe that the success of MOMMI could lead to new healthcare systems and health care models not only for Kenya and the region, but perhaps also for the world.

**Signed at Nairobi, Kenya:**



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**Senator Andrew Okiya Omtatah Okoiti**  
**1<sup>st</sup> October, 2023**

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<sup>1</sup> The East African Community (EAC) is a regional intergovernmental organisation of 7 Partner States: The Republic of Burundi, the Democratic Republic of the Congo, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the Republic of Uganda, and the United Republic of Tanzania, with its headquarters in Arusha, Tanzania. With a land area of 4.8 million square kilometres and a combined Gross Domestic Product of US\$ 305.3 billion, the EAC is home to an estimated 283.7 million citizens.