

REPUBLIC OF KENYA

MINISTRY OF HEALTH

Kenya Universal Health Coverage Policy 2020 – 2030

Accelerating Attainment of Universal Health Coverage

Kenya Universal Health Coverage Policy 2020 – 2030

*Accelerating Attainment of Universal
Health Coverage*

Nairobi, December 2020

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Kenya Universal Health Coverage (UHC) Policy 2020-2030

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FOREWORD

The Kenya Constitution and Vision 2030 development blueprints require the country to provide the highest attainable standards of healthcare to all her population. This together with the Government's "Big Four" Agenda set the Ministry of Health to prioritize the need to develop and operationalize a Universal Health Coverage policy (UHC) 2020-2030 that clearly outlines the strategic direction for the sector. The UHC Policy gives direction towards ensuring significant improvement in the overall status of health in Kenya in line with the Big Four Agenda, the Constitution of Kenya 2010, Kenya Health Policy 2014-2030, Kenya Vision 2030, regional and global commitments. It demonstrates the health sectors commitment under the Governments stewardship to ensuring that the country implements health plans in a manner responsive to the needs of the population.

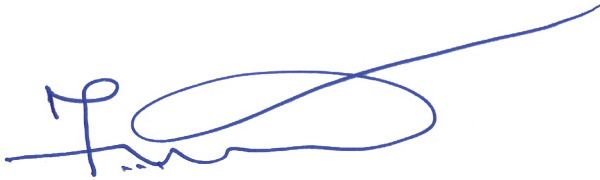
UHC is an important pillar with the aim of transforming the country's health sector for enhanced service delivery. A productive population is an impetus for greater economic development and explains why Kenya is investing in UHC to ensure its people remain healthy. Besides health financing, UHC implies putting in place efficient health service delivery systems, adequate health facilities and human resources, information systems, good governance and enabling legislation.

This policy embraces the principles of equity, people centredness, efficiency, social solidarity and a multi-sectoral approach. It focuses on four objectives and their related strategies to support attainment of the Government's goal in health. It is cognizant of the functional responsibilities between the National and County levels of Government with their respective accountability mechanisms and frameworks. It is envisaged that the national and county Governments will benefit from this policy as a guide for planning and budgeting for healthcare services at all levels of care. The detailed strategies and programme packages will be elaborated in specific strategic and investment implementation plans. I therefore call for the need to raise awareness to ensure that the objectives of this policy are well understood and fully owned by the various stakeholders and implementing partners.

Recognizing the vital importance of UHC to Kenya's socio-economic development, key enabler investments in the necessary infrastructure, skilled manpower, conducive legislative regimes, transport, electricity and information communication technology will be necessary to achieve these objectives that will lead to a robust and resilient health system. The Ministry plans to continue efforts aimed at reaching the next frontier through expansion of access to care for all and it is in the wake of increased disease burden globally that I call upon all healthcare stakeholders, individuals and organizations to play an active role in improving the quality of life in Kenya. The UHC initiative offers a paradigm shift for the Kenyan health system to improve the quality of services in all public and private healthcare facilities while ensuring these services are accessible, affordable and efficient with a focus on preventive and promotive health at the household level through revitalisation of primary healthcare. Achieving UHC pillar will of necessity, require strong collaboration between the public and our private sector providers.

The policy was developed through a participatory process involving all stakeholders in health including government ministries, departments and agencies; clients, counties, development partners (multilateral and bilateral) and implementing partners (faith-based, private sector, and civil society).

It is my sincere hope that under the devolved system of Government, all the actors in health in Kenya will rally around these policy directions to ensure that we all progressively move towards the realization of the right to health and steer the country towards the desired health goals.

A handwritten signature in blue ink, consisting of a stylized 'M' followed by a large loop and a long horizontal stroke extending to the right.

SEN. MUTAHI KAGWE, EGH
CABINET SECRETARY
MINISTRY OF HEALTH

ACKNOWLEDGEMENT

The Universal Health Coverage Policy 2020-2030 conveys the health sector policy directions, strategies and implementation framework for the period between 2020 and 2030. Its goal is 'To ensure all Kenyans have access to essential quality health services without suffering financial hardship'

The Policy's objectives are to: i) Strengthen access to health services; ii) Ensure quality of health services; iii) Protect Kenyans from the financial risks of ill-health, and iv) Strengthen the responsiveness of the health system in Kenya.

The Ministry of Health appreciates the special support from the offices of the Cabinet Secretary, Principal Secretary, and Director General of Health for the overall stewardship and technical guidance.

We thank the Council of Governors in coordinating the participation of Counties in the process of developing this policy. Further, acknowledgements go to all the various sector stakeholders who contributed to the development of this policy.

In particular, I applaud the Directorate of Health Policy and Research Development, Health Information Systems, Monitoring and Evaluation team. Dr. Charles Nzioka, Dr. David Kariuki, Dr. Ruth Kitetu and Dr. Rebecca Kiptui deserve special mention for their tireless efforts in coordinating this process. I commend the team on the way they guided the inclusive, participatory and consultative process and the facilitation of the various working groups. Efforts from officers of other Directorates towards this policy are also commendable.

Comments, input and contributions from County technical teams, other health related ministries, development and implementing partners at all stages of the development of this Policy were similarly commendable.

The development of the UHC policy was made possible through technical and financial support from our development partners to whom we are truly grateful. Special mention goes to the World Health Organization and World Bank for their immense support.

Successful implementation of this policy will require the coordinated efforts and actions of many actors and the participation of all stakeholders in the health sector.

I am confident that this policy will inform the process of joint achievement of UHC goals in Kenya.



SUSAN N. MOCHACHE, CBS
PRINCIPAL SECRETARY
MINISTRY OF HEALTH

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ACRONYMS

AMR	Anti-microbial Resistance
CHMT	County Health Management Teams
COVID-19	Coronavirus Disease 2019
EHBP	Essential Health Benefit Package
HIS	Health Information System
HPT	Health Products and Technologies
HTA	Health Technology Assessment
HRH	Human Resources for Health
ICT	Information Communication Technology
IHR	International Health Regulations
KEPH	Kenya Essential Package for Health
KHIS	Kenya Health Information System
KHHEUS	Kenya Household Health Expenditure and Utilization Survey
KIPPRA	Kenya Institute of Public Policy Research and Analysis
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Authority
MOH	Ministry of Health
MEDS	Mission for Essential Drugs and Supplies
MDT	Multidisciplinary Teams
NACOSTI	National Commission for Science, Technology and Innovation
NHIF	National Hospital Insurance Fund
O&M	Operations and Maintenance
OOP	Out -of -Pocket Payments
POC	Point of Care
PCNs	Primary Care Networks
PHC	Primary Health Care
PPF	Private for Profit
PNFP	Private not for Profit
SPA	Special Purpose Account
SCHMT	Sub-county Health Management Teams
SDGs	Sustainable Development Goals
THE	Total Health Expenditure
UHC	Universal Health Coverage
UHC-EBP	Universal Health Coverage - Essential Benefit Package

PART 1:
BACKGROUND



INTRODUCTION

1.1 Health Policy and The Constitution of Kenya 2010

The Constitution of Kenya guarantees all citizens the right to quality healthcare. This includes reproductive health of the highest attainable standards and access to emergency medical treatment amongst other rights.

