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Kenya: Macro context

Political landscape

- **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

Current Government

- 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.

Political priorities

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

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.

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

## Services, Facilities & Human Resources

<table>
<thead>
<tr>
<th>Service/Resource</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Post Density (per 100,000 population)</td>
<td>7.55</td>
</tr>
<tr>
<td>Hospital Beds (per 1,000 population) - 2010</td>
<td>1.4</td>
</tr>
<tr>
<td>Physicians (per 1,000 population) - 2014</td>
<td>0.199</td>
</tr>
<tr>
<td>Nurses/Midwives (per 1,000 population) - 2014</td>
<td>1.542</td>
</tr>
<tr>
<td>PHC Service Coverage Index (2017)</td>
<td>58%</td>
</tr>
<tr>
<td>PHC Access Index (2012)</td>
<td>70%</td>
</tr>
<tr>
<td>Specialist surgical workforce (per 100,000 population)</td>
<td>2.35</td>
</tr>
</tbody>
</table>

## Disease & Outcomes

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

## Leading Causes of Death

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

**SOURCE:** World Bank Data, 2019; Primary Health Care Performance Initiative, 2019, CDC 2019
## Healthcare Expenditure Indicators (2016)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Health Expenditure (THE) as % of GDP</td>
<td>4.5 %</td>
</tr>
<tr>
<td>(Global average - 9.2%)</td>
<td></td>
</tr>
<tr>
<td>General Health Expenditure (GHE) as % of General Government Expenditure (GGE)</td>
<td>6%</td>
</tr>
<tr>
<td>Abuja Declaration Target - (15%)</td>
<td></td>
</tr>
<tr>
<td>Per Capita government expenditure on health in USD</td>
<td>$24</td>
</tr>
<tr>
<td>Primary Health Care Expenditure as % of Total Health Expenditure</td>
<td>64%</td>
</tr>
<tr>
<td>Domestic General Government Expenditure on Curative Care (in million $US)</td>
<td>509</td>
</tr>
<tr>
<td>Domestic General Government Expenditure on Preventive Care (in million $US)</td>
<td>201</td>
</tr>
</tbody>
</table>

### Sources of health funding in Kenya, %

- External Funding: 19%
- Domestic Funding: 81%

### Healthcare Spending, %

- Public: 36.2%
- Out-of-pocket: 19.5%
- Voluntary prepayment: 10.8%
- External: 27.7%
- Other: 5.9%

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.

**Health System Overview**

1. **Level 1**
   - **Community Health Services**: Comprise community units under Community Health Strategy that provides primary level care to communities.

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

3. **Level 3**
   - **County Referral Health Services**: Comprise primary (level 4) and secondary hospitals (level 5) in the county and forms the County Health System.

4. **Level 4**
   - **National Referral Services**: Comprise all tertiary referral hospitals (level 6), National Reference Labs, Govt. owned entities, Research and Training institutions.

Community Health System Overview

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
Situational Analysis: Community Health Strategy 2014-2019

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?

<table>
<thead>
<tr>
<th>Financing</th>
<th>Program structure and prioritization</th>
<th>Coordination and connection to broader health system</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Total Health Expenditure remains low at 5.7% of GDP (Abuja Declaration, 2001 pledges at least 15% by all African countries)</td>
<td>• Low prioritization by some county governments towards investing in CHS</td>
<td>• Many disparate CHV programs across the country with limited or no integration within national health system</td>
</tr>
<tr>
<td>• Over reliance of MOH on donors for development budget - &gt; 60% allocation is from donors</td>
<td>• Gap in community health workforce to meet the needs of the population</td>
<td>• Poor coordination with donors and development partners leading to inefficient utilization of resources and duplication in efforts</td>
</tr>
<tr>
<td>• County health budgets continue to remain low</td>
<td>• Dissatisfaction in CHVs due to disincentives like – irregular trainings and supervision, inconsistent remuneration, unclear roles and responsibilities</td>
<td>• The National Referral System is not standardized compromising the continuity in care from community to higher level</td>
</tr>
<tr>
<td>• Some counties face structural and capacity challenges in budget making process</td>
<td>• Some counties invest more in infrastructure of higher level health facilities than investing in CHS</td>
<td>• Lack of evidence underscoring the effectiveness of integrated community health services</td>
</tr>
</tbody>
</table>
# Community Health Stakeholder Landscape

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

<table>
<thead>
<tr>
<th>Counties Served</th>
<th>AMREF Kenya</th>
<th>World Vision International</th>
<th>Millennium Villages Project</th>
<th>Health Right International</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kamagambo in Migori</td>
<td>Nairobi</td>
<td>35 counties</td>
<td>Kisumu, Siaya (Sauri cluster)</td>
<td>Elgeyo Marakwet</td>
</tr>
<tr>
<td>No of CHWs</td>
<td>13,586</td>
<td>4725</td>
<td>158</td>
<td>1000</td>
</tr>
<tr>
<td>Remuneration</td>
<td>Not salaried but periodically receive monetary incentive</td>
<td>Not salaried but periodically receive monetary incentive</td>
<td>Not salaried but periodically receive monetary incentive</td>
<td>Paid-Salaried</td>
</tr>
<tr>
<td>Categories of Service</td>
<td>MCH, Diarrhea, Family Planning, Immunization, HIV testing</td>
<td>Health promotion, Disease surveillance, Immunization, Sanitation</td>
<td>Child protection and education, Family Planning, Immunization, HIV testing, Sanitation</td>
<td>CCM Malaria, Diarrhea, Family Planning, Immunization, HIV testing, Sanitation</td>
</tr>
<tr>
<td>Level of Integration with National Health System</td>
<td>Partially integrated</td>
<td>Partially integrated</td>
<td>Not integrated</td>
<td>Not integrated</td>
</tr>
</tbody>
</table>

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