

National Chairman

**Dr. Abi Mwachi**

Secretary General

**Dr. Davji Bhimji Atallah**

National Treasurer

**Dr. Mercy Nabwire**



BLUE VIOLETS PLAZA  
5TH FLOOR - SUITE - 506  
KINDARUMA LANE  
P. O. BOX 157 - 00202 KNH, NAIROBI  
Telephone: 020 2166212  
Email: [nec@kmpdu.org](mailto:nec@kmpdu.org)  
website: [www.kmpdu.org](http://www.kmpdu.org)

*All correspondences should be addressed to the Secretary General.*

## STATEMENT FROM THE SECRETARY GENERAL

### STATE OF THE UNION REPORT; SEPTEMBER 2025

Dear **KMPDU Members**,

I address to you today with a deep sense of pride and a call to continued action. The journey we have undertaken together has been long and challenging, but our unwavering solidarity has yielded significant victories. The Return-to-Work Formula, which was born out of our collective struggle, is now bearing fruit, and it is my honour to report on the progress we have made over that one year. This is not merely a list of achievements; it is a testament to what we can accomplish when we stand as one. An impact on every doctor, leaving no one behind.

#### **A Report on Our Progress**

Our negotiations have resulted in tangible and impactful resolutions to the issues we raised. I am pleased to share the following updates:

##### **1. Basic Salary Arrears:**

The government has made good on its promise. Basic salary arrears have been paid in two instalments, with the first KES 1.75 billion for all 47 counties already provided in December 2024. The second batch of KES 1.75 billion was sorted in September 2025.

For our colleagues at the Ministry of Health: payment of arrears for doctors in the Department of Public Health and Professional Standards was made in May 2025, though some errors remain to be corrected. For doctors in the Department of Medical Services, computations are still ongoing based on facility rates, and the required funds have already been budgeted. Their payment will be processed together with that of doctors from the Ministry of Labour.

The 2024/2025 basic salary adjustment arrears have been factored in the supplementary budget to be paid in financial year 2025/2026. We shall follow it to final conclusion.

Basic salary adjustment in the pay slip: The Council of Governors wrote to the PS Public Service on 4th July 2025. The PS Public Service sought further approval and guidance from SRC, which was granted on 12th August 2025. Because the figures for the basic

salary adjustment varied, the PS Public Service requested further advice on the correct figures to use for banding, which was approved on 22nd September 2025. The PS Public Service has confirmed that the basic salary adjustments will be implemented from October 2025.

Doctors on manual payroll; the branch leadership are collecting data on this doctors so that arrear owed can be computed before we compel each county to pay. We agreed with COG on 25th April 2025 that each county must be held accountable. No doctor will be left behind.

## **2. Interns' Posting and Pay:**

It should be remembered that we stood in solidarity against bastardization of the CBA; we were ready to forget all elements of the strike notice to protect the CBA on interns, we were ready to die for it amidst threats and intimidation. We sustained body injuries and sustained demonstrations. We went into tedious litigations and negotiations, and we emerged victorious.

Doctors, through these efforts, all interns were posted and are being paid as per the CBA. The entire 2024 cohort of 1,247 interns was posted on August 1, 2024, and they have all been paid according to the 2017–2021 CBA. A new cohort of 1,730 interns was posted in July 2025, the highest since independence, and they received their salary from August 2025 (the first month of posting) as per the Collective Bargaining Agreement. A new cohort will be posted in July 2026.

## **3. Postgraduate Studies and Fees:**

The Ministry of Health training committee stopped sitting in August 2019; therefore, payment of postgraduate fees ceased. This resulted in a backlog of doctors' fees not paid. The ministry also unilaterally in 2018 stopped approval and payment of fees to doctors specializing in surgery, paediatrics, and obstetrics & gynaecology.

A significant breakthrough has been made here. After the 8th May 2025 RTWF clause, all the registrars with pending fees for payment from 2018 to 2025 have been approved for payment, a total of 633. Vide the letter dated 30th June 2024, the Ministry of Health paid fees for 420 postgraduates. Vide the letter dated 12th August 2025, MoH confirmed fees approval for 211 postgraduate students, including doctors in surgery, paediatrics, and obstetrics & gynaecology who were previously blacklisted.

This means that some doctors who finished school without fees being settled are going to get reprieve. The funds are in the 2025/2026 budget and require administrative action between universities and MoH for payment. Through the same period, 47 doctors have been released for postgraduate studies.

## **4. KNH, MTRH, and KUTRRH Issues:**

Kenyatta National Hospital specialized in employing doctors on exploitative temporary

contracts at KES 80,000 from 2019. It took national action to resolve this. After the 8th May 2024 RTWF, all the doctors on the KES 80,000 contract have been converted to three-year contracts at KES 300,000 with gratuity. We are currently engaging for confirmation to PnP.

