Achieving Universal Health Coverage (UHC): Addressing the President’s “Big Four” Agenda

KEY MESSAGES

- Health remains a fundamental human right of all people, as enshrined in the Kenya Constitution 2010.
- The attainment of universal health care in Kenya, which is included in the Government’s “Big Four” development agenda, is a challenging task that requires concerted efforts of all stakeholders for it to be achieved.
- Review and reform of existing public healthcare policies, programmes, projects, and initiatives will have to be undertaken with a view to making them effective, efficient and responsive to the aspirations of the Kenyan people.
- The availability of optimal health services has not been achieved for a significant proportion of Kenyans, but, with the implementation of the proposed strategies, the achievement of universal health care could be attainable.

1. Introduction

This brief proposes strategic interventions that would help to accelerate the effectiveness and efficiency of public health service delivery for the achievement of universal public health care as enshrined in the Government’s Big Four Agenda. The Constitution of Kenya, 2010, provides the overarching legal framework to ensure a comprehensive rights-based approach to healthcare service delivery. It provides that every person has the right to the highest attainable standard of health, which includes reproductive health rights.

The most significant feature of the Constitution of Kenya, 2010, is the introduction of a devolved system of government whereby provision of health services has been transformed into a shared function between the national and county governments. The national government is responsible for the leadership of healthcare policy development, management of national referral health facilities, capacity-building and technical assistance to counties, and consumer protection, including the development of food and drug standards and guidelines among others. The county governments are responsible for the provision of community primary health care (preventive measures) including the development of the county healthcare facilities and pharmacies; ambulance services; promotion of primary health care; licensing and control of food business operators; cemeteries, funeral parlours and crematoria; and refuse removal, refuse dumpsites, and waste disposal management among others.

Good health is understood to play an important role in boosting economic growth, poverty reduction and the realization of social goals. According to Kenya Vision 2030, the majority of Kenyans still do not have access to affordable health care. Preventable diseases, such as cholera, HIV/AIDS, malaria and tuberculosis, as well as other non-communicable diseases such as cancer, continue to exact a heavy toll on the Kenyan population. Kenya Vision 2030 envisages “A healthy, productive and globally competitive nation”. Although the country’s health sector has made significant progressive over the years, there is still a long way to go towards the achievement of Kenyan aspirations. The strategic goal of the sector is “To attain equitable, affordable, accessible and quality health care for all” (Kenya Vision 2030).

Kenya Vision 2030 envisaged that the country would restructure the health delivery system through the
promotion of preventive health care in order to lower the nation’s disease burden. This would improve access to, and equity in, the availability of essential health care, resulting in a healthy population that will effectively participate in the development of the nation. A healthy population would provide the strong workforce required for vibrant infrastructure developments, among others.

Most health facilities in both rural and urban centres are characterized by long queues of people seeking treatment. Unfortunately, most of these facilities do not have enough drugs and infrastructure to meet the high demand for curative treatment. It is against this background that a paradigm shift from the current curative response to the preventive approach must be enforced for the country to achieve universal health coverage (UHC). This approach will bring a significant improvement in the health services by lowering the incidence of preventable disease, controlling environmental threats to health, and focusing on research that targets the medical needs of communities at the household level, thereby reducing the overall cost of health services for the country.

This new approach will involve enhancing the capacity of the community health workers who will engage with the local communities at the household level for continuous training on health and hygiene as part of a healthy lifestyle. This is in line with the Kenya Health Policy, 2014–2030, whose goal is the attainment of the highest possible standard of health, in a manner responsive to the needs of the Kenyan population.

The key objectives of the Kenya Health Policy 2014–2030 are:
1. To eliminate communicable conditions;
2. To halt and reverse the rising burden of non-communicable conditions;
3. To reduce the burden of violence and injuries;
4. To provide essential healthcare;
5. To minimize exposure to health risk factors;
6. To strengthen collaboration with private and other health-related sectors.

