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# **ADMINISTRATIVE FRAMEWORK FOR IMPLEMENTATION OF THE MANDATORY INBOUND TRAVEL HEALTH INSURANCE PROGRAM**

**MINISTRY OF HEALTH**



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## **ADMINISTRATIVE FRAMEWORK FOR IMPLEMENTATION OF THE MANDATORY INBOUND TRAVEL HEALTH INSURANCE PROGRAM**

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### **1. Background and Introduction**

Globalization, political instability, and emerging regional and national macroeconomic challenges, including global pandemics such as COVID-19 and climate change, have adversely impacted health. In addition, the increased cross-border movements of goods, services, and people, as well as international regulations and institutions, have considerably influenced national health risks and priorities.

Article 43 (1) (a) of the Constitution of Kenya 2010 (hereinafter “the COK”) guarantees every person the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare. Further, Article 43 (2) requires that “a person shall not be denied emergency medical treatment.”

The Government of Kenya (GOK) has committed to accelerating the attainment of Universal Health Coverage (UHC) as one of the administration’s priorities under the Bottom-Up Economic Development Agenda for enhancing socio-economic development. UHC aims to ensure that all persons within the territory of Kenya access and receive quality health services without suffering financial hardship. This includes foreign nationals traveling to Kenya. These services include promotive, preventive, curative, rehabilitative, palliative health services, emergency medical evacuation, and repatriation of mortal remains.

#### **1.1 Kenya Universal Health Coverage Policy 2020-2030 and Vision 2030**

Progressing towards attaining UHC is crucial to addressing the high burden of communicable conditions, a rising burden of non-communicable conditions, and cushioning the health system from emerging and re-emerging pandemic outbreaks and changing demographic patterns. Out-of-pocket payments (OOP) for health services remain a major financial barrier to accessing



health services in Kenya and it exposes both locals and travelers to catastrophic health expenditure.

The GOK has made efforts to expand coverage of health services and to cushion the poor and other vulnerable groups from financial risk through various mechanisms. The efforts have been demonstrated in the implementation of various policies and programs in the recent past that have been targeted at not only increasing access to quality health services but also providing financial protection through the reduction of out-of-pocket payments when accessing healthcare.

Implementation of UHC is, therefore, expected to bring together health and development efforts and contribute to poverty reduction as well as building solidarity and trust, aspirations that are also enshrined in the Government Development Blueprint, the Kenya Vision 2030.

The UHC policy also institutes mandatory pre-payment revenue generation mechanisms from both the local and non-local population thereby reducing out-of-pocket payments and catastrophic health expenditures guided by fairness and affordability for different income levels. These include mandatory insurance, tax, government subsidies, and external partner support, amongst others.

Additionally, Primary Care Networks (PCNs) are an integral part of Primary Health Care (PHC) and thus form a key building block to scaling up UHC. These PCNs shall help achieve universal access to healthcare by availing person-centered services closer to communities including non-Kenyan travelers in need and assure quality continuity and sustainability of healthcare.

## **1.2 UHC as a National and Global Development Agenda**

UHC is a foundational driver for inclusive and sustainable economic growth and development. Progress towards UHC shall enable Kenya to protect the healthcare needs of all persons within the country's territory including the poor and vulnerable, invest in human capital, and make progress in the overall goal of inclusive human development. This is in line with Kenya's commitment to the Sustainable Development Goals (SDGs).



The UHC Policy also proposes a progressive and explicit health benefits package to which all persons within Kenya shall be entitled, with regular revision to ensure it reflects Kenyans' and non-Kenyans' needs and preferences.

### 1.3 Summary of Kenya's Constitutional and Policy Commitments to Universal Health Coverage

<b>Constitution of Kenya 2010</b>	<p>Article 43(1) Every person has the right to (a) the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare; and</p> <p>Article 43(2) A person shall not be denied emergency medical treatment.</p>
<b>Vision 2030</b>	To improve the overall livelihood of Kenyans, the country aims to provide an efficient integrated high-quality affordable healthcare system with the highest standards.
<b>Kenya Health Policy 2014 – 2030</b>	The goal of the Policy is to attain the highest possible standard of health responsively. The health sector aims to achieve this goal by supporting equitable, affordable, and high-quality health and related services at the highest attainable standards for all Kenyans.
<b>Sessional Paper No.2 of 2017 and Health Act 2017</b>	<p>These are key policy and legal frameworks to ensure movement towards UHC by progressively facilitating access to services by all, ensuring social and financial risk protection through adequate mobilization, allocation, and efficient utilization of financial resources for health service delivery, and ensuring equity, efficiency, transparency, and accountability in resource mobilization, allocation, and use.</p> <p>Efforts shall be made to progressively build a sustainable political, national, and community commitment to achieve and maintain UHC through increased and diversified financing options.</p>



<b>BETA Agenda</b>	The Kenya Kwanza manifesto commits to realizing the Constitutional right to health in the shortest time possible by delivering a UHC system built on three pillars which include among others to “provide National Health Insurance Fund coverage for all persons without exclusion in the policy of <i>“Leaving No One Behind”</i> ”.
<b>SDG Goal 3</b>	<b>Target 3.8 Achieve UHC, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.</b>

#### **1.4 Implications of Visa-Free Travel to Kenya**

Countries that attract large numbers of tourists and travelers have found it necessary to introduce mandatory travel health insurance to ensure all persons within their national territory have adequate healthcare coverage. These include UAE, Schengen Countries, Egypt, and Russia among others.

