1. The Government has made considerable gains in reducing the burden of illness due to vaccine preventable diseases by more than 70% over the last two decades.

2. The GoK allocation for vaccines has doubled from Ksh 748 million in FY 2019/20 to 1.4 billion in FY 2020/21. However, the government financing for vaccines and immunizations does not cover all the program needs such as health system strengthening, there is therefore need for more investment from the government to take care of all program needs.

3. Financing of vaccines is still largely donor-dependent. Considering that donor resources are declining, the high reliance on donor financing for immunization poses a threat in health service delivery and financial sustainability for the country.

4. The Total Health Expenditure for vaccine preventable diseases (THEVPD) was 24.1 billion (USD 238.7 million) in FY 2018/19 up from KSh. 21.3 billion (USD 208 million) in FY 2016/17. This represented a 13 percent increase over the two periods.

5. Government is still the main financier of health care for vaccine preventable diseases having contributed 50% of CHE_{VPD} in 2018/19.

6. Slight reduction in donor financing for vaccine preventable diseases (from 15.3% in 2017/18 to 14.5% in 2018/19).

7. High out of pocket expenditure for vaccine preventable diseases (23.7%).
The Government of Kenya provides vaccines for the vaccine preventable diseases free of charge through Division of Vaccines and Immunization in the Ministry of Health. Currently, the portfolio of infant vaccines covers ten diseases (viz. Tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, haemophiles influenza type b, yellow fever and measles).

Immunization services targets about 1.5 million for both pregnant and infants every year, and about 800,000 10-year-old girls through a network of over 9,000 health facilities – Public, Private, Faith based and NGOs, free of charge [1].

The introduction of a pneumococcal conjugate vaccine into the infant immunization schedule was aimed at improving life expectancy. In the year 2019, the government introduced the HPV vaccine for 10-year old girls across the country. Yellow fever vaccination was expanded to two additional counties (Turkana and West Pokot) in addition to the existing high-risk zones, Baringo and Elgeyo-Marakwet Counties. The government also conducted procurement and installation of cold rooms at Garissa, Wajir, Mandera and Turkana which are far flung areas and are far from the regional depots [3]. End-user storage capacities to maintain product quality was boosted through the procurement and installation of 2278 pieces of equipment through GoK/WB funds and 1004 through the Gavi Cold Chain Equipment Optimisation Platform (CCEOP) [3].

The Government has managed to reduce the burden of illness due to vaccine preventable diseases by more than 70% over the last two decades. There has been an improved immunization coverage from 88.2% in 2016/17 to 90.7% in 2018/19 [4]. The introduction of 6 new vaccines since 2013 to reduce child morbidity and mortality scaled up coverage of immunization services from 60% to >90% of Health facilities through procurement and installation of specialized vaccine storage equipment in over 3,500 health facilities and 290 Sub-county vaccine depots and elimination of maternal and neonatal tetanus disease [1].

The coverage of key vaccine preventable epidemic prone diseases remained high from 2015 through 2019. Routine measles vaccine at one year dropped marginally from 96% in 2015 to 89% in 2019 [2]. The coverage of the third polio dose (POL3), however, increased from 83% in 2015 to 87% in 2019. There was an increase in both Penta3 and Fully Immunization coverage in the year 2016/17 at 92.3% and 88.2% respectively to 94.3% and 90.7% in 2018/19 [4].
It is important to note that the country is on track with most of its targets for vaccine childhood immunization program indicators.

Being one of the fastest growing economies in Sub-Saharan Africa and having transitioned into a lower middle-income country, Kenya is expected to increase and eventually take over responsibility in financing the health sector so as to reduce reliance on donor support. In addition, various donors are changing their priorities due to the COVID-19 pandemic and various shocks such as the global financial crisis. The GoK allocation for vaccines has doubled from Ksh 748 million in 2019/20 to 1.4 billion in 2020/21. The Government provides 100% funding for traditional vaccines in addition to 10% funding for new vaccines under the co-financing agreement with GAVI. In the year 2020/21, GAVI provided financing to the tune of Ksh 2.6 billion as co-financing.