2. Principles Guiding the Kenya Health Policy

Articles 10 and 232, together with Chapters 6 and 12, of the Constitution provide guidance on the values and principles that all State organs and officers are expected to uphold, including in the delivery of health services. In the implementation of this policy, the health sector will embrace the following principles:

(i) Equity in delivery of health services and interventions;
(ii) Public participation, in which a people-centred approach and social accountability in policy, planning and programme and project implementation will be encouraged, in addition to a multisectoral approach in overall development planning;
(iii) Efficiency in application of health technologies as evidenced by the implementation of the Managed Equipment Scheme (MES) in all 47 counties of Kenya; and
(iv) Mutual consultation and cooperation between the national and county governments and among the county governments.

3. Organization of the Healthcare Service Delivery System

Kenya has a multi-tiered healthcare system anchored on primary health care with progressive referrals for complicated cases. The gradated approach allocates key skills along the health value chain and consists of six levels, culminating in the tertiary referral facilities at the highest level. The gradation is planned as follows: Level 1 which is at the community level; Level 2 – dispensaries and clinics; Level 3 – health centres, maternity homes and sub district hospitals; Level 4 – primary referral facilities, including district hospitals; Level 5 – secondary referral facilities or provincial hospitals; Level 6 – tertiary referral facilities/national hospitals.

The referral systems between the different levels are guided as described in the Kenya referral strategy (Ministry of Health 2014). Although the above organization is well placed to deliver effective and efficient health services, that objective has not been achieved due to a number of challenges.

4. Challenges

Human resources development and retention

The number of doctors and other health care workers and their distribution in the country stands at 13.8 per 10,000 which is far below the optimal World Health Organization (WHO) recommended number of 23 per 10,000. Currently one of the challenges of the public health sector in Kenya is to retain doctors and other healthcare-related professionals who have been trained at some cost to the country and who emigrate to other countries in search of better remuneration.

Other factors, such as lack of promotion and advancement opportunities, push medical professionals away from the public health system toward private practice, which in most cases is not accessible by a significant proportion of the Kenyan population due to its high cost. Furthermore, many health specialists devote a substantial amount of time to private practice and spend only a few hours in the public hospitals. The result is that the public sector loses in terms of both time and financial investment (Omete, 2018).

Countries like Ghana, Mozambique and the United Republic of Tanzania have increased the training of physician assistants able to undertake routine surgeries including caesarean sections, thus reducing dependence on physicians (Pedersen and DE Garcia, Rick and Ballweg 2017).
High medical costs

In Kenya, out-of-pocket expenditure accounts for 67.4 per cent of all private health expenditure. Of this, 12 per cent could be classified as catastrophic health expenditure, meaning families are driven into poverty by health care costs. Many Kenyans opt to leave the country for specialized treatment in countries like India and South Africa. Those who cannot afford such treatment resort to fund-raising, thereby further increasing costs that are borne directly by the family affected. Specific strategies can reduce this burden.

Underfunding of the health care sector

The funding for the health services in Kenya stands at about seven per cent of the Gross Domestic Product (GDP).

According to Munene (2018), health care reveals a mix of challenges hindering optimal delivery of universal health care, namely, the high cost of treatment and medication, lack of a clear legal framework as to how the costs of treatment and drugs are computed, and the fact that public health services are under-funded, with a budget currently standing at 7 per cent of GDP. This is low compared with the expenditure on education and infrastructure. These challenges compromise quality and availability of health services. The national and county governments should prioritize the health sector and increase its annual budget.

Problems of provision of medication

The supply of medicines is another area that needs urgent attention. This is because it presents a number of risks, namely, dangers of self-medication, risks of drug abuse, inappropriate drug use, drug misuse and use of counterfeit medicines, and medicines often are handled by non-professional personnel, such as quack pharmacists. Many medicines are sold at prices beyond the reach of poor Kenyans. Moreover the compulsory licensing clause of the “Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs)” appears not to be used as has happened in India and a few other countries.