The Government of Kenya has committed to accelerating attainment of Universal Health Coverage (UHC) as one of the President's "Big Four" Agenda for enhancing socio-economic development. UHC aims at ensuring that all Kenyans access and receive essential quality health services without suffering financial hardship. These services include promotive, preventive, curative, rehabilitative and palliative health services.

Progressing towards attaining UHC is crucial to addressing the high burden of communicable conditions, a rising burden of non-communicable conditions, and cushion the health system from emerging and re-emerging disease outbreaks and changing demographic patterns. Out-of-pocket payments (OOP) for health services remain a major financial barrier to accessing health services in Kenya and it exposes households to catastrophic health expenditure.

The Government has made efforts to expand coverage of health services and to cushion the poor and other vulnerable groups from financial risk through various mechanisms. The efforts have been demonstrated in the implementation of various policies and programs in the recent past that have been targeted at not only increasing access to quality health services, but also providing financial protection through the reduction of out-of-pocket payments when accessing health care. UHC is therefore expected to bring together health and development efforts, and contribute to poverty reduction as well as building solidarity and trust, aspirations that are enshrined in the Government Development Blueprint, the Kenya Vision 2030

1.2 UHC as a National and Global Development Agenda

Progress towards UHC is a means to realizing the right to health as enshrined in the Kenyan Constitution, and ambitions set out in Vision 2030, the Kenya Health Policy 2014 – 2030, Sessional paper No 2 of 2017, Health Act 2017 and the Big 4 Agenda. It is also in line with Kenya's commitment to the Sustainable Development Goals (SDGs). UHC is an investment in human capital and a foundational driver for inclusive and sustainable economic growth and development. Progress towards UHC will enable Kenya to protect the poor and vulnerable, invest in its human capital and make progress in its overall goal of inclusive human development. UHC as a goal is enshrined in various policies, strategies, plans and programmes in Kenya (Table 1).

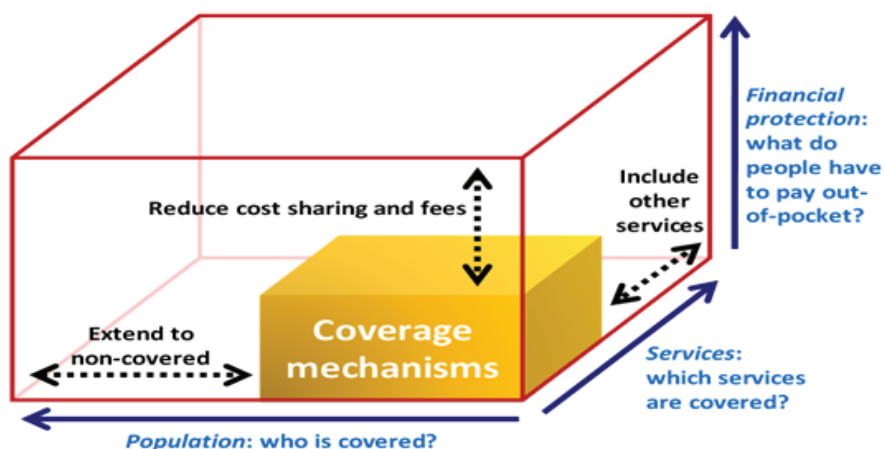
Table 1: Summary Of Kenya's Constitutional And Policy Commitments To Universal Health Coverage

<p>Constitution</p>	<p>Article 43(1) Every person has the right to: (a) the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare; Article 43(2) A person shall not be denied emergency medical treatment Article 43(3) The state shall provide social security to persons who are unable to support themselves and their dependents Article 53(1)(c) Every child has a right to basic nutrition and healthcare Fourth Schedule- Distribution of functions between National Government and the County Governments</p>
<p>Vision 2030</p>	<p>To improve the overall livelihood of Kenyans, the country aims to provide an efficient integrated and high-quality affordable health care system with the highest standards</p>
<p>Kenya Health Policy 2014 – 2030</p>	<p>The goal of the Policy is to attain the highest possible standard of health in a responsive manner. The health sector aims to achieve this goal by supporting equitable, affordable, and high-quality health and related services at the highest attainable standards for all Kenyans.</p>
<p>Sessional Paper No.2 of 2017and Health Act 2017</p>	<p>These are key policy and legal frameworks to ensure movement towards Universal Health Coverage by progressively facilitating access to services by all, by ensuring social and financial risk protection through adequate mobilization, allocation, and efficient utilization of financial resources for health service delivery and ensuring equity, efficiency, transparency, and accountability in resource mobilization, allocation, and use. Efforts will be made to progressively build a sustainable political, national, and community commitment with a view towards achieving and maintaining Universal Health Coverage through increased and diversified domestic financing options.</p>
<p>Big 4 Agenda</p>	<p>Provide Universal Health Coverage thereby guaranteeing quality and affordable healthcare to all Kenyans. Improve key determinants of health through prioritizing other sectors that have an impact on health, and addressing policy, legal and governance challenges (across the Big 4 sectors) to ensure that the country attains its full potential.</p>
<p>SDG Goal 3</p>	<p>Target 3.8 Achieve Universal Health Coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.</p>

1.3 Principles of the Kenya UHC Policy 2020 – 2030

UHC aims to move towards ensuring that the whole population shall progressively access a comprehensive package of quality health services, while expanding protection from financial catastrophe. Figure 1 below illustrates the three dimensions and the progressive nature of UHC.

Figure 1: Three Dimensions To Moving Towards Universal Coverage



Source: World Health Organization 2010

- Expansion of population covered by health services with focus on underserved, marginalized and vulnerable populations. The expansion of the existing prepaid mechanisms (insurance, direct funding, subsidies) for ensuring financial protection for the citizens, shall remain the key priority of the health system. The spirit will be “leaving no one behind” as a commitment to equity in access to services, that will be made readily available to the primary and household level and that will be non-discriminatory and based on a human rights approach.
- Expansion of a single essential health benefit package to ensure that the population accesses a wide range of service areas including a renewed focus on primary health care.
- Establishment of financial risk protection mechanisms to ensure a unified financial scheme with very clear resource mobilization, pooling and purchasing as delinked functions

UHC policy is therefore based on the following principles:

- i. **Health as a human right:** as enshrined in Article 43 of the Kenyan constitution
- ii. **Social solidarity:** enhance the awareness of social interdependence and shared values among the Kenyan people.
- iii. **Equity:** ensure utilisation relative to need, with financial contributions based on the ability to pay without imposing a barrier to access at the point of care (POC) and additionally be effective in sharing of risks from healthy to sick, rich to poor and young to old for the benefit of everyone. This principle is premised on “leaving no one behind”.
- iv. **Effectiveness and quality:** ensuring the services Kenyans access meet the acceptable standards to deliver desired health outcomes.
- v. **Efficiency:** pursue maximisation of people’s health and wellness through optimal use of available resources.
- vi. **People-centred, appropriate, and responsive:** account for people’s needs, preferences and values including through an entitlement to the specified package of health benefits.
- vii. **Transparency and accountability:** support processes and outcomes of decision making at all levels that are inclusive and explicitly assign duties, rights, rewards, and sanctions to the various actors.