The GOK has lifted Visa requirements for various categories of foreign nationals traveling to Kenya and introduced Electronic Travel Authorization (eTA). This move is intended to enhance the free movement of persons into Kenya for tourism, trade, and related purposes. Such persons shall be entitled to adequate healthcare coverage as envisioned by the UHC Policy. This shall also improve the preparedness of Kenya’s healthcare ecosystem to deal with health emergencies such as the COVID-19 pandemic.

## **2. Rationale**

The GOK administration has committed to deliver UHC to the Kenyan public and this extends by obligation to all persons who at any time are within the boundaries of Kenya. It is therefore imperative for the Ministry of Health (MoH) to put plans and measures towards guaranteeing the same quality of healthcare to travelers who visit Kenya.

### **2.1. Benefits of Mandatory Travel Health Insurance Program**



- a) **Protection of Public Health:** By ensuring that all travelers have adequate health coverage, the policy aims to protect the health and safety of both Kenyans and non-Kenyans.
- b) **Public Health Emergency Preparedness:** The measure ensures the preparedness of the Kenyan healthcare ecosystem to deal with health emergencies such as global pandemics among other diseases.
- c) **Financial Risk Mitigation:** Mandatory inbound travel health insurance shall reduce the financial burden on the government and healthcare providers. By requiring travelers to bear the costs of their medical treatment, the policy ensures that the expenses are covered by insurance rather than being a strain on public resources.
- d) **Equity in Healthcare Delivery:** Ensure utilization relative to need, with financial contributions based on the ability to pay without imposing a barrier to access at the point of care (POC) and additionally be effective in sharing of risks from healthy to sick, rich to poor and young to old for the benefit of everyone. This principle is premised on “leaving no one behind”.
- e) **Global Best Practice:** Many countries have implemented mandatory travel insurance, especially after the COVID-19 pandemic. Further, most European, American, and Asian countries already recommend that their nationals purchase travel insurance before they visit foreign countries.

## 2.2 Program Design and Methodology

Lifting of Visa entry requirements by the GOK and the implementation of mandatory travel health insurance shall require immediate action by the Cabinet Secretary to commence implementation of the program.

**Section 26 (6) Social Health Insurance Act No. 16 of 2023** states: *“A person who is a non-Kenyan that intends to enter and remain in the territory of Kenya for a period of less than twelve months shall be required to be in possession of a travel health insurance cover as may be designated by the Cabinet Secretary.”*





**Section 26 (7) of Social Health Insurance Act No. 16 of 2023** mandates the Cabinet Secretary for Health to in place policies, regulatory and administrative measures.

There are two approaches countries can take towards the implementation of Mandatory Inbound Travel Health Insurance being Designated and Non-Designated Approaches.

**The Designated approach** is where a country designates a specific insurance product and provider while the non-designated model is where the travelers source insurance from their countries of origin.

The recommended model for Kenya is the Designated approach for the following reasons:

- a) **Standardization of healthcare specifications:** The designated model ensures that the Kenyan Government sets minimum standards for medical care provided under insurance cover for all travelers.
- b) **Credibility of the Insurance Cover:** The designated model enables the Government to guarantee that the insurance cover providers are credible and have the necessary capacity and local infrastructure to meet the traveler's emergency healthcare needs in Kenya.
- c) **Elimination of Fraud:** The designated model eliminates the possibility of the provision of fraudulent insurance documents by some travelers since the insurance is obtained from one source.
- d) **Economic Benefits:** The proposed model shall generate substantial new revenues for the local healthcare and health insurance ecosystem and create more employment opportunities for Kenyans, as well as stable passive Inflow of Forex to Kenya.
- e) **Tourism:** The program shall boost tourism by profiling the image of Kenya as a destination with a mature healthcare system, granting Kenya a positive reputation.
- f) **Global Benchmarks:** A people-centered, appropriate, and responsive system that caters to diverse needs, preferences, and values including through an entitlement to the specified package of health benefits.



- g) **Monitoring, Evaluation & Reporting:** This shall facilitate continuous improvement, enhance value for money, and business process improvement.
- h) **No financial investment from the Government:** the designated approach will allow the Travel Insurance to be implemented with no expenses to the Kenyan taxpayer.

The Non-designated Approach has major pitfalls. Under the non-designated model, it is not possible to determine the specific medical cover provided to the traveler and whether it fits Kenya's healthcare requirements. It is also vulnerable to fraud since immigration officials are unable to verify whether the insurance documentation provided by travelers is legitimate.

### 3. Legal Framework

The Constitution of Kenya 2010 as the supreme law of the Republic of Kenya enlists health under Article 43 (1) (a) and (2) as one of the economic and social rights that should be accessible by every person in the Republic of Kenya. It states:

- (1) Every person has the right to the highest attainable standard of health, which includes the right to health care services (emphasis), including reproductive health care.*
- (2) A person shall not be denied emergency medical treatment.*

To give effect to article 43 (1) (a) and (2) of the COK, 2010 there is established the Health Act No. 21 of 2017 (hereinafter "the Act") which makes provision for health financing under Section 86 by empowering the Department of Health to adopt mechanisms that allow for progressive financial access to UHC by the citizens of the Republic of Kenya. Such mechanisms include but are not limited to:

- a) The implementation of an integrated national health insurance system, herein, the Social Insurance Health Fund as established under Section 25 (1) of the Social Health Insurance Act No. 16 of 2023(hereinafter "SHI Act");
- b) The development of policies and strategies that ensure the realization of universal health coverage;



- c) The provision of a framework for examining means of optimizing the usage of private health services as a result of relieving the burden carried by the publicly financed system; and
- d) The provision of a framework for establishing a harmonized common mechanism for coordinating planning, financing, monitoring, and evaluation within the health sector.

