Financing Alliance for Health

Country Fact Card - Kenya

2019

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Political landscape

Current Government

- **President:** Uhuru Kenyatta
- **Stable democratic government** – Kenya has had a stable democratic system since gaining independence in 1963 and operates a multi-party Presidential system of Government following adoption of a new constitution in 2010. It has a decentralized governance structure comprised of 47 county governments. Current government was elected in October 2017 with incumbent President Uhuru Kenyatta winning a second 5-year term after hotly contested elections.
- Next elections in August 2022

Political priorities

- Present government has outlined its "Big Four" priorities to be attained by 2023 namely; universal healthcare, manufacturing, affordable housing and food security.
- Kenya is focused on fostering economic development and has had economic growth over the last 5 years reaching a level of 5.9% in 2019.
- The economic growth in Kenya is hinged on a stable macroeconomic environment, positive investor confidence and a resilient services sector.

Risks

- High levels of public debt, which is more than 50% of GDP
- With horticultural products and tea as the main export products in Kenya; potential risks of drought, weak private sector investments as well as the vulnerability of the economy to internal and external shocks could negatively impact on the economy.
- The country's political, social, and ethnic divisions remain largely unresolved and could be a source of instability.

Macroeconomic Indicators

- Population (2018) — 51.4 M
- GDP per capita (current USD, 2018) — $1,711
- Government revenue as % of GDP (2017) — 22%
- Health Expenditure (% of GDP, 2018) — 4.55%
- Health Expenditure per capita,US$ (2016) — $66.21
- GDP per capita growth - Annual %(2018) — 3.9%
- GDP growth - Annual % (2018) — 6.32%
- Inflation, Consumer Prices - Annual % (2018) — 4.69%
- Fitch Credit rating (2018) — B+
- Population Growth - Annual % (2018) — 2.31%
- Rural Population % (2018) — 73%
- **Country income classification**: Lower Middle Income

SOURCE: World Bank, International Monetary Fund; BBC News; Business Monitor International; USAID; www.coastweek.com

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Services, Facilities & Human Resources

Indicator	Value
Health Post Density (per 100,000 population)	7.55
Hospital Beds (per 1,000 population) - 2010	1.4
Physicians (per 1,000 population) - 2014	0.199
Nurses/Midwives (per 1,000 population) - 2014	1.542
PHC Service Coverage Index (2017)	58%
PHC Access Index (2012)	70%
Specialist surgical workforce (per 100,000 population)	2.35

Leading Causes of Death

- Diarrheal Disease
- HIV/AIDS,
- Tuberculosis
- Neonatal Diseases
- Cardiovascular Diseases
- Cancer
- Other NCDS
- Nutritional Deficiencies
- Malaria
- Neglected Tropical Diseases

Disease & Outcomes

Indicator	Value
Life Expectancy at Birth (years) - 2017	66
Maternal Mortality Ratio (per 100,000 live births) – 2014	392
Neonatal Mortality Ratio (per 1000 live births) - 2018	19.6
Under-5 Mortality Rate (per 1,000 live births) - 2018	41.1
Fertility Rate (births per woman) - 2017	3.57
Prevalence of HIV (% of population ages 15-49) - 2018	4.7%
Adult Mortality from non-communicable diseases (2016)	13%
U-5 children who receive ORS for Diarrhoeal Disease (%) - 2014	53.8%
Incidence of TB (per 100,000 people) (2017)	319

SOURCE: World Bank Data, 2019; Primary Health Care Performance Initiative, 2019, CDC 2019