The government financing for vaccines and immunizations does not cover all the program needs such as system strengthening, there is therefore need for more investment from the government to take care of all vaccine program needs.

Kenya is currently in the final stages of the preparatory phase of GAVI transition, which began in 2016, following its lower-middle income economy status. Based on the current projections, the accelerated phase of transition is expected to begin in 2022/23 financial year. Accelerated phase means a rise of 15% co-financing in the first year and then from 2023/24 includes a 25% rise per annum so that in 2027/28 the country will be paying 100% of the vaccines previously supported by GAVI. Kenya is expected to fully finance its vaccine needs by 2027/28 financial year. This will increase the GOK obligations up to ten times.

*Figure 1: Timelines for Kenya’s Transition from Gavi Support*

![Figure 1: Timelines for Kenya’s Transition from Gavi Support](https://www.csis.org/features/kenyas-immunization-system-post-covid-world)

This policy brief provides a summary of the issues at hand, the current trends in immunization coverage and its financing. The policy brief also provides recommendations that could result to improved immunization outcomes.
Methodology
This policy brief was informed by findings from the National Health Accounts (NHA) for Financial Years 2016/17 to 2018/19, as well as evidence from other health sector documents that have assessed health sector performance. Publications on access to health services were also used to corroborate the findings. The Kenya National Health Accounts (NHA) estimation was undertaken in order to track the flow of funds to the health sector.

Results/Findings
The Total Health Expenditure for vaccine preventable diseases (THEVPD) was KSh 24.1 billion (USD 238.7 million) in FY 2018/19 up from KSh 21.3 billion (USD 208 million) in FY 2016/17. This represented a 13 percent increase over the two periods.

The total health expenditure for vaccine preventable diseases as a share of the total health expenditure was 4.9% in 2018/19, a drop from 5.2% in 2017/18. Government contributions to CHEVPD increased by 0.4 percent from KSh 10.05 billion in 2016/17 to KSh 10.09 billion in 2018/19 [1]. Donor financing reduced slightly from 15.3% in 2017/18 to 14.5% in 2018/19. This trend signifies a gradual reduction in donor financing for vaccines and could affect service delivery and in turn reverse the overall gains made in immunization coverage.

High household expenditure (25.3%) with 23.7 percent constituting Out of Pocket payments for Vaccines and preventable diseases was reported in the NHA 2018/19 which is quite high as shown in figure 4. High Out of pocket expenditure has the tendency to push households into poverty. This high Out of Pocket Expenditure could be occasioned by low insurance coverage and health seeking behavior.

Figure 2: Share of Total Health Expenditure on Vaccines for Vaccine Preventable Diseases

Figure 3: Institutional Units Providing Revenues for Financing Schemes, CHEVPD, 2016/17 to 2018/19
KHHEUS 2018 reported that 23.3 percent of Kenyans seek services from private sector. Health insurance coverage in the country remains very low at 19 percent, and therefore patients without health insurance and prefer to visit private health facilities may need to bear the out-of-pocket cost of vaccines if they access them from private health facilities. The Government health facilities provide KEPI vaccines for free in public health facilities, however, private health facilities charge a small fee for the KEPI vaccines particularly for those without health insurance. Private facilities also provide additional voluntary vaccines which the patient bears the cost since they are not covered by health insurance.

**Investments in capital formation for Vaccines**

Government was the major financier towards capital Formation for vaccine preventable diseases at 80.4 percent and 99 percent in 2016/17 and 2018/19 respectively.

In absolute values, government spent KSh 3 billion and KSh 3.9 billion for capital formation for VPDs in the years 2016/17 and 2018/19 respectively, representing a 30 percent increase. The contribution for Rest of the world decreased by 96 percent over the study period.
Recommendations

- The government should increase funding for vaccines and immunization programs to reach all people, provide relief from the vicious cycle of diseases, and ultimately, play a key role in the realization of UHC.
- The government needs to bridge the gap in funding for vaccines by: 1) accelerating plans to identify and manage areas of health system vulnerabilities through a well-formulated transition readiness plan; 2) addressing the existing inefficiencies within the health care system; and 3) engaging donors to explore various options within a M&E framework that fosters learning and adaptation.

REFERENCES