1.4 Aspirations of Universal Health Coverage

The overall aspiration for UHC is that ALL Kenyans have access to essential quality health services without suffering financial hardship and “leaving no one behind” as depicted in figure 2. overleaf.

Figure 2: Aspiration Of Universal Health Coverage



Source: Ministry of Health 2018

1.5 The Policy Development process

The Universal Health Coverage Policy 2020 - 2030 for Kenya was developed under the stewardship of the national government over a period of one year through an evidence-based and extensive consultative process with stakeholders. These stakeholders included relevant government ministries, departments, and agencies; county governments; multilateral and bilateral development partners; and faith-based, private sector, civil society and implementing partners. The definition and development of the policy objectives and strategies was based on a comprehensive and critical analysis of the status, trends, and achievement of health goals in the country during the medium-term implementation period of the current Health Sector Policy Framework of 2014 - 2030 and lessons learnt from a pilot project carried out in 4 selected counties in 2018. The resultant consensus policy document was then presented to the Cabinet Secretary for Health for endorsement, dissemination, and implementation.

2. SITUATIONAL ANALYSIS

2.1 Overview

The health sector in Kenya is governed at two levels: national and county. The national level has overall stewardship; policy formulation, standards and regulations, capacity building and national referral facilities, while the counties are responsible for policy implementation and service delivery. The levels conduct their activities based on mutual consultation, collaboration, and cooperation.

Kenya has a mix of public (48%), private (40 %), faith based and NGOs (12 %) health service providers (KHMFL, 2019). Most public health facilities are managed by county governments. All healthcare providers are organised in levels or tiers of health service provision ranging from community health services (Level 1), dispensaries and health centres (Level 2 and 3), primary referral hospitals (Level 4), secondary referral hospitals (Level 5) and tertiary referral hospitals (Level 6). Each of these levels is expected to provide the Kenya Essential Package for Health (KEPH): a life-cycle oriented package of preventive, promotive, curative, and rehabilitative health services.

The health workforce comprises a variety of cadres developed through both private and public training institutions. The workforce is likewise engaged in both public and private sectors. Access to health products and technologies is through three main channels: public by the Kenya Medical Supplies Authority (KEMSA), private not-for-profit (PNFP) by the Mission for Essential Drugs and Supplies (MEDS) and private for profit (PFP) suppliers. The Kenya Health Information System (KHIS) provides the overall framework for health information management in Kenya.

According to the Kenya National Health Accounts, public, private and donor expenditure accounted for about 37%, 40% and 23% respectively of Total Health Expenditure (THE) which was KES 346 billion in the financial year (FY) 2015/16. According to the Kenya Household Health Expenditure and Utilization Survey (KHHEUS) 2018, out of pocket expenditure was at 32% and the incidence of catastrophic health expenditure was estimated to be 4.9%, an improvement from 6% recorded in 2013.

The main managers of resources moving from pooled health funds and health providers (health service purchasing) are the national government, the county governments, the National Hospital Insurance Fund (NHIF) and private health insurers.

2.2 Health System Performance

Significant gains have been made in key measures of health system performance in Kenya over the period 2013 to 2018. These include increases in life expectancy and sustained reductions in child mortality (Table 2).

Table 2: Kenya Health System Performance Impact Indicators

Indicator	2008	2014
Neonatal Mortality Rate (per 1,000 live births)	31	31
Infant Mortality Rate (per 1,000 live births)	52	39
Under-five Mortality Rate (per 1,000 live births)	74	52
Maternal Mortality Rate (per 100,000 live births)	488	362
Life Expectancy at birth (Years)	60.28	67.29

Source: Kenya Demographic and Health Survey 2008/9 and 2014

Overall progress can also be tracked on the two main dimensions of UHC: service coverage and financial risk protection (Table 3). The data shows relatively slow expansion of service coverage, and a significant reversal of gains in financial risk protection.

Table 3: Kenya Universal Health Coverage Indicators and UHC Index In 2018

Indicator	2008	2013	2014
Prevention health service coverage	45.94%	54.52%	-
Curative health service coverage	39.28%	43.21%	-
Incidence of Catastrophic Health Expenditure	11.4%	6.2%	4.9%
Proportion of the population pushed into poverty	6.1%	4.6%	3.8%
Proportion of the population pushed further into poverty (Extreme poverty)	31.05%	38.12%	36.1%
Overall Service Coverage	38.86%	41.73%	67%
	73.79%	63.78%	63.78%
UHC Service Coverage Index	52.25	51.55	-

Source: Kenya National Health Accounts, KHHEUS, KDHS, KHIS reports.
The index is calculated using various sources of data as depicted in the table above

Quality of health Services

Kenya has implemented a variety of reforms in its progress towards UHC including free access to primary care services. For key population groups such as pregnant women and vulnerable populations, changes have been made to the benefits offered by the NHIF and capital investments to improve access to specialised diagnostics and medical services. In 2018, the Government piloted a UHC model in 4 counties implemented through a health system strengthening approach. Experience from the pilot showed increased out-patient service utilisation by 20% between 2018 and 2019, as well as the value of investing in a primary health care-oriented approach, strengthening referral systems, improving availability of health products and technologies (HPTs), improving information management systems and addressing bottlenecks in financial resource flows and utilization in health facilities

2.3 Emerging Issues and Challenges

This section presents issues and challenges that this policy should address.

2.3.1 Health Leadership and Governance

i. Leadership is critical to the attainment of UHC: Sustained political goodwill is necessary to support UHC. Good management systems usually support health functionality, efficiency, and accountability. Leadership and governance should ensure that a strategic policy framework exists and that it is combined with effective oversight, consensus building, regulation, attention to system-design and accountability. It requires overseeing and guiding the health system to protect the public interest - broader than simply improving one's health status.

ii. Strengthening governance of the health system: Challenges remain in the governance of the health system. There is need to strengthen the use of evidence in decision making processes such as priority setting. The policy implementation process should be strengthened through approaches that monitor and effectively reward or sanction performance. These weaknesses in the accountability mechanisms for health system performance e.g., in terms of service delivery, have negatively impacted the ability of the health system to offer equitable, efficient, and quality health services. Mechanisms for coordination across levels of government and among the various actors in the health sector should also be improved and prioritised at national and county levels. Governance structures at sub-national level should be strengthened at all levels.

iii. Enhancing facility governance to enhance health system performance: Devolution of health services has had a varied impact and considerable influence on health governance across the country. In some instances, it has been characterised by loss of managerial autonomy and the application of excessive financial controls on key service delivery units of the health system such as the County Health Management Teams (CHMT) and Sub-County Health Management Teams (SCHMT) and health facilities. This has particularly impacted service delivery at primary health care level (Level 2 and 3) that depended greatly on decentralized authority to incur expenditure on areas such as operations and maintenance (O&M). Optimizing health facility governance in the context of devolution should be prioritized.