Inadequate attention to communicable diseases

The communicable diseases such as HIV/AIDS, malaria and tuberculosis, have problems that include but are not limited to: a high mortality rate and problems resulting from stigma and social hostility. The incidence of communicable diseases is also affected by the emergence of antibiotic-resistant strains of common organisms due to overuse of antibiotics, and lack of vaccines for many dangerous microorganisms poses problems to humanity. Moreover, new problems are being faced, namely, the increase of hospital-acquired infections and pandemic outbreaks, as well as the spread of disease due to a lack of proper nutrition, sanitation and sewage management.

Problems of non-communicable diseases

Non-communicable diseases are fast becoming a major healthcare challenge in Kenya. The country is working to address the rising number of premature deaths from non-communicable diseases, including heart disease, cancer, diabetes, and chronic respiratory diseases. These problems are partly due to issues that are not directly under the Ministry of Health and others, e.g. inadequate promotion of good health; inadequate provision of affordable and sustainable water, sanitation and hygiene; and weak implementation of health programmes. Moreover, non-communicable diseases are on the rise, in particular because of lifestyle changes in society.

Lack of maintenance of health equipment

Lives of patients seeking specialized treatment are at risk as public hospitals in some counties lack the necessary equipment for providing assistance. In some cases, equipment that is available is either not working or not well maintained. The lack of basic but essential hospital equipment has forced private doctors to turn away from state hospitals, with many citing operating theatres that have become unfit for use, and poor facilities and working conditions.

Street food and its implications to health

Street foods served by vendors and hawkers are a popular snack or meal in most parts of Kenya. Benefits for vendors include low start-up costs, flexible schedules, and a fast return on investment, while benefits for consumers include affordability, fast service, and ease of accessibility, illustrating their symbiotic relationship. Street food sellers generally are patronized by members of the lower socioeconomic class, a high number of whom are unemployed. Street food in Kenya is outside the regulation and the protection of government. Therefore, the environment under which street foods are prepared, sold and consumed predisposes them to contamination and cross-contamination with health hazards such as cholera and diarrhoeal diseases.

5. Proposed Public Health Measures

 Adoption of modern technological advances in health care

Digitizing health services is a prerequisite for efficiency and to ensure accuracy and timeliness of health information. It is especially critical in detecting outbreaks and in disaster management. The penetration of electronic medical records (EMR) is, at present, largely limited to donor-funded HIV programmes (Akanbi et al. 2012). This infrastructure can be used to expand access to other critical health programmes.
Partnerships for health

The private sector and, in particular, faith-based organizations, which in Kenya provides 28 per cent of all health care (Wamai, 2004), should be more engaged and their support strengthened to complement government efforts in the provision of health care. Complementarities should be explored through private-public partnerships, capitation-based contracting and performance-based contracting of private providers. Counties could also explore the use of health cooperatives to tap into Kenya’s well-known savings and credit cooperative culture.

Engaging community health workers

Appropriate strategies for more dynamic and inclusive community engagement in planning and implementing of healthcare programmes should be put in place.

A case in point is the example of the village health extension workers programme of Ethiopia in which extension workers are trained to manage 16 common health issues and deployed to peripheral facilities where they serve the communities. Retaining community health workers in Ethiopia has proved very useful in extending reach of health services in the community (Belatchew, 2011). They are paid for the service and can manage important health conditions at the community level, thus mitigating unnecessary self-referrals to upper level hospitals. In Kenya community health workers are tasked with managing up to 10 households. The key challenges are to pay for the service and to provide formal recognition of this important cadre (Rachlis et al, 2016).

Health financing

The National Health Insurance Fund (NHIF) should be completely restructured, separating the resource mobilization/collection component, policy formulation and contracting services. Existing revenue collection entities, such as the Kenya Revenue Authority, could perform the task of revenue collection.

6. Recommendations

1. In order to address the challenges of inadequate numbers of doctors, the Government should institute a bonding formula for doctors who have been trained at public expense before they are released to move to other countries. This approach has been used in Singapore and has worked well (Ministry of Health, Singapore, 2016). It pre-supposes, however, that there will be adequate financial resources to employ all trained doctors in the public sector in Kenya.