To realize the provisions of Article 43 (1) (a) and (2) of the Constitution of Kenya 2010 and to allow non-Kenyans seeking to enter and remain in the Republic of Kenya access to health care services, Section 26 (6) of Social Health Insurance Act No. 16 of 2023 provides that:

*A person who is a non-Kenyan who intends to enter and remain in the territory of Kenya for a period of less than twelve months shall be required to be in possession of a travel health insurance cover as may be designated by the Cabinet Secretary.*

The territory of Kenya is defined by Article 5 of the Constitution of Kenya 2010 and consists of the territory and territorial waters comprising Kenya on the effective date, and any additional territory and territorial waters as defined by an Act of Parliament. This, therefore, means that Kenya as a sovereign state may provide a framework to regulate ingress by non-Kenyans to its territory.

Section 26 (7) of Social Health Insurance Act No. 16 of 2023 further enables the Cabinet Secretary of the for Health to establish inter alia administrative measures to give effect to subsection (6) of Social Health Insurance Act No. 16 of 2023. As such, it is this legal basis that informs the implementation of this administrative framework for the implementation of inbound travel health insurance by non-Kenyans.

#### **4. Regulatory Framework**

Section 86 (2) (c) of the Act empowers the Ministry of Health to collaborate with other established inter-governmental relations to provide a framework for establishing a harmonized common mechanism for coordinating, planning, financing, monitoring, and evaluation within the health sector.



These inter-governmental relations include, but are not limited to, Immigration, Insurance Regulatory Authority, Tourism, Transport, Foreign Affairs, Office of Data Protection Commissioner, Office of the Attorney General, and the Office of Prime Cabinet Secretary.

#### **4.1 Kenya Citizen and Immigration Act No. 12 of 2011**

The Ministry of Health (MoH) may collaborate with the Department for Immigration to oversee the smooth implementation of the Social Health Insurance Act No. 16 of 2023 to ensure compliance at the various ports of entry across the country as per the provisions of Section 35 (4) of the Kenya Citizen and Immigration Act No. 12 of 2011. The said provision provides that mere possession of an Electronic Travel Health (eTA) shall not exempt any person entering Kenya from complying with any legislation relating to immigration (including compliance with section 26 (6) of the Social Health Insurance Act No. 16 of 2023).

The implementation of the Social Health Insurance Act No. 16 of 2023 shall be achieved by the designation of immigration officers at various ports of entry across the country to ensure non-Kenyans seeking to enter and remain in the Republic of Kenya have valid mandatory Inbound Travel Health insurance cover.

#### **4.2 Insurance Act Cap 487**

The insurance sector plays a key role in the implementation of UHC. The regulation of the sector is twofold as it seeks to ensure compliance by insurers as well as product compliance.

On the one hand, for an insurer to be regarded as compliant the Insurance Act Cap 487 (hereinafter “the IA”) ensures mandatory registration under Section 31 of the IA. On the other hand, product compliance requires application by the insurer and approval of the product by the Insurance Regulatory Authority (IRA) before distribution to the general public.

To achieve this, the Insurance Act which establishes the IRA has the mandate to, among other things, ensure that the sector has effective administration, regulation, and control, oversee the



formulation and enforcement of standards of conduct, and oversee the process of registration and licensing of all persons involved in or connected with the insurance business.

In light of the foregoing, the IRA as a facilitator for implementing UHC, must ensure that any insurance company registered in the Republic of Kenya and seeking to offer mandatory inbound Travel Health Insurance services has a valid policy that complies with all legal requirements.

In addition to ensuring that every non-Kenyan within the Republic of Kenya has access to quality healthcare services, the implementation of this framework shall seek to ensure that access to such quality healthcare services shall be at pre-approved health facilities country-wide.

Additionally, this framework on the implementation of section 26 (6) of Social Health Insurance Act No. 16 of 2023 calls for the active participation of local insurers in the provision of Inbound Travel Health insurance services as the government through the Ministry of Health seeks to expand access to economic opportunities by leveraging on technology and innovation in its effort to deliver better and more creative solutions in the access to healthcare services for non-Kenyans.

More so, the IRA has set in place guidelines on consumer information to provide for the handling of customer complaints. Therefore, this framework echoes even more the need for customer-centric service delivery to non-Kenyans by providing a means with which customer complaints and concerns may be addressed in the shortest and most effective way to build more confidence in the industry and sector.

#### **4.3 Digital Health Act No. 15 of 2023**

The Digital Health Act **No. 15 of 2023** (hereinafter “the DHA”) establishes the Digital Health Agency to provide a framework for the provision of digital health services and to provide a comprehensive integrated digital health information system. One of the key objectives of the DHA is to promote innovation and the safe, efficient, and effective use of technology for healthcare including continuity of care, emergency and disaster preparedness, and disease



surveillance. Of importance is that the DHA provides a regulatory framework for the e-Health ecosystem data lifecycle by providing measures that must be put in place to ensure data privacy, confidentiality, and security of health data, components which are all critical for the successful implementation of this framework.