2.3.2 Health Financing

i. Greater role for the public sector in revenue generation: The level of Government resources allocated to health in Kenya has not resulted in significant changes in indicators of progress to UHC such as the reduction in out-of-pocket payments (Table 4). Greater funding from general Government revenues is required to fill this gap. Current fiscal arrangements mean that these resources are best sourced from the national government. Consolidation of funding mechanisms will facilitate effective cross-subsidization and address administrative inefficiencies in order to optimize use of scarce funds. The incidence of catastrophic health expenditure in the KHHEUS report done in 2018 was estimated to be 4.9% (40% threshold) and 8% (using 10% threshold). This was a significant improvement from the 2013 figure of 6.21% and 12.7% respectively.

Table 4: Key Health Financing Indicators For Kenya

Indicator 8.5	Financial Year			
	2009/10	2012/13	2015/16	2018
Household OOP as % THE	25.1%	26.6%	27.7%	28%
Catastrophic health expenditure	TBD	6.21%	-	4.9%
Insurance Coverage	10.0%	17.1%	18.5%	19.9%

Source: Kenya National Health Accounts reports, KHHEUS reports

ii. Strengthening the strategic health purchasing activities of the health system: There remain challenges with linking resources to the services delivered to optimise equity, quality and efficiency. The data in Tables 2, 3 and 4 suggest that available resources could have been better utilised to meet the health needs of the Kenya population and accelerate improvements in health. This may be through aligning payments to providers with health system goals and making better use of information to determine resource allocation decisions and monitoring of health system performance. Also, lessons from the pilot counties, demonstrate the value of service users and providers understanding their entitlements and requirements respectively. This should be done through implementation of a progressively expanded benefit package of health services available to all Kenyans.

iii. Conditional grants to transform health systems in the context of devolution: Assessments of conditional grants have demonstrated underperformance particularly those resourced and implemented by the national government. For example, none of the grants require recipients to contribute (matching), there is no clear link to health system outputs, and there are challenges in ensuring funding flows to service delivery units. The framework through which conditional grants are designed and implemented should be strengthened e.g., through harmonisation of grant design, clarification of eligibility criteria, clarity of conditions for use of resources, greater autonomy for service delivery unit and better use of incentives and sanctions

2.3.3 Organisation of Service Delivery

i. Primary health care-oriented service delivery for greater quality, efficiency and equity: Primary health care (PHC) is the point of first contact of care and provides a platform for the continuum care. The health system has not optimised PHC and community health services to improve health indicators for Kenyans. Recent reforms in the Kenya health sector have targeted providing universal free access to public primary care services. However, evidence suggests that levels of coverage remain low with Kenyans continuing to experience the catastrophic impact of health expenditures. The hospital-centric orientation of the Kenyan health system was most recently highlighted in the pilot counties. Higher-level facilities experienced significant increases in patient utilisation in the absence of a robust PHC system to manage referrals. Access to emergency medical care can also be enhanced since PHC is the point of first contact of care and provides an entry point to the continuum care. Primary Health Care is critical if higher levels of care are to be efficiently utilised. Prioritising PHC will also provide a platform for empowering Kenyans to participate in the design and delivery of health services.

ii. Enhancing the quality of care and services provided: The quality of care and services provided in the health sector has gained increased public focus and medical litigation over the years. Multiple assessments have also demonstrated that this is an area that requires great improvement. To enhance the quality of care and services provided in public and private health facilities, the national Quality of Care Certification Framework for the Kenyan Health Sector 2020 should be implemented to ensure a harmonised registration, licensing, and certification process that facilitates continuous quality improvement. This will also enhance ease of doing business, medical tourism, and strategic purchasing of health services.

iii. Strengthening capacity to prevent and respond to health security threats - an essential part of progress towards UHC: Kenya has experienced major disease outbreaks such as cholera, dengue fever, Rift Valley fever, chikungunya virus, anthrax, and SARS-CoV-2: the virus that causes coronavirus disease 2019 (COVID-19). Kenya has made efforts over the past decade to improve its capacity to prevent, detect and adequately respond to public health emergencies. However, as magnified by the ongoing COVID-19 pandemic, the country still faces several challenges in achieving the core capacities required to effectively prevent, detect, and respond to public health emergencies. The pandemic also highlights the adverse consequences that these events can have on essential health service delivery and utilization. Investment in health security, especially, disease surveillance systems through consolidation of public health institutional arrangements, organizations and activities is therefore critical to making progress towards UHC.

iv. Multisectoral approaches critical to addressing the determinants of health: The health sector recognises that health is the result of many other factors besides health services. As such, education, water & sanitation, housing, agriculture, energy, and infrastructure are sectors that impact health. Coordinated and sustained action across multiple sectors is crucial in ensuring that the gains made through expansion of health services, are sustained by the other factors that have an impact on health.

2.3.4 Human Resources for Health

i. Strengthening human resources for health: Kenya has made significant strides in the human resources for health (HRH). However, challenges remain in ensuring that the training and production of HRH meets the needs of the health system and maintains quality of care. Staff rationalization should ensure that rural areas and informal settlements are not neglected. The management of HRH should be strengthened so that health workers are motivated and responsive through better job descriptions/schemes of service, professional development activities, work environments, and supervision and administration.

This shall include recognition of the central role that Family Medicine Physicians and their associated multi-disciplinary teams (MDTs) play in institutionalisation and operationalisation of Primary Care Networks (PCNs). The HRH Strategy 2019 – 2023 describes strategies for the expansion and integration of HRH information systems, mechanisms for coordinating movement of HRH among Counties, private and public sectors, and across national boundaries. HRH management and leadership capacity should also be strengthened. HRH in the health sector shall be rationalized with focus geared towards PHC.

2.3.5 Health Products and Technologies

i. Improving access to priority health products and technologies: The availability, accessibility, quality and pricing of medicines, vaccines and other health products and technologies (HPT) is a key component and challenge to the success of UHC. Accurate forecasting and quantification at facility, County and National level is important to enhancing availability. There is need to strengthen capacity to ensure forecasting and quantification is done every two years as guided by national guidelines. The capacity of the Kenya Medical Supplies Agency and other registered pooled purchasers of HPTs should be strengthened to ensure optimal pricing and improved quality and availability of HPTs and efficiency of operations. Medical supplies and diagnostics, including laboratory consumables, should transition to open systems that allow for economies of scale and efficiency. In addition, there is need to strengthen the local manufacturing of HPTs.