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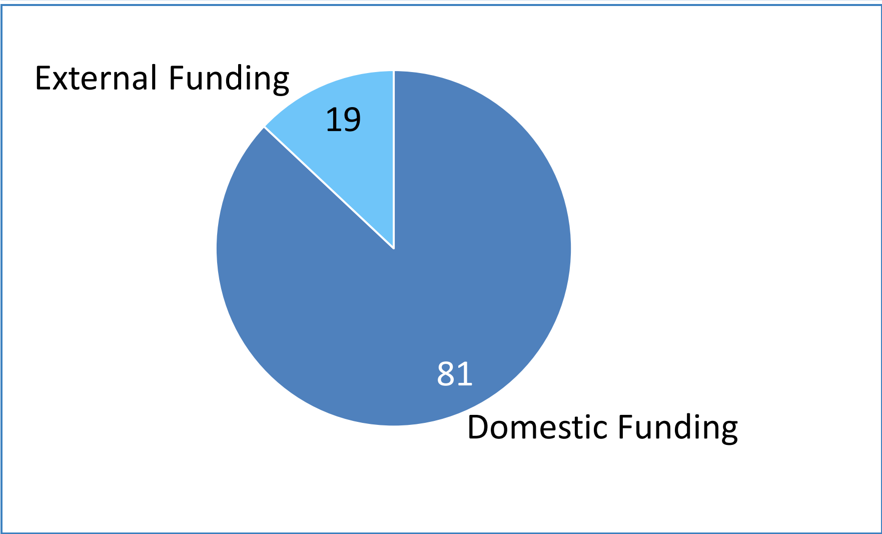
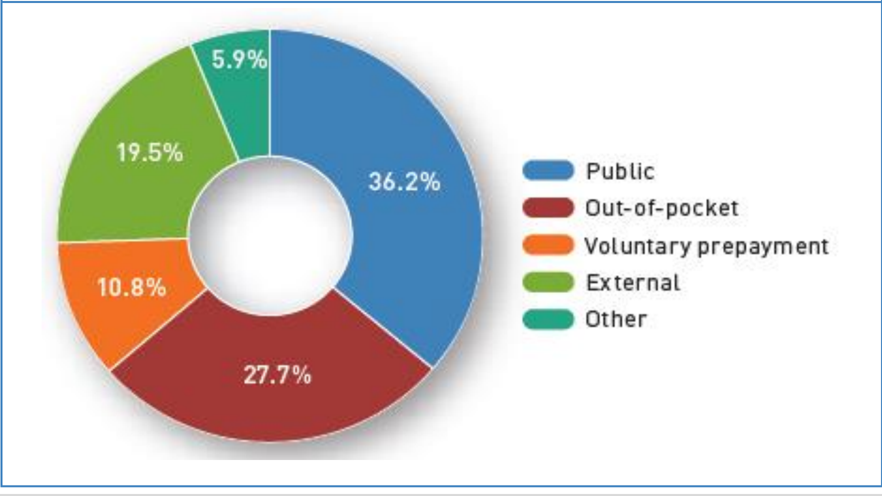
Healthcare Expenditure Indicators (2016)	
Total Health Expenditure (THE) as % of GDP	4.5 % (Global average - 9.2%)
General Health Expenditure (GHE) as % of General Government Expenditure (GGE)	6% Abuja Declaration Target - (15%)
Per Capita government expenditure on health in USD	$24
Primary Health Care Expenditure as % of Total Health Expenditure	64%
Domestic General Government Expenditure on Curative Care (in million $US)	509
Domestic General Government Expenditure on Preventive Care (in million $US)	201

Sources of health funding in Kenya, %



Healthcare Spending, %



SOURCE: WHO Global Health Expenditure Database, 2016

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Health System Overview

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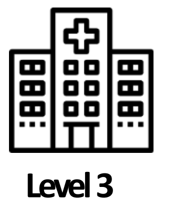
Kenya's Health System was recently transformed from a six -tier to a four-tier system (2014-2030): Community Health forms the tier 1 level of care

Level 1

Community Health Services :
Comprise community units under Community Health Strategy that provides primary level care to communities

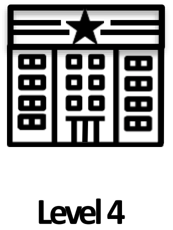
Level 2

Primary Care Services :
Comprise all dispensaries (level 2) and health centers (level 3) including those managed by non state actors



Level 3

County Referral Health Services
Comprise primary (level 4) and secondary hospitals (level5) in the county and forms the County Health System



Level 4

National Referral Services
Comprise all tertiary referral hospitals (level 6), National Reference Labs, Govt. owned entities, Research and Training institutions

SOURCE: Kenya Ministry of Health, Strategy For Community Health (2014-2019), Kenya Health Policy Framework (2014-2030)

Community Health System Overview

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Community Health Strategy (2014 – 2019)

Strategy Objectives

1. Strengthen the delivery of integrated, comprehensive, and high quality community health services for all cohorts
2. Strengthen community structures and systems for effective implementation of community health actions and services at all levels
3. To strengthen data demand and information use at all levels
4. Strengthen mechanisms for resource mobilization and management for sustainable implementation of community health services

Community Health Stakeholders/Partners

1. National and County Governments
2. Community Health Committee
3. Development/Implementing Partners
4. Private Sector
5. Academic and Research Institutes
6. Civil Society Organizations.