A first KNH CBA (2021–2025) has been signed, protecting and harmonizing wages for all doctors at KNH as per the RTWF. At Moi Teaching and Referral Hospital, a new CBA has been successfully concluded and signed; doctors on contract have been converted to permanent and pensionable terms as agreed in the RTWF.

At Kenyatta University Teaching, Research and Referral Hospital, a new CBA (2024–2028) has been concluded, with the entry level agreed to be K7, awaiting SRC approval. As per the clause of the RTWF on harmonization of terms, all the doctors in KUTRRH who were initially on 3 to 7 year contracts have been converted to permanent and pensionable, something that initially appeared as a dream.

## **5. Promotions:**

Between 8th May 2024 to date, the union has recorded the highest number of promotions in one year since its inception. Over 2,000 doctors have been promoted across the country, with the Ministry of Health leading by promoting 400 doctors on December 6, 2024, in compliance with our agreement.

More work and activities are ongoing across the different branches to ensure full compliance with the promotions clause. All the doctors were to be promoted 90 days from signing the RTWF as adopted by the courts. Additionally, I am proud to confirm that all salaries withheld during the 56-day strike have been released, and all disciplinary letters have been revoked. This is a clear victory against victimization.

## **6. Medical Insurance:**

As we are all aware, the Social Health Authority Section 5 prohibited provision of comprehensive medical insurance formerly known as civil servant cover. We took this matter to court, but the litigation being nonlinear and unpredictable, the matter was stayed with all other SHA cases.

It thus formed a basis of our demands during the March–May strike. It is confirmed that we now have the Public Officer Comprehensive Medical Fund that maintained all the benefits offered by the civil servant comprehensive cover. All the seconded doctors are covered, including doctors from different ministries.

At the time of the strike, about 15 counties, including Vihiga and Bomet, did not have medical cover. From the latest report, all counties have procured supplementary cover, albeit some are inferior to the agreed SRC and PSC guidelines in the RTWF. Our focus is to ensure that at the end of the financial year every doctor has a cover like the Public

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**Dr. Kahura Mundia**

Deputy Secretary General  
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Officer Medical Fund or better.

### **7. NMS Absorption:**

This being issue number 13 in our strike notice, it was laden with emotions given that we had lost a court case to enforce the confirmation of the former NMS doctors to PnP at NCKK.

During the strike at KICC we agreed with the Governor of Nairobi that, despite the court decision, all doctors who were under the Nairobi Metropolitan Services would be converted to permanent and pensionable terms. We must confirm that this agreement was honoured and all the over 200 doctors formerly under NMS are now serving on permanent and pensionable terms.

### **8. Employment of Additional Doctors:**

We all understand that one issue that has been pending is employment of doctors. This was an issue in the national strike, and the government committed to employing 2,000 doctors in financial year 2025/2026.

We are currently engaging both with the National Government and counties to ensure that this is implemented. We engaged even the highest office on this matter. It is our priority that after internship, doctors are employed.

### **9. UHC staff:**

Doctors employed on contract under COVID-19 in 2019 are to be converted to PnP at the same time as all other UHC staff."

### **10. Harmonization of Terms of Employment:**

We agreed that terms of engagement of all the doctors in Kenya, both at the national level and the counties, be harmonized. This was occasioned by the discriminatory terms the doctors had in KNH, Nakuru, Embu, MTRH, and other counties.

I must confirm that most doctors who were previously on contract have been converted to PnP at CBA terms, and the union leadership across is working to ensure compliance with the RTWF and the CBA.

### **11. New Collective Bargaining Agreements:**

As per the SRC guidelines, CBA cycles are marked in fours: 2017–2021, 2021–2025, and 2025–2029.

SRC, through a circular, had frozen any CBA negotiations between 2021–2025, and any CBA negotiated had zero monetary gains. It would therefore have been an academic exercise to negotiate the CBA 2021–2025 when the fruits of the CBA 2017–2021 had not been realized.

It is the tradition of the government to negotiate new CBAs to forgo any gains in the existing CBAs, and that explains why KMPDU CBA 2017–2021 remains the ONLY document that was ever signed and fully implemented in total in Kenya.

Despite the freeze on negotiation, through the Dr. George Akuno led committee, a CBA 2021–2025 proposal was shared with government with no negotiations. We also stopped negotiations with MoH to protect the interns.

We are now in the phase of 2025–2029 negotiations and, given that CBA 2017–2021 has been implemented and dusted, a committee has been set up to come up with a draft that will be circulated to members within two weeks after our scheduled NEC meeting on 4th October 2025. Your inputs are highly encouraged; stay tuned for the document via emails and the App.