The institutionalisation of Health Technology Assessments (HTA) will assist in other critical interventions such as guiding investment in point of care (POC) diagnostics, basic equipment for primary care services, and implants for essential surgeries. HTA will also guide the cost-effectiveness and appropriate use of medicines in the era of growing antimicrobial resistance (AMR). Investments in HPTs shall be guided by the national treatment guidelines and policies. Arrangements for ensuring security of critical HPTs, such as anti-retroviral drugs, vaccines, and blood products, shall be put in place at all levels. Finally, progress on integration of alternative medicines into the health system through standardisation, protection of intellectual property rights and alignment of governance structures is required.

2.3.6 Health Information Systems

i. Optimising the use of information to improve health systems performance: Data from Health Information System (HIS) is not optimally utilised for priority setting, allocation of resources and informed decision making at all levels. The Kenya Health Information System (KHIS) has made significant gains in its ability to provide data collected routinely.

However, the information system remains fragmented with gaps resulting from inadequate utilisation of existing data platforms e.g., poor linkage of information on clinical episodes with financial systems, parallel systems for vertical programs, poor linkage with other data systems (e.g., civil registration) and poor private sector participation. Existing platforms continue to display gaps in the completeness, quality, and timeliness of data. There remain gaps in the capacity to analyse and utilise data for decision making, more so at the point of care. While a policy framework has been developed for health information systems and related technologies, its implementation remains inadequate with challenges in uniformity, interoperability, and security. There is need for digitization of the HIS to obtain real time data for informed decisions at all levels. Finally, there is a need to address the patient's role in information systems, particularly as concerns ownership of data and its portability particularly to enhance patient rights, safety, and care.

2.3.7 Health Infrastructure

i. Address persistent gaps in and optimise use of existing health infrastructure:

There has been an increase in health infrastructure through both public and private investments. Physical access to health services is inadequate and the standards not optimal as prescribed in the Infrastructure Norms and Standards. Distribution of health facilities remains skewed geographically, with concentration of health service providers in urban areas. As such, many Kenyans continue to experience challenges in geographic access which also exposes them to financial burden. The current average health facility density is 2.6 facilities/10,000 population exceeding the recommended by 0.6. One fourth (25%) of counties have less than the WHO recommendation of a minimum of 2 per 10,000 population. Most of the physical health facility infrastructure is not up to the standards prescribed in the norms and standards. Access to basic medical equipment is inadequate, with some out of date and inadequate use of Information Technologies in service provision as well as weak data collection. Existing health infrastructure should be optimised for use through ensuring adherence to norms and standards, investments in access to electricity, Information Communication Technology (ICT), waste disposal and water, sanitation, and hygiene.

2.3.8 Research and Development

i. Strengthening the link between research, policy and implementation: The MOH has made strides in enhancing its generation and utilisation of research by publishing its National Health Research Priorities, establishing the National Research Committee and establishing the Kenya Health and Research Observatory. The MOH works closely with National Commission for Science, Technology and Innovation (NACOSTI), the Kenya Institute of Public Policy Research and Analysis (KIPPRA), the Kenya Medical Research Institute (KEMRI), universities and other research and learning institutions to enhance evidence - informed policy.

making and strengthen ethical conduct of research. Key challenges remaining are inadequate levels of domestic funding for research in health and the institutionalization of evidence - informed practice at all levels including in training, clinical care and in priority setting.

2.4 Justification of the Kenya UHC Policy 2020 –2030

Kenya needs to strengthen its efforts to ensure all Kenyans can access needed care of the highest quality and standards for them to benefit without suffering financial hardship. Accelerating progress towards UHC is even more necessary given the commitments that the country has made to its citizens and to the world regarding meeting this goal in 2030. This policy provides an overarching framework for the reorientation of the Kenyan health system to deliver UHC through a person - centred primary healthcare approach which is consistent with other health policies and strategic plans.

PART 2:
POLICY DIRECTIONS



3. POLICY DIRECTIONS

3.1 Policy Goal

The goal of the Kenya UHC Policy 2020 - 2030 is *“to ensure all Kenyans have access to essential quality health services without suffering financial hardship.*

3.2 Policy Objectives

3.2.1 Policy objective 1: Strengthen access to health services

This policy aims to ensure Kenyans have access to needed health services - meaning a set of integrated cost-effective interventions addressing common health needs and illnesses. These health services include promotive, preventive, curative, rehabilitative and palliative health services as defined in the Essential Health Benefit Package (EHBP). These services should be clearly defined and made available by linking resources with defined entitlements.

3.2.2 Policy objective 2: Ensure quality of health services

This policy aims to ensure the health services provided are efficient, safe, timely, acceptable, and effective standards as described in the relevant health sector policies, guidelines, norms, and standards for the desired health outcomes.

3.2.3 Policy objective 3: Protection from the financial risks of ill health

This policy aims to ensure Kenyans are protected from the financial risks of ill health. This means ensuring that the mechanisms for raising revenues for the health system are fair and sustainable. This shall include mandatory pre-paid sources. Efficiency in resources utilization should be improved to obtain the maximum possible level of health outputs or outcomes given the available quantity and mix of health system inputs.

3.2.4 Policy objective 4: Strengthen the responsiveness of the health system

This policy aims to ensure the Kenyan health system addresses the reasonable demands of the Kenya population and is prepared for and responds to emerging threats to health and wellbeing by enhancement of health systems resilience.

3.3 Policy Strategies

The priority policy strategies to achieve the policy objectives are the following:

1. Develop a progressive and explicit health benefits package to which all Kenyans will be entitled to, with regular revision to ensure it reflects the needs and preferences of the Kenyan population. The EHBP development and review shall be through a systematic, participatory, and evidence-based process.

These services should be clearly defined and made available by linking resources with defined entitlements.

2. Realign the health systems to focus on a primary health care orientation that delivers people-centred, accessible, coordinated, and comprehensive care in an integrated way. This shall include rethinking the human resources for health by establishing the central role played by Family Medicine Physicians in institutionalisation of the primary healthcare networks and operationalisation of MDTs. Further, the primary healthcare networks shall be the gate keeping mechanism for the health system supported by a revitalised referral system. In addition, focus on household and community health services shall be enhanced supported by well organised and motivated community health workforce.

3. Ensure the Kenya health systems resiliency to detect, prevent and respond to public health security threats such as pandemics and disease outbreaks amongst others.

4. Adopt “Health in all Policies” to address the social determinants of health such as age, gender, literacy levels/education, socio-economic status/employment, environment, race, culture amongst others to address equity in health service delivery. Multisectoral approaches shall be strengthened to ensure that the health sector interacts with and influences design, implementation, and monitoring of interventions in all sectors that have an impact on health.

5. Align health financing risk sharing mechanisms by creation of a single national pool through the UHC Fund, thereby improving administrative efficiency. This shall entail progressive consolidation of existing public schemes and curtail the proliferation of schemes.