Further, the Digital Health Agency also seeks to provide a framework for the safe and secure transfer of personal identifiable health data and client's medical records to and from health facilities outside Kenya. This aims to ensure that the personal health data of non-Kenyans seeking entry into the country is handled and processed in such a manner that ensures confidentiality for information sharing and use. In complying with the requirements under the DHA, the insurer (s) who falls within the category of a health data controller, health data processor, or both must ensure the adoption of best practices and standards for data governance, data portability, system interoperability, and the anonymization and pseudonymization and encryption of data where such data is to be used for purposes of advancement of research and policy development on matters health.

For purposes of implementation of mandatory inbound travel health insurance cover for non-Kenyans, the insurer (s) shall have the duty to notify the insured of the requirements for compliance with the Digital Health Act **No. 15 of 2023** and obtain the necessary consent.

#### **4.4 Data Protection Act No. 24 of 2019**

Successful implementation of the framework on inbound health travel insurance for non-Kenyans necessitates compliance with the Data Protection Act No. 24 of 2019 (hereinafter "the DPA") due to the processing of sensitive personal data. Sensitive personal data is any data revealing the natural person's race, health status, ethnic social origin, conscience, belief, genetic data, biometric data, property details, marital status, family details including names of the person's children, parents, spouse or spouses, sex or the sexual orientation of a person.

It is noteworthy that insurance companies collect sensitive personal data when processing policy covers for an insured thus creating a potential risk of data breaches where such data is mishandled. Therefore, to effectively implement this framework, the IRA be required to ensure





that insurance service providers are compliant with the provisions of local or international data protection laws e.g., Kenya Data Protection Act No. 24 of 2019, European General Data Protection Regulations (GDPR) or American California Consumer Private Act (ACCPA) appropriate safeguards for the handling, processing, storage, and transfer of sensitive personal data outside Kenya.

Section 46 (1) (b) and (2) of the Data Protection Act No. 24 of 2019 provides the thresholds to be met, particularly, for the processing of personal data relating to the health (emphasis) of a data subject which may be done by a person who is subject to the obligation of professional secrecy under any law and who owes a duty of confidentiality (including insurers governed by the Insurance Act Cap 487).

In processing sensitive personal data, insurers shall ensure they adhere to the principles of data protection as outlined in Section 25 of the Data Protection Act No. 24 of 2019 the insured shall be informed of their right to privacy, that their data shall be processed lawfully, fairly, and in a transparent manner, that the data collected shall be accurate and for a specific and legitimate purpose, that such data shall not be transferred outside Kenya unless there is proof of adequate data protection safeguards or consent from a data subject.

Further, insurers shall establish appropriate technical and organizational measures designed to implement the data protection principles effectively and to integrate necessary safeguards for processing sensitive personal data. For purposes of effective operationalization and implementation of the framework, insurance companies seeking to provide inbound travel health insurance cover shall be required to have in place appropriate technical safeguard measures by default for the processing of sensitive personal data for purposes of providing the appropriate inbound travel health insurance cover.

The default technical safeguards measures must examine and consider: the amount of sensitive personal data collected, the extent of its processing, the period of its storage, its accessibility and the cost of its processing, the technologies and tools used to create the default safeguards, the reasonably foreseeable internal and external risk and how to mitigate them, and how the insurer intends to the continually updated in response to new risks or deficiencies.



Local insurers, international and local third-party administrators, and international re-insurers before the transfer of sensitive personal data outside the Republic of Kenya shall be required to show that they have obtained consent from the data subject to transfer such data especially if such data is stored in servers located outside Kenya as well as the appropriate safeguards concerning data security and the protection of sensitive personal data.

## **5. Implementation Methodology**

### **5.1 Guidelines and Standards**

Reference is made to the UHC policy (2020-2030) whose mandate is *accelerating the attainment of Universal Health Coverage*. The policy under section 1.3 “Principles of the Kenya Health Universal Health Policy” aims to achieve the “*Establishment of financial risk protection mechanisms to ensure a unified financial scheme with very clear resource mobilization, pooling, and purchasing as delinked functions*” (section 1.3, page 18).

Further, the policy recognizes the critical role that insurance provides as a risk mitigation mechanism to reduce the health burden as stated under the section health financing (sec 2.3.2, pg. 23) ‘... *Consolidation of funding mechanisms will facilitate effective cross-subsidization and address administrative inefficiencies to optimize the use of scarce funds. ....*’ It is therefore with due consideration and to meet the attainment of the UHC that insurance is proposed as a mechanism to address the identified challenges.

Insurance as a product aims to provide a means of protection from financial loss, as a form of risk management primarily used to hedge against the risk of a contingent, uncertain loss. Therefore, in line with section 26 (6) of the Social Health Insurance Act No. 16 of 2023, the purpose of mandatory inbound travel health insurance is to primarily hedge against the risk of a contingent, uncertain loss/health burden that may be incurred as a result of health expenses borne by a non-Kenyan in the course of their visit into the country and during the period of stay from date of entry into the country.





