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Contribution by Kenya

to the CSTD 2020-2021 priority theme on “Using science, technology and innovation to close the gap on Sustainable Development Goal 3 on good health and well-being”

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REPUBLIC OF KENYA

KENYA'S POSITION PAPER ON PRIORITY THEME 2-

“USING SCIENCE, TECHNOLOGY AND INNOVATION TO CLOSE THE GAP ON SDG 3, GOOD HEALTH AND WELL-BEING’

*SUBMITTED TO THE UNITED NATIONS COMMISSION ON SCIENCE AND TECHNOLOGY
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1. Preamble

The Constitution of Kenya recognizes that attainment of the highest attainable standard of health is a Right, among other constitutional provisions related to health. Kenya has appropriately integrated all the international commitments related to health including International Health Regulations, Aid Effectiveness, SDGs among others. Government Agencies are contributing to Kenya Vision 2030¹ whose main aim is to provide an efficient, integrated, high quality and affordable health care system, thus Kenya is guided by the Kenya Health Policy 2014-2030 and Kenya Health Sector Strategic and Investment Plan 2014-2018 and has focused in putting up measures to achieve identified policy objectives. In Kenya the primary role of the Ministry of Health² is to provide the policy framework that will facilitate the attainment of highest possible standard of health, and in a manner responsive to the needs of the population. This is done through the constitutionally assigned functions of; health policy, health regulation, national and referral facilities and capacity building and technical assistance to counties. Kenya's health care system is structured in a step-wise manner so that complicated cases are referred to a higher level. Gaps in the system are filled by private and church run units.

2. Challenges

Despite immense investments in health sector, global, regional and local challenges still present obstacles to health and human capital development. These include the following:

- i. Kenya suffers from inadequate health infrastructure, tools and equipment, inadequate funds, corruption as well as high population growth

¹ Kenya vision 2030

² Ministry of Health. Ministerial strategic & investment plan July 2014– June 2018

- ii. Globalization, political instability in the region, global economic downturn and climatic change continue to adversely impact on health while increased cross-border movement of people and goods place considerable influence on national health risks and priorities.
- iii. The country is also striving to meet global commitments including the sustainable Development Goals (SDGs), reorientation towards Universal Health Coverage and commitment to global partnerships frameworks.
- iv. The health sector suffers from high maternal, neonatal and child mortalities from preventable conditions, emerging and re-emerging diseases, increasing numbers of persons newly infected with HIV, threats from fevers such as Ebola and Marbug and the increasing cases of injuries and non-communicable diseases.
- v. Poverty still remains a major challenge affecting peoples' ability to maintain health and seek health when needed. Limited resources, inefficiencies in utilization of available resources and weak regulatory systems have greatly constrained the sector from effectively responding to these challenges.
- vi. Despite considerable health status improvements over the previous medium term period, there are still some diseases and conditions that continue to exert burden on the health system. Infant and child mortality rates are still high 39 and 14 per 1000 live births in 2014 , while infectious disease like HIV/AIDS, TB, Malaria, respiratory infections and diarrheal disease contribute to over 50 percent of disability adjusted life years. Non-communicable conditions like cardiovascular diseases, cancers, diabetes and mental disorders are contributing to 50 percent of all hospital deaths. Maternal deaths remain high although facility utilization is showing an upward trend with introduction of free maternity services.
- vii. There is an increasing fiscal deficit and rising inflation from adverse weather conditions that may shrink the public financial resources available to the sector over time
- viii. Perennial insecurity that is prevalent in some parts of the country may affect the plan implementation in some regions while staff may be challenged by rapid advancement of technology among others.
- ix. The increased cross-border movements of goods, services and people as well as international rules and institutions have had a considerable influence on national health risks and priorities.
- x. Political instability in the Eastern African region and subsequent displacement of people has resulted in increasing the demand for health services in the country and raising the risk of spreading communicable diseases. These factors are compounded by inadequate resources to fully mitigate the impact of these health risks. At present, Kenya faces problems of emerging and re-emerging diseases.
- xi. Implementation of Government Covid-19 protocol/strategy is negatively affecting citizen health and wellness

3. Outcomes

Despite the challenges faced in addressing citizen Healthcare and wellness, the government has realized outcomes as outlined below:

- i. Improved healthcare and wellness have improved longevity of lives from 65.53 years (2017) to 66.4 years (2019)
- ii. Accelerated reduction of the burden of communicable conditions
- iii. Improvement in halting and reversing the rising burden of non-communicable diseases
- iv. Reduced burden of violence and injuries
- v. Improved access to, and quality of, person-centred essential health services
- vi. Reduced exposure to health risk factors through inter-sectoral health promotion
- vii. Strengthened collaboration with the private sector and other sectors that have an impact on health.