2. The decision of the Government to sign an agreement with Cuba to use Cuban doctors is a welcome but temporary move. The long-term solutions lies in decentralizing training, improving mentorship and preceptorship programmes, creating centres of medical excellence, and improving staff packages at each level. Some of the other innovative ways of increasing the numbers of nurses is the use of community health workers and to enrol community members into the National Health Insurance Scheme (Munene, 2018) that is being pioneered by AMREF Health Kenya (AMREF, 2018). Makueni County also offers an excellent example of best practice for starting a universal health care programme in 2016 using community health workers and NHIF enrolment.

3. Despite some of the challenges of medical insurance, such as medical claim fraud, insurance is one of the approaches to reduce the challenge of high medical costs. To improve medical insurance, Tumbo (2018) argues that technology will enable insurers to monitor and track where services have been rendered, their duration, and the cost of the service. An increase in insurance coverage in Kenya from the current 2.7 per cent would make it more affordable and accessible to a larger percentage of the population.

4. Other strategies that can lead to the achievement of universal health care in Kenya include up-scaling funding of public health services, both at the national and county levels; streamlining healthcare costs, primarily doctors’ consultation fees and drugs; and lowering insurance premiums and expanding enrolment to ensure wider coverage. Expanding and modernizing healthcare infrastructure, especially at the county level, digitizing health information systems and adopting and using appropriate modern technology, and strengthening partnerships for service delivery including with faith-based organizations, the private sector and multilateral and non-governmental sectors, will all contribute to the achievement of universal health care.

5. Both communicable and non-communicable diseases are preventable; all key players in the health sector should continue to create public awareness as part of their strategies in the programmes and projects they are funding or implementing. Moreover, increased awareness is needed of the importance of appropriate nutritional practices, physical exercise and regular physical examinations to address the challenges of particular communicable and non-communicable disease prevention, early detection and treatment.

6. Given that street food vending is an important component of the socioeconomic activities of the country, the Government should come up with safety policies and proper enforcement to ensure safe and healthier practices.
7. There is also very little allocation for maintenance and repair of healthcare equipment, leading to wastage. Addressing this issue could lead to increasing efficiencies in the way available assets at the national and county levels are utilized.

7. Conclusions

- Being innovative, integrating public health services both at the national and county government level and addressing financial resource management will improve access to public health care by Kenyans. Stronger partnerships and an all-inclusive approach with the relevant stakeholders both in the public (national and county governments) and private sectors will leverage the scarce resources needed to achieve a more effective and efficient universal public healthcare system in the country.

- In addition, adherence to the commitments under the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, by which the Kenya Government and other African Union member countries undertook to increase their health sector budgets to be not less than 15 per cent of the national budgets, must be accelerated now more than ever before. This will make available the resources required to increase investments in the health sector that will drive forward the progressive realization of the universal health care agenda on the President’s Big Four Pillars.

- AFICS-Kenya would like to register its commitment to this cause by offering to the Government of Kenya its pool of expertise, constituted by its members with their wealth of experience, to support the realization of this very important pillar of universal health care in the President’s Big Four Agenda. AFICS-K has personnel with expertise in several areas of public health (especially the on-going and proposed government programmes and projects) who can make a contribution during various stages of planning and implementation of healthcare programmes, projects and initiatives.
References

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4167769/.

AMREF (2018): “Health Kenya to improve access for 25 million Kenyans over the next 5 years”. AMREF Health Africa.


Government of the Republic of Kenya: “Managed Equipment Service”. President’s Delivery Unit.


Ministry of Health, Singapore (2014): Medical Dental Undergraduate Agreement.


https://www.cugh.org/sites/default/files/28_Global_Health_Workforce_And_Phisician_Assistants_FINAL_0.pdf.

President Uhuru Kenyatta: ‘My Big 4 Action Plan’.
http://www.president.go.ke/.

http://www.ajtmh.org/content/journals/10.4269/ajtmh.17-0176.