6. Institute mandatory pre-payment revenue generation mechanisms from the population thereby reducing out-of-pocket payments and catastrophic health expenditures guided by fairness and affordability for different income levels. These shall include mandatory insurance, tax, government subsidies, and external partner support, amongst others.

7. Strengthen strategic purchasing to enhance the linkage between available financial resources and the health services to which Kenyans are entitled. It shall involve actively identifying the sets of health services to which the population is entitled; choosing the health providers from whom services will be purchased; deciding how these services should be purchased, including contractual arrangements and mechanism of paying providers to improve progress towards UHC attainment.

- 8.** Ensure continuous quality improvement and better health outcomes through a harmonized quality framework for the registration, licencing, gazettelement, inspection and certification health services.
- 9.** Improve the efficiency of use and equity in the availability of health system resources especially the management of human resources for health, HPTs, and e-health.
- 10.** Strengthen leadership to improve stewardship, partnership, coordination, and governance of the health system. In addition, strengthening the governance of health facilities to provide sufficient autonomy balanced with accountability measures.
- 11.** Public - private partnerships shall be enhanced at all levels of service delivery for improved health outcomes.
- 12.** Empower Kenyans to actively participate in the design and delivery of health services.
- 13.** Accelerate review of the legal frameworks in support of UHC.
- 14.** Entrenchment of evidence-based policy and decision making that utilises findings from studies, surveys, and HTAs among others.

PART 3:
POLICY IMPLEMENTATION



4. POLICY IMPLEMENTATION

4.1 Institutional framework

This policy will be implemented through a multi-sectoral and sector wide approach with the involvement of all health stakeholders including the national and county governments, development partners, implementing partners, private sector, civil society, interest groups and the public. UHC will continue to be treated as a whole-of-system orientation and will be delivered through common planning, budgeting and monitoring and evaluation frameworks.

As such, the structures and frameworks will be as defined in the **Health Sector Partnership Framework**

4.2. Health Sector Stakeholders` Roles

The Health Sector has four categories of stakeholders with various roles:

- (i) Clients (individual, household, community)
- (ii) State actors (National and County Governments, health related sectors)
- (iii) Non-state actors (implementing partners (FBOs, NGOs, CSOs), private sector)
- (iv) External actors

Table 5: Health Sector Stakeholders and their Roles in UHC

Stakeholder		Roles
Clients	Individual Households Community	<ul style="list-style-type: none"> • Exercise appropriate healthy and health seeking behavior and adoption of appropriate health practices and health care seeking behaviours • Ownership and commitment of their health through contribution to the achievement of primary health care, community and family health goals • Active participation in the management of their local health services
State actors	National and County levels	<ul style="list-style-type: none"> • Provide overall leadership and stewardship role within the sector and across other sectors and partners • Functions as per the 4th Schedule include: <ul style="list-style-type: none"> o National level - formulating policies, developing strategic plans, setting sector priorities, regulation, setting standards, providing service delivery guidelines, provision of technical support to the county level, capacity building of county level and national health referral services.

Stakeholder		Roles
		o County level: County health facilities; County health pharmacies; ambulance services; promotion of primary health care; licensing and control of sale of food in public places; veterinary services; cemeteries, funeral parlours and crematoriums; enforcement of waste management policies in particular refuse
	Ministry of Health Semi-Autonomous Government Agencies	Provide specialist health services, regulation, strategic purchasing of health services, supply of strategic health commodities, health workers training, health research
	Other Ministries, Departments and Agencies	Contribution to national health outcomes and strengthening the inter-sector collaboration mechanisms to achieve health agenda
Non-State actors	Implementing partners (FBOS and NGOs)	Provision of both primary and specialized health services to the community especially in hard-to-reach areas and vulnerable populations, adherence to standardized qualities and ensure harmonized collaboration
	Private sector	Complement provision of both primary and specialized health services. Provide significant support to the health sector in expanding quality care and underserved populations and also provides non-health services. manufacturing and supply of health commodities Corporate social responsibilities, manufacturing, complementary health insurance.
External actors	Development partners (bilateral and multilateral), philanthropists	Support and collaborate with the Government to achieve the country health agenda. Provides significant financial and technical investment in a context of limited domestic resources based on the country's policies and strategies. Adherence to international initiatives, particularly those structured around principles of Aid Effectiveness, which place emphasis on government ownership, alignment, harmonization, mutual accountability and managing for results of programmes in the health sector

4.3 Implementation Framework

4.3.1 Implementation approach

The policy will be implemented in phases to ensure adequate preparation and alignment with the institutional environment. In Kenya, UHC shall be implemented through a phased approach.

- **Preparatory Phase** This will focus on planning and implementing key interventions to support the attainment of the proposed policy strategies e.g., specification of a benefit package, essential improvements of service delivery systems, establishment of key financing mechanisms, testing and piloting of other strategies and legal amendments to facilitate UHC implementation. Investments will be input based equipment, Community Health Services
- **Implementation Phase** – It is envisaged that by 2022, all persons living in Kenya will have access to the essential services they need for their health and well-being through an explicit essential benefit package, without the risk of financial catastrophe. This will involve UHC roll out to all counties and involves transition from input-based investments to output based financing.
- **Progressive Phase** – This will be a period of ongoing refinement based on the learnings from the previous phase as Kenya progresses towards attainment of UHC. This includes the period beyond 2030 where the UHC agenda is sustained.

Table 6: UHC Policy Implementation Framework

Policy Strategy	Preparatory Phase	Implementation Phase	Progressive Phase
Define and implement benefit health benefits package to which all Kenyans will be entitled to with regular revision to ensure it reflects the needs and preferences of the Kenyan population	Define and implement benefit package: UHC-HBP	Consolidate national and NHIF managed scheme packages, and services funded through conditional grants with UHC – HBP	Revision of UHC - HBP in line with established arrangements
Align the service delivery systems to emphasize a primary health care orientation that delivers accessible, coordinated, and comprehensive care in an integrated way	Primary care network design with public sector led implementation	Primary care network implementation expansion to whole system	Revisions to primary and referral level service delivery systems in line with agreed arrangements
Strengthen access to emergency medical services as a health right	Emergency medical services included in UHC-EBP	Implementation of emergency medical services aligned with implementation of UHC-EBP	Revision of emergency medical service policy in line with established arrangements
Address the social determinants of health and overall health security including through multisectoral action	Identify social determinants of health and health security that require action	Strengthen platforms for multisectoral action at county and national level	Revisions to ongoing implementation in line with agreed arrangements