## **5.2 Preliminary Requirements**

### **5.2.1 Introduction to the Requirements**

The MoH in sourcing for Mandatory Inbound Travel Health insurance shall follow the terms and conditions below:

The summary requirements of the inbound travel health insurance cover shall include:

- a) A joint offer from a local insurance company reinsured by an international/local re-insurer, a local/international third-party administrator (TPA) and presented to the Ministry of Health that shall combine all the parts of the offer;
- b) Details of the proposed methods to collect the insurance premium, in multiple ways and internationally;
- c) Refund policy if entry is not granted;
- d) Not necessitate investment from the government; and
- e) A full commitment to apply the Data Protection Act **No. 24 of 2019**, Act as well as European General Data Protection Regulations (GDPR) or American California Consumer Private Act (ACCPA) data protection standards at the work of all parties and implemented at the IT systems.

### **5.2.2 Requirements for the International Reinsurer**

The international reinsurer shall be required to have:

1. A superior financial strength rating, meaning A++ (Superior) AM best or Aa1 (Moody's) or AA+ (Standard & Poor's) Rating is preferred and an added advantage.
2. MUST have global experience and working in over 20 countries, and MUST have more than 30 years' experience.
3. MUST have a capital base of over USD 10 billion, and MUST have annual gross written premium (GWP) of over USD 3 billion.
4. Been listed as one of the top reinsurers in the world according to global rating agencies such as Standard & Poor's (S&P) or AM Best latest market segment annual report.



### 5.2.3 Requirements for the Local Insurance Company

The local insurance company shall be required to:

1. Demonstrate experience in providing travel and or health insurance and having in place a valid approval from Insurance Regulatory Authority (IRA) to issue **Inbound** Travel Health/Medical Insurance in Kenya;
2. Provide a valid and executed reinsurance treaty and policy document.
3. Have a Gross Written Premium of over KES 2 billion in Kenya;
4. Give a list of at least five (5) reputable clients each with total annual premiums of KES 100 million for the previous financial year;
5. Evidence of having an extensive panel of medical providers in all 47 Counties in Kenya to serve the insured;
6. Demonstrate ability to settle claims of over KES 50 million for the previous two (2) financial years;
7. To ensure efficiency, the local insurance company can appoint a Third-Party Administrator (Local or International); and
8. The local insurance company and the Third-Party Administrator (TPA) MUST deposit a Joint Venture Agreement as part of the assignment.

### 5.2.4 Requirements for Administrations Services (Applicable to Third-Party Administrators)

The Local Insurance Company and/or or third-party administrator shall be required to:

1. Have over 50 years of experience in serving and providing administration services to at least 2 million lives;
2. Have a minimum premium turnover of over USD 250 million per year;
3. Demonstrate or provide a list of relevant assignments carried out in the last five (5) years that best illustrates the capacity to undertake such a project;
4. Have provided administration services and/or third-party administrator services related to travel health insurance to policyholders in at least five (5) continents across the globe;



5. Have a record of working with international reinsurers and local insurers, in handling over 1 million customers per year;
6. Have a contractual agreement with a credible locally sourced Claims Administrator or insurer with a current International Organization For Standardization (ISO) ISO 27001 certificate;
7. Have in place already signed contractual agreements with the empaneled healthcare providers both in Kenya and internationally across Africa, Asia, Europe, and the Americas;
8. Have proven experience in cost containment and keeping the loss ratio under 50%. The administrator must present recommendations from leading reinsurers on cost containment for the program; and
9. Demonstrate ability to deploy an IT system that is fully owned by them and runs on a microservice platform. The platform must be Global Data Protection Ratio (GDPR) compliant, with inbuilt International Classification of Diseases (ICD), and ICD 11 capability as well as illustrate integration to multiple users and large volumes of insured within one ecosystem.

### **5.3 Requirement for the Information Technology (IT) system**

The IT system provided by the Insurer and/or administrator shall be required to meet the following security and infrastructure requirements:

#### **5.3.1 Security Requirements**

The IT system shall be required to meet the following security requirements. The system must have:

- a) Payment Card Industry Data Security Standards (PCI-DSS);
- b) General Data Protection Regulations (GDPR) compliance standards;
- c) Service Organization Control (SOC) 2 Security compliance standards;
- d) Information security at the highest level;
- e) Privacy and Data Protection Act & policies compliance; and
- f) Demonstrate and guarantee an uptime of 99.9%.



### **5.3.2 Infrastructure Requirements**

The IT system shall be required to meet the following infrastructure requirements. The infrastructure must have:

- a) Redundancy;
- b) Full back-up: A fully backup website at two different hosting places with immediate transfer between the sites;
- c) A customer website with a geographical information system to allow for locating of medical providers;
- d) Support 24X7X365;
- e) At least 2 million transactions per year;
- f) Data retention for active data for twenty-four (24) months and archived data for seven (7) years; and
- g) Logging and monitoring of infrastructure and applications.

### **5.2.4. System Integration Capability**

- a. Ability to deploy API integrations to the Electronic Travel Authorization (eTA).
- b. Ability to deploy API integrations to the Advanced Passenger Information-Passenger Name Record (API-PNR).
- c. Ability to deploy API integrations to Customer Relationship Management & Claims Management Systems.

### **5.2.5. Payment Mechanism**

- a. Payment collection and clearing methods with a Tier 1 international bank and acceptance for all leading channels: Visa, Mastercard, Amex, Apple pay, Android Pay, Google pay, WeChat or Alipay, M-PESA and more.
- b. Payment Card Industry Data Security Standards (PCI-DSS) compliance.
- c. Ability to collect payments at all border points including land, sea and air.
- d. Claims management agreements, claims accounting systems and control in place.



