



Ministry of Health

Kenya Health Sector  
Strategic Plan 2018-2023  
Mid-Term Review Synthesis Report

Monitoring Progress Towards Attainment of Universal Health Coverage

*Popular Version*

May 2021

## Introduction and Background

### Introduction

The Kenya Health Sector Strategic Plan 2018-2023 (KHSSP) 2018-2023 was developed as the second strategic plan for the implementation of the KHP 2014-2030. A few core indicators were identified as key indicators for tracking the implementation and achievements of the KHSSP.

### Objectives of the KHSSP 2018 – 2023 Medium Term Review (MTR)

The overall aim of the MTR was to assess, the extent to which the objectives of the sector strategic plan have been met using the different indicator domains (inputs/processes, outputs, outcomes and impact). Specifically, the KHSP 2014-2023 MTR was expected to:

- Assess progress of made on implementation of the KHSSP (2018-2023) objectives and targets (Work Stream One)
- Asses status of implementation of planned strategies and activities, including financing of the strategic plan (work stream two)
- Analyse the health sector environment at national and county level that included the implementation and achievement of the KHSSP targets.
- Document specific effects of COVID-19 on the organisation and function of health service delivery systems
- Make recommendations on planned or ongoing priorities, intervention strategies, policies and/or resource allocation, for consideration in the remaining years for KHSSP, and beyond

### Methodology of the MTR

The entire MTR process was highly participatory. The review was conducted in three parallel but complementary streams of work. These were:

#### *Work Stream One*

This focused on assessing sector performance against the set targets. This stream produced the *MTR Stream One Data Analytics Report*, which provides a comprehensive picture of the country's health sector performance of indicators for the last three years of the implementation of the KHSSP 2018-2023. In addition, it provided a summary report of the country's progress towards UHC and other SGD targets.

#### *Work Stream Two*

This focussed on assessing implementation status and the financing and of the planned priority strategies and activities. This analysis produced the *MTR Stream Two - Financing and Implementation Report* which provides a comprehensive account of the current state of financing of the identified MTR priority strategies and their levels of implementation.

#### *Stream Three*

The stream three analysis focused on explaining observed performance. In addition, this stream analysed the alignment of all sector level programmatic strategies and plans to the KHSSP. The Stream Three Report provides a qualitative assessment and explanation of the current state of health sector performance against the various KHSSP targets.

#### *Review framework(s)*

The overall MTR process was guided by three interrelated frameworks. These are the Kenya Health Policy Framework, the conceptual Framework described in the KHSSP 2018 – 2023 and the Kenya UHC Framework. These frameworks guided the development of data collection tools, analysis, interpretation and presentation of findings.

## Progress Towards the Attainment of Sector Aspirations

### Impact of sector actions on overall health and wellbeing

- Upper respiratory tract infections, malaria, diarrhea and diseases of the skin still take a high proportion of disease burden in the country, in both adults and children.
- Over the past 3 years, confirmed malaria cases in children below five years have been progressively going down, while there has been an observed increase in malaria cases in the population above 5 years.
- Though communicable diseases are still the leading cases of the reports facility mortality (50%), there has been a marginal decline in proportion, while a marginal increase was observed in mortality due to Non-Communicable diseases from 37% in 2016 to 42% in 2020 . Injuries accounted for 7% of mortalities in facilities.

### Health System Outputs: Demand, Access and Quality of Health Services

- Number of outpatient visits per person per year demonstrated a marginal increase from 1 visit in 2017/18 to 2 visits in 2019/20 per person per year but below a target of 3.
- Number of health facilities per 10,000 population increased from 2.4/10,000 population in 2017/18 to 2.5/10,000 population in 2018/19.
- Health facility density is at 2.2 surpassing the WHO target of 2.0
- The national caesarean section rate has increased from 14% to 15%. There is however a wide variation across counties in the performance of this indicator.

### Equity of health impacts and health resource allocation

- Mortality is high among infants and young children, after which it declines rapidly, with lower level between ages 5-14; and starts to increase more rapidly from age 35 and increased to the highest mortality being between age 90 – 94 years
- Counties with higher burden of diseases spent more per capita in both 2017/18 and 2018/19.
- There is improved equity in health spending across the counties with higher burden of diseases having relatively higher expenditure per capita.

