Kenya on track in achieving Universal Healthcare

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The 2019 World Health Day theme: Health for all, everyone, everywhere is a calling by the World Health Organization for countries to promote the healthcare sector by ensuring everyone obtains the health care they need, when they need it, right in the heart of the community.

In Kenya, a team from the World Bank Transforming Health Systems for Universal Health Care Project, recently paid a courtesy call on the Principal Secretary for Health Susan Mochache in which they discussed on the various projects whose aim is to improve access to quality primary health care services with a focus on reproductive, maternal, newborn, child and adolescent health services in the country.

The project focuses on three pillars: improving Primary Healthcare by giving grants to counties and financing family planning commodities through Kems; System strengthening by improving quality of care through clinical guidelines and strategies; monitoring and evaluation to ensure quality of standards and reforms in health financing and project management.

Kenya is also working hard to improve maternal mortality rates in newborns and the country recently witnessed the unveiling of the first ever human papilloma virus (HPV) vaccination in East Africa, at Pumwani Maternity Hospital. This is in line with WHO recommendations that ‘when a mother’s own breast milk is not available, the alternatives are either expressed breast milk from a donor mother or formula milk.

Access to health is a vital aspect of reducing mortality rates and as WHO, also noted, in regions where women access health services, maternal deaths decrease, and lengthening women’s life expectancy.

Non-communicable diseases have taken the lion’s share of deaths, as the largest drain on productivity, accounting for 37 per cent of the disease burden. Other culprits for lost healthy years are communicable and parasitic diseases; maternal, neonatal and nutrition-related conditions; and injuries, WHO says.

Under the Sustainable Development Goal 3, universal health coverage would require countries in the WHO African Region to ensure that at least $ 271 per capita per year on health, or 75 per cent of the region’s gross domestic product.

In order to achieve the health-related SDG targets, WHO urges countries to invest adequately in the development of resilient national and local health systems to effectively, affordably and equally deliver the integrated packages of proven cost-effective interventions contained in relevant programmatic and national strategies and plans to target populations in need.

The findings of the WHO study on disease burden suggest that health systems strengthening should focus on rich as well as poor countries and on all ages as well as on the specific disease categories.

Five countries namely; Democratic Republic of the Congo, Ethiopia, Nigeria, South Africa and Tanzania accounts for almost 50 per cent of the total years lost in healthy life (or DALYs) accrued in the WHO African Region.

“This report illustrates how achievement of the critical health SDG targets, including universal health coverage, would contribute to poverty eradication efforts on a large scale, reduce disparities in lifespan, tackle social determinants of health, ensure sustainability and economic development in the WHO African Region,” explains Grace Kahambu, Health Economist in the WHO Regional Office for Africa. “It also provides much-needed evidence that ministries of health can use in dialogue on resource allocation with ministries of finance. It adds to the body of evidence showing that health is a strategic investment for development.”

UHC – for it is through UHC that the livelihoods of the ordinary Kenyan will be improved, while simultaneously leading our country towards greater economic prosperity for all.

By Sicily Karuku, Cabinet Secretary for Health

Every year on 7 April, countries around the world celebrate World Health Day, drawing attention to important health issues and reaffirming commitments to improve the health and well-being of our populations. This year’s theme is simple – “Universal health coverage: everyone, everywhere” – and one that resonates deeply with our nation’s health priorities.

Today, we celebrate in Kenya the important strides we have been able to make under the leadership of H.E the President in our journey towards the attainment of Universal Health Coverage (UHC).

Health is a unique area where compassion, altruism and economics combine in a single cause. By saving lives and fighting morbidity, we not only do something morally right but also help build more prosperous, productive communities.

UHC is therefore a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities for shared prosperity of any nation. It is based on the principle that all individuals and communities should have the opportunity to obtain the essential health services without suffering financial hardship and on our journey towards UHC we aspire that every Kenyan will enjoy access to preventive, promotive, curative, rehabilitative and palliative health services at minimum financial burden.

The Government of Kenya has prioritized the achievement of UHC, christened “Afya Care”, as part of its Big Four Agenda. The UHC pilot phase is now on course, launched by President Uhuru Kenyatta on 13 December 2018, in Kisumu, Machakos, Nyeri and Isiolo.

The Ministry of Health’s approach to achieving UHC is through removal of user fees at all public facilities, ensuring the availability of health funds 5 facilities, and ensuring commodity security through Kems.

The Ministry is providing clinical guidelines and strategies; piloting counties for health system strengthening and primary health care improvement; ensuring resources; counties will be able to strengthen their Primary Health Care networks with a focus on preventative and promotive health interventions.

The Pilot phase is closely monitored in collaboration with the four counties. National utilization of health services has on average increased up to 39%, which means that many people who were limited by their inability to pay can now access health services.