#### **5.2.6. Provider Refund Policy**

- a. The provider (s) must refund the traveler(s) in case entry into the territory of Kenya is not granted after payment of premium has been made.
- b. The provider(s) put in place a refund mechanism in its implementation plan.

#### **5.2.7. Customer Support System**

The provider(s) must demonstrate ability to deploy;

- a. Customer Relationship Management System.
- b. Show an ISO Certification for a local third-party administrator.
- c. 24/7 /365 Customer Contact Center to support all end-to-end customer service requirements.
- d. Customer service level agreement.
- e. Evidence of having an extensive panel of medical providers in all 47 Counties in Kenya to serve the insured.

### **6. Mandatory Inbound Travel Health Insurance Policy**

The proposed policy shall include outpatient and inpatient coverage within terms as defined under the Mandatory Inbound Travel Health insurance cover for in-patient and out-patient or as prescribed by the ministry.

#### **6.1 The Policy Period**

In accordance with Section 26 (6) of the Social Health Insurance Act No.16 of 2023, the policy will cover the tourist or traveler's entire duration of stay up to 12 months from the day of entry.

The policy period shall be defined as follows;



- a) Single entry up to 30 days of stay from the date of entry;
- b) Single entry above 30 days of stay but limited to 60 days from the date of entry; and
- c) International Private Medical Insurance (IPMI) for any stay longer than 60 days from the date of entry up to 12 months.

## 6.2 Policy Benefits

In accordance with the Social Health Insurance (General) Regulations 2024, Section 70 (2) (a) and (b), Inbound Travel Health policy shall cover the costs of medical care incurred by the insured person during the policy period as a result of an insured event, as defined hereunder and within the requirements provided.

The cover shall include the following;

BENEFITS	SCOPE
(i) Personal accident that may lead to death or permanent total disability;	Medical care personnel, laboratory tests and imaging, ambulatory costs in the hospital.
(ii) Emergency medical expenses;	Hospitalization, including intensive care, surgeon's fees, and out-patient expenses.
(iii) Emergency medical evacuation;	Evacuation for the patient from the site of the event to the nearest hospital or according to medical need approved by a doctor of the insurer.
(iv) Repatriation of mortal remains;	Transportation (ground and/or air and/or marine) of the body of the insured in case of death to an airport in the country of origin of the insured.
(v) Hospital benefits (Out-patient and In-Patient)	Medical expenses including mental illness, pandemics and epidemics, transportation (ground and/or air and/or marine) to the country of origin of the insured all



	according to medical need approved by a doctor of the insurer
(vi) Prescription medicines;	Prescribed medication (not over-the-counter medications) as prescribed by a qualified and licensed physician for an Insured Event.
(vii) Any other additional benefits	If the provider(s) wishes to cover more benefits, it will be an added advantage.

### 6.3. Schedule of Policy Benefits

The Mandatory Inbound Travel Health Insurance policy cumulative benefit limit shall be no less than 50,000 USD.

The minimum policy benefits shall be distributed as follows:

Policy Benefits	Insurable Limit in USD
Medical expenses	20,000
Emergency medical transportation	25,000
Prescribed medicines	300
Mental illness	1,000
Repatriation of mortal remains	5,000

### 6.4 Project cost, investment and duration of service

Since the premiums are to be paid by the travelers and the government has no upfront cost, deploying the necessary infrastructure and every financial investment will be borne by the designated provider.

To keep the premiums reasonable and affordable to the traveler, the Ministry will accord the identified provider a minimum of ten (10) to twelve (12) contract duration to cover the financial investment, technology, maintenance, infrastructure, integrations, development, stakeholder engagement, training & support and cyber security for the system.

Further, to maintain high standards of service provision and good experience to our visitors, the provider and the Ministry will agree on mutual commitments.



## **7. Institutional and Administrative Arrangement**

### **7.1 Mandatory Inbound Travel Health Insurance Committee**

The Cabinet Secretary is mandated to give effect to administrative measures and shall establish a Mandatory Inbound Travel Health Insurance Committee whose mandate shall be to oversee the implementation of Section 26 (6) and (7) of Social Health Insurance Act No. 16 of 2023.

The Committee shall comprise representatives from various Ministries, Departments, and Agencies (MDAs) as follows:

- (a) A Chairperson who shall be the Director General of the Ministry of Health;
- (b) One (1) representatives from the Office of the Prime Cabinet Secretary;
- (c) Two (2) representatives from the Ministry of Interior and National Administration (Immigration and Border Control);
- (d) Two (2) representatives from the Ministry of Foreign and Diaspora Affairs;
- (e) Two (2) representatives from the Ministry of Transport and Infrastructure;
- (f) Two (2) representatives from the Ministry of Tourism;
- (g) A Representative from the Ministry of ICT and Digital Economy;
- (h) A representative of the Insurance Regulatory Authority;
- (i) A representative from the Insurance Industry who shall serve for a term of 3 years renewable once;
- (j) A representative from the Office of the Attorney General;
- (k) Any other two (2) persons who shall represent special interest groups and serve for a term of 3 years renewable once;





- (l) A Secretary who shall be drawn from the Travel Health Insurance Secretariat domiciled at the Ministry of Health.
- (m) A Secretariat drawn and domiciled at the Ministry of Health

The committee shall co-opt other persons on a needs basis from time to time.