### Efficiency in resource use

- Counties show variations in terms of expenditure per unit of quality-adjusted health output delivered
- When the expenditure is adjusted for population density to account for the vast geographical area and sparse population, which increases the cost of service delivery, the counties have different efficiency levels of providing health services at public health facilities.
- Overall, the efficiency levels increased over the three years of the KHSSP implementation being reviewed. The national efficiency score increased from 49 to 71 percent

### Progress towards attainment of universal health coverage

- Health facility density in the country is 2.2 in 2018 surpassing the WHO target of 2.0.
- Coverage of essential services is on the increase, now at 57.2% from 54.3% in 2015. However, this still falls short of the KHSSP 2018-2023 target of 85%.

- Proportion of households spending more than 10% of all their total household expenditure on health, reduced from 12.7% in 2013 to 8.0% in 2018

#### Progress towards attainment of other health related SDG targets

- There is a reduction in Kenya's maternal mortality ratio (MMR) from 353 in 2015 to 342 per 100,000 live births in 2017, but falls short of the KHSSP target of 200 deaths per 100,000 live births
- HIV incidence declined from 2.7% in 2015 to 1.4% in 2019. TB incidence dropped by 40% from 233 in 2015 to 140 per 100,000 population in 2019 thus achieving the 2020 End TB Strategy target of reducing incidence by 20% from the 2015 level. Malaria incidence, however, reduced marginally from 72 in 2015 to 70 per 1,000 population at risk in 2018.

#### Recommendations

- Progressively improve access to emergency/specialized services in counties through upgrading of selected county health facilities
- Progressively reduce out-of-pocket expenditure currently faced by all citizens, through implementing various forms of pre-financing mechanisms for the health sector

## Sector Achievements in Key Strategic Objectives

### Key Finding

#### Elimination of Communicable Diseases

- Both Penta3 and the percentage of fully immunized achieved and even surpassed their mid-term targets, though decline noted in 2019/20
- The HIV control program recorded mixed performance for its key monitoring indicators with Adult and PMTCT ARV coverage almost meeting targets. Paediatric HIV performing poorly- need for survey to ensure correct estimates and mechanisms to ensure testing of the paediatric age group and support for compliance
- TB CNR and TSR performance declined from 2015/16 to 2019/20.
- Confirmed malaria cases per 1000 population have generally reduced from 119 in 2015/2016 to 93 in 2019/2020.
- Confirmed malaria cases increased in 2019/20 compared to the previous year
- Malaria control strategy aims to eradicate malaria so environmental measures to ensure prevention of malaria need to be prioritised

#### Halting and Reversing the Trends of Non-Communicable Diseases and Mental Disorders

- Newly diagnosed hypertensives have been increasing, reaching 2,703 against a target of 2,953 per 100,000 OPD visits in 2020.
- Midterm term target set for diabetes incidence was 981 per 100,000 OPD visits and the achievement the year 2020 was 943 per 100,000.
- 13% of the annualized target of women age 25-49 years were screened for cervical cancer in 2019/20 against a target of 12%.
- There has been an increase in the number of mental health cases reported per 1,000 outpatient visits from 1.8 in 2016 to 2.3 per 1,000 in 2020.

## Reducing the Burden of Violence and Injuries

- Violence and injuries accounted for 7.1% of all facility reported mortalities
- In the year 2020, the road accidents accounted for 43% of deaths caused by injuries and other external causes.
- Road traffic injuries accounted for 0.2% of all OPD visits in FY 2019/20 down from 1% in 2015/16

## Universal Access for Essential Health Services'

- There has been a progressive improvement in achievement for 4 ANC visits and the proportion of deliveries conducted in health facilities (skilled deliveries).
- There has been a general decline in facility maternal mortality ratio between 2015/2016 and 2019/2020
- There has been gradual increase in the national CPY since 2015/2016 with a slight decline in 2019/2020.
- There has been an increase in the proportion of low birth weight in facilities from 2015 – 2020 from 4.7% to 5.3%.