The proposed next steps in the pilot phase of UHC will include: increasing the uptake and utilization of Community Health Volunteers’ (CHVs) services; investing in standardization of diagnostics; prioritizing the National Integrated Identity Management System (NIIMS) to vulnerable groups; improving quality, accountability and transparency in the National Health Insurance Fund (NHIF) is therewith paramount.

We go therefore instituted an expert panel to guide these reforms, and to ultimately strengthen the capacity of NHIF to deliver UHC in an efficient, accountable and transparent manner. Reforms will focus on improving the efficiency of the fund, ensuring financial sustainability and transparency, and enhancing equity to ensure that all Kenyans, regardless of their ability to pay, can enjoy social health security.

Similarly Kenya Medical Supplies Authority (KEMSA) will be reformed and repositioned to ensure the uninterrupted supply of quality, affordable medicines and to build its technological and operational capacity to forecast needs and manage logistics.

Moreover, UHC is not a journey we take in isolation. We are grateful for the support of the Government of Cuba and Thailand. We look forward to maintaining our strong partnerships with the development partners community, partners from civil society and faith-based organizations.

And through the SDG Partnership Platform we look forward to exploring how we can bring private sector better along for the financing and delivery of UHC, especially Primary Healthcare.

Finally, and where as Government we remain deeply committed to deliver on this critical agenda, it is important to reiterate that it is the responsibility of every citizen to live a healthy lifestyle; educate yourself on good health practices and practice habits that prevent illness and promote well-being, such as handwashing and compliance to medical treatment; and timely seek health check-ups and health care services whenever necessary.

Let us be proud today as Nation about the strides we have made towards UHC. And let us wake up tomorrow, dedicating our time, goodwill and sacrifice to the achievement of UHC – for it is through UHC that the livelihoods of the ordinary Kenyan will be improved, while simultaneously leading our country towards greater economic prosperity for all.

Launch of UHC in Kisumu by President Uhuru Kenyatta.

Celebrating Kenya’s journey towards universal health coverage

By Sicily Karuku, Cabinet Secretary for Health

UHC – for it is through UHC that the livelihoods of the ordinary Kenyan will be improved, while simultaneously leading our country towards greater economic prosperity for all.

Health CS Sicily Karuki (Mrs)

“The launch of the UHC Pilot programme marks a great milestone in the transformation of health services in this country. The critical focus areas for Kenya’s UHCCover include: expansion of the population covered with essential health services; strengthening and broadening the primary health care system; reinforcing the health systems to ensure availability of requisite human resources for health, medical commodities and medical equipment provision; leveraging on digital technology and encouraging private sector investments in health.”
Universal Health Coverage (UHC), “Afya Care”, is an initiative of the National Government in collaboration with County Governments which is being piloted in Kisumu, Machakos, Nyeri and Isiolo. President Uhuru Kenyatta rolled out the pilot phase of this noble programme on December 13, 2018 as one of the Big Four Agenda. This agenda also aligns with Kenya’s commitment to the attainment of the Sustainable Development Goal 3.

The programme involves the provision of a defined UHC benefit package across all public health facilities. It focuses heavily on strengthening of the primary health care system and ensuring the availability of basic medical equipment and commodities.

In the UHC programme, Kenya has recognised that UHC is a critical component of sustainable development and poverty reduction. The programme is also a key element of any effort to reduce social inequities for shared prosperity of the Nation. Its key principle is that all individuals and communities should have access to quality essential health services.

Under the UHC programme, the Ministry has harmonised all user fees at all public facilities including Levels 4 and 5 facilities, and guaranteed commodity security through the Kenya Medical Supplies Agency (KEMSA). Additionally, the National Government has provided conditional grants to the 4 UHC pilot counties for health system strengthening as well as primary health care interventions. With these additional resources, counties will be expected to strengthen the primary health care network with a focus on community health systems.

For this approach to work, the National and County Governments must ensure that the community health units are fully functional and are supported by adequately trained and motivated community health workers.

So far, the UHC programme pilot phase has been a success in terms of funds transfer and commodity supply. This level of success is expected to improve over time as it addresses the delayed transfer of funds from the County Revenue Fund to health facilities.

Under the pilot programme:
- Utilization of health services has increased by 30 percent, meaning many people who were not seeking health services due to inability to pay can now access health services.
- There has been adequate supply of pharmaceutical and non-pharmaceutical supplies by KEMSA: up to 95% of KEMSA medicines and 95% of tracer non-pharmaceuticals are now available at health facilities.
- Process of strengthening health systems across other counties is ongoing.
- Monitoring and evaluation in Phase 1 counties is ongoing including developing a database, and for real-time monitoring of the implementation.
- The referral system is being enhanced by improving availability of diagnostic equipment, medicines and other supplies. Moreover, counties are planning to rationalise staffing in health centres and hospitals and distribute staff with better understanding of the referral mechanism.
- The human resource capacity provided by the Cuban physicians deployed to all counties has enabled capacity to improve primary health care services given Cuba’s long standing successful use of this approach in health service delivery.