## **7.2 Mandatory Inbound Travel Health Insurance Secretariat**

The Cabinet Secretary shall constitute a Mandatory Inbound Travel Health Insurance Secretariat whose functions shall be to coordinate the day-to-day implementation of this administrative framework for the implementation of Mandatory Inbound Travel Health Insurance in Kenya. The Secretariat shall be headed by a Coordinator.

## **7.3 Functions of the Committee**

The Committee shall undertake the following;

1. Regular review and update of the guidelines and standards for the Mandatory Inbound Travel Health Insurance to meet international benchmarks and specifications.
2. Facilitate the sourcing of the Mandatory Inbound Travel Health Insurance Provider and Product;
3. Undertake Monitoring, Surveillance, Evaluation, and Reporting on the performance of the designated Mandatory Inbound Travel Health Insurance Product & Provider;
4. Collaborate with stakeholders to Develop and Promote Medical Tourism Industry in Kenya;
5. Conduct operational research and client satisfaction survey;
6. Impact Analysis of the Mandatory Inbound Travel Health Insurance Program in Kenya;
7. Receive a copy of the quarterly product reports submitted by the Local Insurer to the Insurance Regulatory Authority Regulatory Authority; and
8. Any other assignment prescribed by the Cabinet Secretary for Health.



## 8. Implementation of ICT Systems

### 8.1 KENYA CARES E- Portal

The Secretariat shall establish an e-portal to be known as *Kenya Cares* for the processing of Mandatory Inbound Travel Health Insurance. The e-portal shall be premised under the Government of Kenya domain [www.kenyacares.go.ke](http://www.kenyacares.go.ke).

The Portal shall provide fields for the collection of data essential for the provision of insurance services including but not limited to the following:

- a) Full names as per the passport;
- b) Gender;
- c) Date of Birth;
- d) Address;
- e) State and Country of Origin;
- f) Mobile and Email contacts;
- g) Passport bio-data page;
- h) Upload for face photo;
- i) Reason for travel;
- j) Any underlying condition/ailment with prescribed medicines not easily accessible;
- k) Duration of travel; and
- l) Any other data as may be required by the designated service provider (s) for effective service delivery.

In the handling and processing of personal data, the Secretariat and designated service provider (s) must at all times comply with local and international data protection laws and regulations.

The e-portal should enable for multiple languages.



The service provider shall integrate a payment gateway on the online portal that shall facilitate payment of premiums by all persons intending to travel to Kenya. The payment gateway must be able to accept payments through all major international payment channels including credit cards and large payment providers such as *PayPal*.

## **8.2 Integration with Immigration & Administrator Systems**

The online portal shall have an API Gateway to facilitate seamless integration with third-party systems such as the Department of Immigration's port entry verification system as well as with other private providers who shall play a role in the project implementation.

## **8.3 Search Engine Optimization (SEO)**

There shall be a need to adopt search engine optimization protocols to facilitate smooth access to the online portal by end users. The SEO for the online portal shall incorporate keywords, update the title tag of the page to use relevant search terms, and use the alt attribute to describe images among others.

## **8.4 System Security, Storage, and Redundancy**

The e-Portal shall be required to have multiple storage and availability redundancies to ensure high availability and data backup. The e-portal shall have the latest security software and operating system with the best defenses against viruses, malware, and other online threats.

# **9. User Support Ecosystem**

The insurer shall ensure that information relating to Mandatory Inbound Travel Health insurance is easily available. The insurer shall recruit and integrate with other stakeholders for easy purchase of the policy. The stakeholders include airlines, ticketing agencies, travel companies, hotels, and lodges.



The insurer shall make it possible for payment of the insurance to be made through online payments by card, point of sales, mobile money, *VISA*, and *Mastercard*, *WeChat*, *MPESA*, *etc* amongst others with proper integration for automated generation of the policy and onboarding of the traveler.

The traveler shall be made aware of all healthcare providers enlisted to provide healthcare before the purchase of the product. The list of new providers and those dropped shall be updated online in real-time to ensure travelers have seamless access to healthcare.

The insurer shall ensure that the list of healthcare providers shall be spread across the country for easy access without the need for long travels. Where the recruited healthcare providers are not within reasonable access by the traveler, the insurer shall provide a structure on how the traveler can seek reimbursement after treatment.

The insurer shall spell out Service Level Agreements (SLAs) between itself and travelers and also with healthcare providers. The SLAs shall be easily accessible and notified to travelers at the point of onboarding.

### **9.1 Call Center**

The insurer shall establish a 24-hour call center to address all traveler queries and complaints. The insurer shall within reasonability ensure the contact center service is manned by personnel in addition to an automated contact center.

The call center shall have personnel that can address traveler queries in at least 4 main languages English, German, French and Swahili

### **9.2 Frequently Asked Questions (Physical & Digital Brochure)**



The insurer shall develop an FAQ in both physical and digital format to address any common queries. The FAQ shall be updated frequently to cater to emerging areas of concern.

## **10. Sensitization and Capacity Building**

All officers involved in the implementation of the program shall be sensitized through workshops, seminars, and other educational activities that provide information. Emphasis shall be put on developing skills, knowledge, and infrastructure to strengthen the capacity to plan, manage, and implement the Mandatory Travel Health insurance program.

## **11. Monitoring & Evaluation and Reporting**

Monitoring and evaluation systematically track the progress of prioritized indicators and evaluate the effectiveness, efficiency, relevance, and sustainability of these indicators.