## Minimizing Exposure to Health Risk Factors

- The exclusive breastfeeding coverage was 82.4 % in 2019/2020 against a target of 67%

## Strengthening Collaboration with Related Sectors

- MTR targets for Percentage of households using improved sanitation facilities, Percentage of children under 5yrs who are underweight were achieved.
- There was a marginal increase in the percentage of households with safe water from 71% in 2018 to 73% in 2020 though this is still lower than the set target of 78%.

# Sector Achievements in Health System Inputs

## Key Findings

### Service Delivery Systems

- A slight improvement (66% in 2018 to 70% in 2020) was reported in the operationalization of the community units, against the set KHSSP target of 90%.
- A marginal improvement (81% to 81.3%) was reported for TB treatment success rate (TSR) nationally against a target of 86%.
- Fresh still birth rates in health facilities decreased from a national average 12.8 in 2018 to 10.1 in 2020; against a Target of 8
- Facility neonatal deaths also decreased from 10.1% in 2017/18 to 6.6% in 2019/20.
- Targets for facility maternal deaths audited (87%) and the facility neonatal deaths (7 per 100 live births) have been achieved and/or surpassed. *Recommendations*

### Health Leadership and Governance

- Lack of clear health sector stewardship structures at national and county levels noted
- Significant progress in strengthening partnership coordination processes was reported
- Good progress in the establishment and operations of health sector accountability structures, especially at county level

### Human Resources for Health

- There has been an overall increase in core health worker densities from the 2017/18 baseline, across all counties.

- Counties with low population tend to have a higher density of health care workers.
- No county has made the minimum threshold of 23 HCW per 10000 populations as per the WHO recommendation.
- Kilifi county has the lowest density and number of health care workers while Lamu county has the highest density of 19.6 per 100000 populations.
- Nairobi has the highest number of absolute numbers of health workers however they are not proportionate to the population needs

#### Health Products and Technologies

- The percentage of health facilities with essential medicines (order fill rate) dropped from 85.4% in 2017/19 to 62.3% in 2019/20 (against a target of 95% for the year 2020/21).
- The percentage of health facilities with 20 selected tracer non-pharmaceutical supplies (order fill rate) increased from 82.7% in 2016/17 to 97.1% in 2017/18.
- The number of Counties with functional Medicines and Therapeutics Committees (MTCs) increased to two (2) in 2019/20 from one (1) the previous year.

#### Health Financing

- Government budget allocation and expenditure have steadily increased over the last three years but were still below expected targets
- The total Governments budgets (National and County) for health exceeded the projected resources in 2018/19 and 2019/20 while actual expenditure fell short of the projected resources in 2018/19 but exceeded the projection in 2019/20.
- Counties experience delays in the flows of funds (equitable share). However, the delay was lowest for DANIDA grants, followed by World-Bank-supported THS-UCP.
- Funding from the DANIDA grant to primary health facilities and, conditional grant to level five facilities are the most predictable facility funds.
- Proportion of the population covered by the NHIF increased only marginally to 19%

#### Health Infrastructure

- Overall, the proportion of counties with approved budgets for maintenance of physical infrastructure progressively increased from 20% to 72%.
- The proportion of counties with approved budgets for maintenance of medical equipment and medical devices increased from 20% to 64%, from baseline.

#### Health Information, Monitoring and Evaluation

- The proportion of health facilities submitting complete reports has increased from 89% at baseline to 94% as at the Mid-term review.
- Percentage of hospitals reporting inpatient morbidity and mortality data has shown some level of progress from 30% reported as baseline to 44% reported at Mid-term, but is still lower than the mid-term target
- Level 1 completeness report rate also went up by 9% from 69% reported as baseline in 2017/2018 to 78% reported in 2019/2020, though it's also slightly below the targets set at Mid-term of the KHSSP.
- Lack of routine data source to report on impact level indicators which are needed for national and global monitoring

#### Health Research and Development

- Development of two key documents:
  - Research for Health (R4H) Policy Framework 2018 – 2030

- Research Priorities 2018 – 2023.
- Staff at the Division of Research and Innovation have been capacity built on knowledge translation and rapid evidence synthesis.

