

Policy Brief

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Thinking Policy Together

Promoting Healthcare Service Delivery in Kenya

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Key Highlights

The productivity of a country depends on its human capital that includes citizens' health. This policy brief focuses on ways to improve healthcare service delivery even as the country makes significant progress towards the improvement of health status. The key highlights are:

- i) Individuals are travelling longer distances to seek medical care services after health was devolved. This is because of unavailability of drugs in public facilities and limited specialists in primary health care centres.
- ii) The total bed count and healthcare facilities have increased significantly after devolution. However, most counties are yet to achieve the World Health Organization's recommended bed and facility density of 25 and 2.2 per 10,000 population.
- iii) The number of major healthcare equipment per county is still low and more funds could be allocated for the purchase and maintenance of the existing ones.
- iv) The incidence of catastrophic health expenditure increased significantly across the counties, both in urban and rural areas, and thus economic accessibility has not improved after devolution.

Introduction

The Constitution of Kenya guarantees all citizens the right to quality healthcare. The government has made efforts to expand coverage of health services after devolution and to cushion the poor and other vulnerable groups from financial risks. However, individuals are still travelling longer distances to access healthcare services and catastrophic health expenditure has increased significantly.

The under-five mortality and neonatal mortality stands at 41 and 21 deaths per 1,000 births, respectively, according to the Kenya Demographic and Health Survey 2022.² About 56 per cent of infant deaths occur during the first month of life and majority of these reside in the poorer areas and arid and semi-arid land areas.

The number of health facilities has more than doubled from 4,421 in 2001 to 9,064 facilities in 2020 and 60 per cent of the counties have achieved the WHO target. The country's core health workforce density is 15.6 per 10,000 population, which falls short of the WHO recommendation.³ Additionally, the distance covered to seek health services from a health facility is higher than the 5km radius that has been recommended by WHO. The average catastrophic health expenditure is higher now than after devolution in both rural and urban areas⁴.

This policy brief focuses on ways to promote healthcare service delivery. The policy brief was based on a KIPPRA study (Lore and Thuo, 2023) on assessing the effect of devolution on the healthcare service delivery in Kenya. The brief focuses on ways to promote healthcare service delivery in Kenya.

Achievements in Health Service Delivery

Kenya has put in place comprehensive strategic plans to guarantee that its citizens have equitable access to high-quality healthcare services through a vast network of interventions. The government has implemented policies and programmes to expand health service coverage and protect vulnerable groups from financial risks.

The Kenya Health Policy (2014-2030) aims to achieve the highest possible standard of health by supporting equitable, affordable, and high-quality health for all Kenyans. The Kenya Universal Health Coverage Policy (2020-2030)⁵ aims at ensuring that the whole population can progressively access a comprehensive package of quality health services.

The Kenya Community Health Policy (2020-2030)⁶ aims to empower individuals' families and communities to attain the highest possible standard of health through provision of high community health services.

The Kenya Health Financing Strategy (2020-2030)⁷ aims to mobilize resources required for high quality health services and to maximize efficiency and value for money in the management of resources. The Kenya Primary Healthcare Strategic Framework (2019-2024),⁸ which provides guidelines for designing and implementing programmes to strengthen the primary healthcare system and services in Kenya.

Emerging Gaps in Health Provision

While notable progress has been made, critical gaps persist that can hinder proper service delivery.

Financial sustainability: Dependence on donors, which may not be long-term sustainable given Kenya's debt predicament, has added to the financial difficulties the health sector has had to deal with. Another reason is an excessive reliance on mandatory contributions made by the employed to the NHIF as a means of financing universal health coverage.

Acceptability of healthcare measured by culturally appropriate, respectful of medical ethics and confidentiality of the health status has been affected by negative attitudes and lack of confidentiality by health care providers, leading to loss of trust in the system.

To ensure healthcare is of high quality requires skilled personnel, availability of drugs, health facilities and infrastructure that increases the likelihood of desired health outcomes. The number of major healthcare equipment per county is also still low and more funds could be allocated for the purchase and maintenance of the existing ones.

Drug availability is still an issue in public facilities, and this has seen individuals walking longer distances and by-passing nearer health facilities.

Geographic disparities: ASALs lag behind in healthcare, indicating a need for focused interventions.

Policy Recommendations

To ensure that service care delivery is improved, the following is recommended:

- i) Creation of a strong health partnership framework and strategic dialogue with the private sector in provision of a successful service delivery system. A big proportion of the population obtains health care services from the private sector, and there is need to strengthen and sustain health partnerships.
- ii) Increase the ability of the health workforce to deliver services in a quality, efficient, and effective manner at all health levels by continuous training to address the human resource for health challenge.
- iii) Allocation of more funds to the healthcare sector and a need to develop national health financing regulations and policy guidelines on budget allocations for the implementation of the right to health.
- iv) There is need to advocate for each county government to safeguard and ring-fence revenue generated from various funds appropriated by County Assemblies to deliver health services.
- v) Ensure implementation of the Kenya Health Financing Strategy and the domestication of the same at the county level to increase investment and public spending in health throughout the country.
- vi) The Ministry of Health and Council of Governors to ensure operationalization of the Health Sector Inter-Governmental Consultative Forum for mutual consultation, coordination and collaboration on all matters related to health and health service delivery between National and County governments.

Endnotes

- 1 Government of Kenya (2010), The Constitution 2010.
- 2 Kenya Demographic and Health Survey 2022 /KNBS.
- 3 World Bank Group (2022), Universal Health Coverage.
- 4 Ministry of Health (2020) Kenya Progress Report on Health and Health Related SDGs, WHO 2020.
- 5 Ministry of Health, Kenya Universal Health Coverage Policy 2020-2030.
- 6 Ministry of Health, Kenya Community Health Policy 2020-30.
- 7 Ministry of Health, Kenya Health Financing Strategy 2020-30.
- 8 Ministry of Health, Kenya Primary Health Care Strategic Framework 2019-2024.

Acknowledgements

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About KIPPRA Policy Briefs

KIPPRA Policy Briefs are aimed at a wide dissemination of the Institute's policy research findings. The findings are expected to stimulate discussion and also build capacity in the public policy making process in Kenya.

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