Policy Strategy	Preparatory Phase	Implementation Phase	Progressive Phase
Reduce reliance on out-of-pocket payments by replacing these with funds from mandatory prepaid sources	Additional funding from national government towards UHC Conditional Grant and other investments	Increasing funding for UHC-EBP from government	Funding for UHC-EBP predominantly from government
Align health financing mechanisms to enhance effective sharing of risk and improve administrative efficiency	UHC Conditional Grant pooled with other ring-fenced health funds at county level in the special purpose account (SPA)	UHC Conditional Grant transitions to UHC Fund which pools at national level special purpose account (SPA)	UHC Fund transitions to National Health Insurance Fund, a social health insurer, which pools at the national level
Strengthen strategic purchasing to enhance the linkage between available financial resources and the health services to which Kenyans are entitled	UHC Conditional Grant incentivizes transformation to support Phase II	UHC Fund purchases UHC-EBP from L1-L4; County governments purchase key inputs (HRH & HPT); Conditional grant purchases services L5-L6	National Health Insurance Fund purchases UHC-EBP from L1-L6; County governments purchasing transitions to more strategic forms e.g., global budgets; Private insurance offers complementary insurance
Enhance the quality of health services received through a comprehensive quality improvement and assurance framework	Implement essential quality assurance and improvement measures	Implement comprehensive quality assurance and improvement programme	Revisions to comprehensive quality assurance and improvement programme in line with agreed arrangements
Improve the efficiency of use and equity in the availability of health system resources e.g., human resources for health, health products and technologies, health infrastructure and information systems	Investments by national and county governments in HRH, HPT and basic equipment	Implement policies and strategies e.g. Kenya Human Resources for Health Strategies, HTA Institutionalisation Framework	Revisions to ongoing implementation in line with agreed arrangements
Strengthen leadership to improve stewardship, partnership, and governance of the health system	Political will to support implementation is galvanised	Implement policies and strategies e.g., Health Sector Partnership Implementation Framework	Revisions to ongoing implementation in line with agreed arrangements
Strengthen the governance of health facilities to provide sufficient autonomy balanced with accountability measures	UHC Conditional Grant to incentivise governance and accountability changes	UHC Fund contracts facilities having sufficient autonomy to be contracted and utilise resources received	UHC Fund contracts PCN with facilities having sufficient autonomy to be contracted and utilise resources received.

Policy Strategy	Preparatory Phase	Implementation Phase	Progressive Phase
Empower Kenyans to actively participate in the design and delivery of health services	Endorsement of UHC policy by the public through various stakeholder forums Develop a communication strategy	Implement policies and strategies that empower Kenyans at all levels	Revisions to ongoing implementation in line with agreed arrangements
Strengthen the legal framework in support of UHC	Review of the NHIF Act and other laws, including at the county level, to support early implementation	Comprehensive enactment and amendment of laws to cohesively institutionalise UHC implementation e.g., institutionalisation of health technology assessment, benefit package development and revision, and service delivery models	Revisions of legal framework in line with agreed arrangements

Within the phases, implementation will continue to be linked to mid-term and annual planning and budgeting frameworks. There shall be strategies, guidelines, and operational manuals that shall guide the implementation of this policy.

4.3.2 UHC Service Delivery Implementation Framework

Primary health care shall be the vehicle for the delivery of Universal Health Care in Kenya and shall be repositioned as the foundational service delivery platform for the Kenyan health system. PHC seeks to improve access, availability, safety, efficiency, and equitable health service delivery. PHC will lead to the refinement of existing service delivery arrangements by establishment of PCNs that will result in a network of public and private facilities offering responsive, accessible, coordinated, comprehensive and continuous health services, while addressing the determinants of health to individuals, families and communities. The goal of adopting a PCN service delivery model is to ensure efficiency and continuity of care for clients. Good linkages and referrals within and outside the PCN will thus be required. The PCNs led by the Family Medicine Physician and consisting of the MDTs will ensure availability of comprehensive UHC-EHBP services by facilitating seamless movement and referral services for needy patients and clients within the network. The private facilities shall be contracted to deliver services within the network to meet the needs of the community.

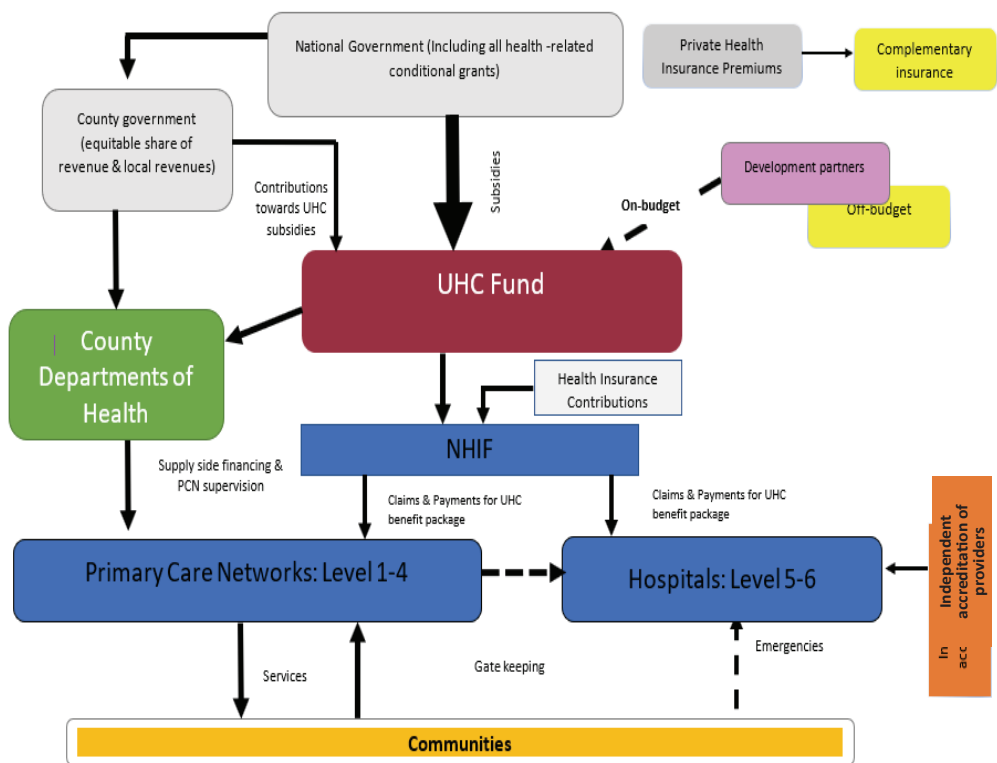
PHC strategic framework and guidelines will support the establishment and operations of the PCNs. Primary health services will be provided at the household level in various community and facility set ups using the set standards, guidelines and protocols to ensure quality of health care. Besides primary health services, the provision of secondary and tertiary/specialised health services shall continue to be strengthened .

4.3.3 UHC Financing Framework

To ensure adequacy, efficiency and fairness in financing of health services in a manner that guarantees all Kenyans access to the essential health services that they need, an all-inclusive well-designed financing model shall be developed through a comprehensive health financing strategy.