Community Health Structure

One Community Health Unit per 5000 people

10 community health volunteers

5 community health assistants (supervisors)

- Community Health Volunteers (CHVs) are mostly unpaid but under Mid Term Plan III a fixed stipend of 2000 KSH (approx. 20 USD) has been proposed
- Community Health Extension Workers (CHEWs) are recruited and paid by the government. They provide support and supervision to CHWs

Kenya Ministry of Health Report, 2017; McCollum, R., Otiso, L., Mireku, M., Theobald, S., de Koning, K., Hussein, S., & Taegtmeyer, M. (2015). Exploring perceptions of community health policy in Kenya and identifying implications for policy change. Health policy and planning, 31(1), 10-20.

Situational Analysis: Community Health Strategy 2014-2019

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What is working well?

- **Devolution** has given County Governments increased ownership and responsibility of health service delivery and an opportunity to prioritize their needs based on the context
- **Robust policy guidelines** under Kenya Vision 2030, Kenya Health Policy Framework (2014-2030) and Kenya Health Sector and Strategic Investment Plan (2013-2018) guides the implementation of CHS by the County Governments
- **Health indicators have improved** especially in terms of maternal and child health since the implementation of the Community Health Strategy (2014 -2019)

What is not working well?

Financing

- Total Health Expenditure remains low at 5.7% of GDP (Abuja Declaration, 2001 pledges at least 15% by all African countries)
- Over reliance of MOH on donors for development budget- > 60% allocation is from donors
- County health budgets continue to remain low
- Some counties face structural and capacity challenges in budget making process
- Some counties invest more in infrastructure of higher level health facilities than investing in CHS

Program structure and prioritization

- Low prioritization by some county governments towards investing in CHS
- Gap in community health workforce to meet the needs of the population
- Dissatisfaction in CHVs due to disincentives like – irregular trainings and supervision, inconsistent remuneration, unclear roles and responsibilities

Coordination and connection to broader health system

- Many disparate CHV programs across the country with limited or no integration within national health system
- Poor coordination with donors and development partners leading to inefficient utilization of resources and duplication in efforts
- The National Referral System is not standardized compromising the continuity in care from community to higher level
- Lack of evidence underscoring the effectiveness of integrated community health services

Community Health Stakeholder Landscape

Kenya has multiple independent Community Health Programs with little integration with the National Health System

	Lwala Community Alliance (LCA)	AMREF Kenya	World Vision International	Millennium Villages Project	Health Right International
Counties Served	North Kamagambo in Migori	Nairobi	35 counties	Kisumu, Siaya (Sauri cluster)	Elgeyo Marakwet
No of CHWs	83	13,586	4725	158	1000
Remuneration	Not salaried but periodically receive monetary incentive	Not salaried but periodically receive monetary incentive	Not salaried but periodically receive monetary incentive	Paid-Salaried	Not salaried but periodically receive non monetary incentive
Categories of Service	MCH, Diarrhea, Family Planning, Immunization, HIV testing	Health promotion, Disease surveillance, Immunization, Sanitation	Child protection and education, Family Planning, Immunization, HIV testing, Sanitation	CCM Malaria, Diarrhea, Family Planning, Immunization, HIV testing, Sanitation	Health Promotion, Family Planning, Immunization, Sanitation
Funding Sources	UNICEF, Child Relief International, Imago Dei, Segal Foundation	UNFPA, USAID, The Global Fund, WHO, other countries	USAID, UNICEF, Global Fund and other international countries	UNICEF, WFP, UNDP, UNFPA	Johnson & Johnson, UN Women, USAID, WHO, Project C.U.R.E, NYU College of Global Public Health
Level of Integration with National Health System	Not integrated	Partially integrated	Partially integrated	Not integrated	Not integrated

1m CHW campaign data exploration tool: http://1millionhealthworkers.org/operations-room-map/ Most of the programs incorporate CHWs recruited under CHS but some NGOs hire independently