### **12. KMPDU Strategic Plan:**

The KMPDU Strategic Plan 2020–2024 has been a guiding principle within which the organization operates. We have realized more alliance formations, organizing strategies, capacity building, and better legal frameworks.

The KMPDU, through limited support from FES, has embarked on the review of the Strategic Plan 2025–2029. A consultant has been moving across the country collecting views. Members' views have been collected through email channels. A comprehensive engagement and validation exercise is set during the upcoming NEC meeting.

### **13. North Eastern Region; Organizing for Power:**

In this past quarter we moved beyond visibility to structure in the North Eastern branch.

In Wajir, we mapped 80 doctors and ran a one-week drive that delivered 53 signed membership forms.

In Mandera, we mapped 60 doctors and are actively converting these engagements into membership.

In Garissa, our mapping identified 129 doctors (66 paid-up members; 63 non-members) and we have launched a targeted recruitment plan to close that gap.

To anchor this work, with support from the national office, the branch has opened a fully furnished office in Garissa with a secretariat, giving members a permanent home for casework, trainings, and negotiations. We have also served Garissa County with a demand letter for union dues deductions and now await remittances.

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Across the three counties, the priority issues are: non-redesignation, non-promotion, study leave without sponsorship, contract employment, occupational safety and health hazards, management intimidation and retaliation, and denied study leave.

We are organizing around these issues, and not just documenting them. In the coming weeks, branch leaders will constitute facility committees, train facility level stewards, and escalate structured campaigns on redesignation, promotions, study-leave rights, contract regularization, and timely remittance of union dues so that every case feeds a collective win.

In parallel, KMPDU is extending this model to Kenya's private health sector, where we are mapping doctors in major private hospitals, recruiting members, and preparing recognition agreements that lock in fair duty rotas, pay equity, GBVH protections, and enforceable grievance procedures. Organizing is how we turn problems into power, and power into binding improvements for every doctor.

#### **14. Kiambu Doctors' Strike:**

However, as you know, this journey is sometimes characterised by difficult days in office.

I would equally like to acknowledge some of the unpleasant realities we have to face in some counties. For example, in Kiambu, our members have taken legal strike action after exhaustive engagement with the county. This has not been easy, and the path has been tested by challenges, but our solidarity is unwavering.

KMPDU is actively engaging, litigating and lobbying to resolve the dispute swiftly and fairly, ensuring that all doctors' rights are respected and that the spirit of the CBA is upheld. Together, we shall bring this to a just conclusion.

#### **15. Constitutional Review Exercise:**

The constitutional review exercise is currently ongoing with the deadline extended to 30th September 2025. A zero draft amendment has been shared with members via emails and in the KMPDU app and website. Members are encouraged to share their input.

#### **16. Democracy and Elections:**

We have just received notification of trade union elections from the Registrar of Trade Unions on the 2026 CYCLE.

The Registrar of Trade Unions has announced that all trade unions, employer organizations, and federations must hold their next branch and national elections (Apr 1-Jun 30) 2026 as required by the Labour Relations Act. Organizations must update membership registers, follow their constitutions, submit election schedules and venues



in advance, and report results within 14 days.

Therefore, KMPDU, as a registered trade union governed by the Constitution of Kenya and the Labour Relations Act 2007, shall comply with requirements. Further communications on this shall be done via KMPDU emails, the app, and all official channels.

Notwithstanding the above, we must focus like never before to ensure more gains to our membership. A lot of work must be done.

### **17. Capacity Building and Training:**

As has been our tradition, through collaboration with FES and the Global Labour University, we are proud to announce that Dr. Kahura Mundia and Dr. Steve Ndonga are currently at Witwatersrand University doing the 6-week labour training.

This follows the graduation of Dr. Malindi and me from the Global Labour Leadership Initiative by Cornell University in June 2025. KMPDU is focused on capacity building and making a pool of trained activists to canvass through the ever-evolving world of work.

### **A Call to Continued Vigilance**

While we celebrate these victories, our work is not over. We must maintain our vigilance and ensure full compliance with the remaining agreements.

We will continue to push for the employment of 2,000 additional doctors in financial year 2025/2026 to support the implementation of Universal Health Coverage.

These gains are a testament to your commitment and resilience. Let this serve as a powerful reminder of what we can achieve when we stand together. We have proven that our collective strength is the most potent force for change.

Let's continue to move forward, united in our mission to improve the working conditions of every doctor and to provide the best possible healthcare for our nation.

**In solidarity,**

**DR DAVJI BHIMJI ATELLAH**  
**National Secretary General**  
**Kenya Medical Practitioners, Pharmacists and Dentists' Union**

**Championing for Doctors' Rights**

Deputy Chairman  
**Dr. Kahura Mundia**

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