The figure below illustrates the financial flows during the policy period and beyond:

Figure 3: UHC Health Financing Model



Source: Ministry of Health, Kenya 2019

4.4 Institutional and Legal Reforms

For the implementation of this policy, the following institutional and legal reform focus areas need to be taken into account:

- a. Regulation:** Strengthening the regulatory oversight by the Ministry of Health, Parliament, the Auditor General, the public and other health sector stakeholders at the National and County level through a defined platform.

b. Access: Expansion of the network of health care facilities contracted to provide services to its members and empanelment of healthcare facilities in poor, rural, and/or marginalized areas to remedy the pro-urban and pro-rich geographical distribution and provision of services to the community and household levels.

c. Quality assurance: An Independent certification body should be set up to accredit healthcare facilities.

d. Healthcare providers: provision of healthcare services in line with the approved essential benefit package, clinical guidelines, and the Kenya essential medicines/supplies/laboratory lists.

e. Referral systems: Should reflect integrated care contracting approaches to strengthen referrals, implement a gate keeping policy which will stipulate out-of-pocket expenses when a user bypasses lower-level healthcare facility.

f. Strategic purchaser: With strengthened monitoring and supervision of HCP's including imposition of sanctions and rewards for quality of care provided, this will ensure that there is a national social health insurer able to responsively meet the needs of Kenyans for their health and wellbeing. Reform contracting to promote primary healthcare and introduce integrated care contracting. Implement results-based financing (RBF) or output based financing (OBF).

g. Review of legal frameworks: to facilitate flow of funds, system strengthening and reforms in delivery of health services by amending the relevant health laws to ensure independence in regulation, strategic purchasing, sustainability, flow of funds and access to UHC essential benefit package entitlement. Benefit package development role should be done by an independent entity that should develop a benefit package for UHC which will be adopted by the strategic purchaser.

h. Public communication: strategy and legislation of health information shall be developed in line with Article 35 of Constitution 2010 on 'Access to Information'; all citizens have a right to information held by the State. In addition, as per County Government Act 2012 part IX 93-95 on communication; county governments shall establish mechanisms to facilitate public communication and access to information in the form of media with the widest public outreach in the country.

5. MONITORING AND EVALUATION FRAMEWORK

Monitoring and evaluation systematically tracks the progress of prioritised interventions, and evaluates the effectiveness, efficiency, relevance and sustainability of these interventions.

The M&E framework will align with that described in the Kenya Health Sector Monitoring and Evaluation Plan. Specifically, the implementation of this policy will be monitored and evaluated using financial and non-financial targets and indicators that reflect constitutional requirements, country priorities and global commitments with regards to UHC. Given the need to stimulate and facilitate reflection and adaptation to ongoing implementation, the M&E framework will be implemented through a cycle of action, evaluation, critical reflection on the evidence and changes in practice. This will include evaluations performed at baseline, mid-term and end-term, as well as annual performance assessments. The evaluations will be conducted at both county and national level to enhance learning and adaptation. Evaluation is intended to assess if the results achieved can be attributed to the implementation of UHC Policy by all stakeholders. Evaluation also ensures both the accountability of various stakeholders and facilitates learning with a view to improving the relevance and performance over time.

5.1 Progress Indicators

To ensure adequacy, efficiency and fairness in financing of health services in a manner These are based on the respective domain areas. Indicators that will be used are shown below.

Table 7: UHC Policy Monitoring and Evaluation Framework

Policy objective	Indicator	Data Source	Baseline	Target	
			2017/18	2025	2030
			Or 2018/19		
Strengthen access to health services	Health workers density (per 10,000 Pop.)	IHRIS	16	19	23
	UHC service coverage index General service availability index	KHIS (2019)	67	70	86
	General service availability index	KHFA 2018/19	57%	75%	100%
Ensure quality of Health Services	Out Patient per capita utilization	KHHEUS 2018	2.5	3	5

Policy objective	Indicator	Data Source	Baseline	Target	
			2017/18		
			Or 2018/19	2025	2030
Ensure quality of Health Services	Maternal Mortality Ratio per 100,000 live births	KDHS (2014)	362	230	150
	Infant mortality rate per 1,000 live births	KDHS (2014)	39	28	22
	Facility infant mortality rate per 1,000 live births	KHIS (2019)	16	10	4
	Life expectancy at birth (both sex)	WDI	66.7	68	72
Protect from the financial risks of ill health	Out-of-Pocket Payments as % of THE	National Health Accounts	32%	25%	15%
	Percentage of population covered by any health insurance	KHHEUS (2018)	20%	80%	100%
	Share of domestic government health spending allocated to PHC	National Health Accounts	10%	15%	20%
	Share of domestic government health spending allocated to PHC	National Health Accounts	10%	15%	20%
	Incidence of catastrophic health expenditure	KHHEUS (2018)	5%	4%	3%
Strengthen the responsiveness of the health system	International Health Regulations (IHR) capacity and health emergency preparedness (index)	IHR /NPHLS	82%	89%	100%
	General service Readiness	KHFA 2018/19	59%	65%	80%

GLOSSARY OF TERMS

Universal Health Coverage (UHC) means all people resident in Kenya have access to health services that are of high quality, whenever they need them, and without encountering financial hardship. UHC comprises a set of health system goals: equity in service use, quality, and financial risk protection.

UHC Health Benefits Package: A health benefits package refers to a set of health services, including medicines, procedures, diagnostics, and health technologies, which are guaranteed to those who are entitled to receive them.

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

Health Systems Resilience: capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it.

Health Security: concept or framework for **public health** issues which includes protection of national populations from external health threats such as pandemics

Public Health Security: activities and measures across sovereign boundaries that mitigates public health incidents to ensure the health of populations.

Catastrophic Health Expenditure: if a household's financial contributions to the health system exceed 40% of income remaining after subsistence needs have been met.

Financial Risk Protection: safeguarding people against the financial hardship associated with paying for health service.

Extreme Poverty: a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information.

UHC Service Coverage Index: Coverage index for essential health services (based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access).

Leaving no one behind: Eliminating discrimination and exclusion and reducing the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole.

Multi-disciplinary teams: involves a range of health professionals with different sets of skills and expertise, from one or more organisations, working together to deliver comprehensive patient care at the Primary Health Care Networks.

Relevance: The extent to which the objectives of the UHC Policy correspond to population needs. It also includes an assessment of the responsiveness in light of changes and shifts caused by external factors.

Efficiency: The extent to which the UHC Policy objectives have been achieved with the appropriate amount of resources.

Effectiveness: The extent to which UHC Policy objectives have been achieved, and the extent to which these objectives have contributed to the achievement of the intended results. Assessing the effectiveness will require a comparison of the intended goals, outcomes, and outputs with the actual achievements in terms of results.

Sustainability: The continuation of benefits after its termination.

Strategic Purchasing: It involves actively identifying the sets of health services to which the population is entitled; choosing the providers from whom services will be purchased; deciding how these services should be purchased, including contractual arrangements and mechanism of paying providers. It is a critical link between resources mobilized for UHC and effective delivery of health services in making progress towards UHC.

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