## **Contextual Factors During the Implementation of KHSSP 2018-2023**

### **Broader Contextual Factors**

- Devolution has increased public awareness in matters of accountability, transparency and prudent use of resources in public sectors, including health
- The transition from national to county governments is still characterized by challenges in coordination between the two levels of government
- GoK’s political commitments to achieving universal health coverage (UHC) has also greatly supported the implementation of the KHSSP 2018-2023
- Overall, government support, political goodwill, facilitative leadership, commitment and active participation in county & facility plans; structured collaboration, financial and technical support from partners all supported successful implementation of activities and long-term goals aligned to the KHSSP 2018-2023 at both national and county levels
- Threats of limited human resources, inadequate funding, limited county budgets, non-flexible partner plans, poor communication and coordination within the ministry might impede the full realization of the goals and objectives of the KHSSP

### **Effects of the COVID19 Pandemic on the KHSSP Implementation**

- Emergency procurements for goods and services undertaken by counties and MoH within existing PFM regulations
- Increased partner coordination and multi-sectoral engagement for the COVID19 response
- Additional health workers employed on short/fixed term contracts, following a presidential directive for emergency recruitment to boost the COVID response in counties
- Increased infrastructural investment using funds diverted from development projects to COVID
- Increase of HPT especially critical/essential personal protective equipment (PPEs) needed by HWs working on the frontline
- Progressive reorganisation of service delivery within the health facilities, to adhere to containment measures.
- Various medical research laboratories, especially those within KEMRI sites were mobilised to offer support for COVID diagnostic services

## **Recommendations**

### **Service delivery**

- Prioritize available health sector resources to invest on interventions and systems supporting primary health care, with more emphasis on health promotion and disease prevention

- Strengthen service delivery referral across levels of care, as outlined in the comprehensive health sector service delivery referral strategy
- Track and evaluate the implementation of the Quality of Care Certification Framework across service health service delivery levels
- Evaluate the implementation of action points agreed upon during the maternal audit.

#### Leadership and Coordination

- Streamline health sector the planning, budgeting and review process to ensure clear linkages within and across levels of government
- Develop Health Sector Leadership and Governance Guidelines to guide the establishment, composition, and competencies for health sector leadership and governance structures in counties
- Strengthening coordination across national and county level through strengthening of the IGRF and the Kenya Health Forum.
- Strengthen the functioning of the regulatory bodies at both national county level with clear standards and guidelines

#### Human Resource

- Update legislation and guidelines to guide inter-county HRH transfers/movements
- Update guidelines for guiding in-service training for HRH outlining clear roles of national and county levels
- Re-focus and prioritize recruitment and/or deployment of HRH to primary health services
- Address health worker motivation and chronic health sector labor relation disputes

#### Health Products and Technologies

- Revise the KEML to incorporate the availability and use of NCDs medicines from level 2 of care as a mechanism towards strengthening PHC
- Improve the commodities order fill rates to counties from KEMSA supplies.
- Strengthen county level capacity for strategic planning and management of health products and commodities
- Activate and operationalize County Medicines & Therapeutic committees to ensure rational drug use and quality management of HPTs
- Decentralize and avail adequate resources both regionally and at satellite blood transfusion centres to ensure provision of adequate safe blood for the country

#### Health Financing

- National government/treasury to ensure timely disbursements of funds to counties
- Implement and strengthen mechanisms for enhancing routine finance management autonomy for health service deliver and coordination units
- Explore efficiency gains strategies within counties to maximise health outputs with available funds

#### Infrastructure

- Improve adherence to health sector infrastructure norms and standards that guide rationalization in the construction (of new) and expansion health facilities across levels
- Strengthen planning and rationalization of infrastructure investments linked to appropriate needs for respective service delivery level
- Develop and implement routine preventive/service maintenance for infrastructure across all health systems levels

#### Health Information Systems, Monitoring and Evaluation

- Develop and implement guidelines and standards to guide EMR roll out in counties.
- Progressive digitization of reporting tools at all the levels to reduce manual data collection
- Operationalise functional County Department of Health M&E units in all counties
- Strengthen county level capacity for data analysis and information use for decision making
- M&E HIS-system strengthening needed to mainstream reporting of health-related SDG indicators.
- Improve quality of reporting and systems and quality checks.
- Increase funding for M&E and research to conduct surveys e.g. KDHS to measure impact indicators.
- Increase investment in research from domestic sources
- Improve coordination health research coordination at national and county level.
- Establish a structured mechanism for synthesizing, communicating and translating research evidence into policy and practice