Specifically, the implementation of this program shall be monitored and evaluated using financial and non-financial targets and indicators that reflect constitutional requirements, country priorities, and global commitments about UHC as well-set guidelines and standards for travel health insurance under this framework.

Reporting and feedback shall be done quarterly to the Cabinet Secretary and the Technical Committee and at least monthly to the Secretariat.

## **12. Information, Education, and Communication**

### **12.1 Client Information Package for Digital and Physical Distribution**

#### **12.1.1 Introduction**



The Cabinet Secretary extends a warm welcome to each tourist visiting Kenya. During your stay, the GOK is committed to ensuring that every visitor has access to quality health services as part of an inbound travel health insurance policy and in line with our UHC policy.

The purpose of this client information package is to provide an outline of the inbound travel health insurance cover that is required during your stay in Kenya.

In case you require any further clarification, do not hesitate to get in touch with us using the listed contact details contained in the client information pack.

Once more *Karibu Kenya* and enjoy your stay in the ‘cradle of mankind,’ welcome home.

## **12.2 Insurance Terms Used in this Communication**

Please take some time to review the Mandatory Inbound Travel health insurance cover information provided in this pack.

### **12.2.1 Product Definition & Key Terms**

#### **12.2.1.1 What is the Inbound Travel Health Insurance Cover?**

The inbound travel health insurance cover is a unique and innovative insurance cover targeted at non-Kenyans traveling into the country for a period of stay. The insurance covers medical expenses for outpatient and inpatient services, repatriation in case of illness or accident, emergency medical evacuation in both ground and air as well as repatriation of mortal remains.

#### **12.2.1.2 Who is Eligible to Purchase the Cover?**

It is now a government regulation for all non-Kenyans traveling into the Republic of Kenya to have inbound travel health insurance cover for their period of stay in the country and is compulsory at the point of entry into the country.

#### **12.2.1.3 Purchase of Cover and Data Protection**



The inbound travel health insurance cover shall be purchased directly from the GOK e-Portal only accessible on [www.kenyacares.go.ke](http://www.kenyacares.go.ke) and payments done directly to the appointed insurer on record using the payment gateway (s) as provided.

The GOK shall ensure at times the ICT technology used provides full commitment to comply with the Data Protection Act No. 24 of 2019, as well as global best practices including compliance with the General Data Protection Regulations (GDPR) standards in handling and processing your personal details and information as shall be required.

### **12.2.2 What are the Frequently Asked Questions (FAQs)?**

#### **12.2.2.1 What is included in the Inbound Travel Health Insurance Policy?**

The inbound travel health insurance policy shall cover the costs of medical care incurred by the insured person during the policy period as a result of the following insurance events and within the insurance policy benefits and limits provided:

- a) Emergency medical treatment for outpatient and inpatient care;
- b) Prescribed medications by a licensed health care provider in the panel;
- c) Emergency medical evacuation both ground and air to the nearest health care facility;  
and
- d) Repatriation of mortal remains both ground and air to the country of origin.

#### **12.2.2.2 What is the insurance policy period?**

The policy period is **30 days from the date of entry into the country**. However, if you plan to stay in the country for longer, please note you will be required to top up the insurance cover for up to 60 days.

For all non-Kenyans who shall be in the country for longer than 60 days, you shall be required to show evidence of private health insurance cover and or purchase the cover upon entry into the country.



#### **12.2.2.3 In case of a medical emergency whom do I contact?**

The insurer shall provide 24/7 /365 contact center support and emergency numbers.

As a policyholder you will have access to the 24-hour, 7 days a week call center and customer service support for medical assistance and a dedicated emergency assistance hotline offering the following services;

- a) Medical advice and first-line medical consultation;
- b) Confirm the list of empaneled healthcare providers;
- c) Emergency assistance for medical evacuation both ground /air; and
- d) Any other information on the travel health insurance cover.

#### **12.2.2.4 Who is responsible for the medical expenses incurred in case of medical treatment?**

The insurer on record has arranged direct credit facilities with a wide network of approved, quality, and licensed health care providers countrywide who will offer emergency assistance to our insureds on account if you are in a part of the country where a registered and licensed health care provider not in our panel, the insured can visit the closest private health facility and receive emergency medical assistance. The insurer shall make arrangements to evacuate you within the shortest reasonable timeline and will reimburse the expenses incurred provided it's for the same injury for which subsequent hospitalization was required and it's within their cover limit.

#### **12.2.2.5. Partnerships and Collaborations**

The Inter-Ministerial Committee is responsible for facilitating the continuous onboarding of partners in the implementation of the program. Partners may include Companies licensed under the Insurance Act, Non-State Actors, and any other types of Service Providers.

For consideration of the partnership, interested parties should submit a proposal in physical or electronic format to the Principal Secretary, State Department of Medical Services, at the





address provided below, indicating the area and nature of partnership as well as their compliance with the guidelines provided in this administrative framework.

**Address:       The Principal Secretary**

State Department for Medical Services

P. O. Box 30016-00100

Nairobi

**Attention:     Inter-Ministerial Committee Secretariat**

Coordinator, Mandatory Inbound Travel Health Insurance  
Program

Division of Health Financing & Projects

Email: [moh.healthfinancing254@gmail.com](mailto:moh.healthfinancing254@gmail.com)

APPROVED