Under the UHC programme, there are lessons that have been learnt:
- To reach the goals of UHC, we must be committed.
- It is only through mutual understanding, respect and commitment between the National and County Governments that we shall improve the living standards and, most importantly, health of all Kenyans.
- Therefore, urge County Governments and all partners to fully support the implementation of UHC as it will benefit all Kenyans regardless of their location.

By Dr. Julius Olayo
The government’s prioritization of Universal Health Coverage (UHC) as the Big 4 agenda is an opportunity we cannot shun despite the challenges that come with implementation because of the immediate benefits it offers to citizens and realization of vision 2030.

According to a report on training need assessment in provision of specialized healthcare in Kenya jointly undertaken by USAID, Ministry of health and other partners reported that globally, there is a shortage of human capital for health, and the greatest burden is borne by low income countries especially sub-Saharan Africa and some parts of Asia. This shortage has not only constrained the achievement of health-related development goals, but also impeded accelerated progress towards universal health coverage. Like any other low income country, Kenya is experiencing workforce shortage and capacity issues particularly in specialized healthcare workers. This has made provision of high-quality healthcare services for all Kenyans, as stated in the constitution a challenge, because of economic, social, political and other factors that have resulted in an imbalance between the demand and supply of health services and the limited human resources for health. An integral part of universal healthcare coverage, however, remains the human resources that delivers quality healthcare services without whom its success cannot be guaranteed.

The Constitution brought forth two arms of government to provide healthcare services and delivered and dovetailed to projects aimed at the Big 4 agenda. One of the things expected, this transition has encountered its challenges. In as much as we consider our health system as highly skilled, we still do not have enough workers to provide specialised healthcare services to the larger population. The people, who mostly need these services, still have challenges accessing the services of specialized health workers to assist them hence threatening quality delivery and gains made in the sector.

Strategic management skills
- Transition from the national government to County governments has been marred by inconsistency, poor understanding of the system, management issues and lack of coordination between the two levels of government. At the national level, challenges of devolution have emerged in the form of poor management, resource distribution, unfavorable working conditions and delayed payments among others. Arguably this is the most important of the health system inputs to enhance the performance and the benefits the system offers to citizens and communities.

This has been compounded further by the challenges faced currently of limited access to health facilities, lack of adequate manpower and expertise to address the medical needs. It is important to note that ironically in some counties the facilities are highly equipped with specialized machinery but do not have effective processes and human resource in place to execute the tasks of handling the medical equipment. Some County governments are facing serious human resource capacity challenges to an extent that they are yet to fully utilise the equipment.

In other counties majority of the staff require adequate strategic management skills to access and make proper use of resources and mitigate against new devolution challenges with regard to healthcare management.

Multi-billion medical equipment
- The government implemented a multi-billion shilling medical equipment leasing plan with a view to answer the country’s need for accessible and affordable healthcare in the country. In the recent past and in the process counties have received the X-ray, Datas machines, Theatre equipment, Incinerators, sterilizing units, MRI equipment. The operation of the said equipment is key to modern healthcare system working for its citizens. However, in some counties, due to lack of enough personnel, the equipment are lying idle.

For a healthcare facility to deliver quality services, it must be equipped with the right equipment and tools, quality medications, and qualified and experienced and driven by universal health coverage. Their respective unions, have lamented over lack of adequate human resource to provide healthcare support and reiterated the need for both national and county governments to train enough staff before going for machines.

Some counties machines are lying idle. This echoes the fact that a practitioner without adequate tools is as inefficient as having the tools without the practitioner.

Health specialists gap
- In overall there is huge gap in health specialist required across the 47 counties in specialized areas such as oncologists, cardio-surgeons, neurosurgeons, nephrologists, lung and skin clinical officers, anesthetist, clinical officers, cardiologists, nurses, forensic nurses, dental nurses, accident and emergency nurses, numerical cardiac, Gynecologists, among others. Arguably this is the most important of the health system inputs to enhance the performance and the benefits the system can deliver since it depends largely on the knowledge, skills and motivation of those individuals responsible for delivering health services as well as the balance between the human resources and physical resources.

- Since all health care is ultimately delivered by people, effective human resources management focused on capacity building will play a vital role in the success of health sector and drive the Universal Health Coverage agenda to fruition in the attainment of Big 4 Agenda.

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