4. Key Projects aimed at strengthening national health innovation systems

- i. Country-wide scale up of Community Health High Impact Interventions
- ii. Free Maternity Services
- iii. Construction of Model Level 4 Hospitals
- iv. Equipping of public hospitals
- v. Establishing Health infrastructure in Slum Areas
- vi. Providing Health care subsidies for Social Health Protection
- vii. Providing Health Insurance Subsidy program
- viii. Establishing E-Health Hubs in key health facilities
- ix. Digitizing Health Facilities
- x. Improving access to referral systems
- xi. Re-engineering human resource for health
- xii. Manufacturing of Health Products and Technologies
- xiii. Mainstreaming research and development in health
- xiv. Promotion of Health Tourism
- xv. Manufacture of locally Derived Natural Health Products
- xvi. Modernizing and equipping national Teaching and Referral Hospital
- xvii. Continuous supply of all necessary childhood vaccines.
- xviii. Health promotion and health education, tobacco control, nutrition policy including promotion of healthy diets and physical activity, cancer control policy, screening NCDs, violence and injury prevention.
- xix. Disease surveillance and epidemic response through citizen Science

5. Interventions for promoting governance and policy

Strategy	Intervention
Ensure functional health governance mechanisms at all levels of health care	<ul style="list-style-type: none"> i. Strengthen youth, gender and disability and social accountability mainstreaming in policies, regulations, norms and standards, planning and M&E. ii. Strengthen complaints handling mechanisms: locally and at county and national levels. iii. Build capacity in social accountability approaches

	iv. Conduct periodical client satisfaction and responsiveness surveys
Policies and Regulations	<ul style="list-style-type: none"> i. Kenya Health Policy ii. Kenya Health Sector Strategic and Investment Plan iii. Ministerial Strategic Plan iv. Policy and strategic plans Communication Strategy v. PPP in Health Strategy vi. Gender In Health Policy vii. Youth in Health Strategy viii. Toolkits and Guidelines on investing in health through PPP ix. Integrated Youth Friendly Service Provision Guidelines x. Social Accountability Manual

6. Local and international Partnerships in Health

Kenya has over thirty years of partnership and experience in managing Health. Partnerships are meant to achieve its bold vision of universal health coverage.

The health sector in Kenya relies on several sources of funding: public (government), private firms, households and donors (including faith based organizations and NGOs) as well as health insurance schemes. Some of the Public-Private Partnerships project partners who have been involved with the Ministry of Health include USAID, WHO, The Kenya Red Cross Society, The Global Fund and World Vision³.

Through partnerships, the Country’s health systems and work force have been strengthened. There has been continuous production of Health workers whose skills are up to date and who are stationed where they're needed most. As Kenya's health workforce grows, key partnerships (including UK Aid, NORAD, ACIAR, ACORD, EU, Agence Francais Development, SIDA, FORD, ACRA and USAID) help leaders amass the data and expertise they need to slash rates of maternal, child, and newborn mortality, end the HIV epidemic, and expand reproductive health and family planning services. The goal should be a functioning health system that relies upon collaboration and partnership among all stakeholders, and whose policies and services have an impact on health outcomes. The system should encompass a sector-wide approach and emphasize flexibility for rapid disbursement and constant monitoring of budgetary resources.

Kenya’s Healthcare financing is managed by amongst others; the Healthcare Financing Committee which is served by its Board of Directors along with other Healthcare financing organizations. The committee meets quarterly and focuses on issues that touch on Healthcare Financing and universal coverage to ensure the overall goal of quality, affordable and accessible healthcare to all Kenyans is addressed.

7. Healthcare Innovations

In the past most health market innovations in Kenya relied heavily on donor funding. But this scenario is changing due to the operationalization of the Science technology and Innovation Act,

³ Evanson Kiambati Minjire (2015). Public-Private Partnerships in the Healthcare sector of Kenya

2013. Effort has been put in place to ensure that at least 2% of the government GDP is spend on Research and Development (R&D). The Act founded National Research fund and Kenya National Innovation Agency (KENIA). The former aims at mobilizing resources and managing research funding while the latter is to manage commercialization of Innovations. In order to promote Healthcare innovations, Kenya is currently pursuing the following interventions

- i. Using locally available resources and capacity to reduce dependency of donor funding
- ii. Enhance enabling environments for innovations by developing a health innovation agenda, providing favorable platforms that allow airing of ideas, enforcing of intellectual property rights, and establishing the culture of innovation among all citizens.
- iii. Fostering strong public-private partnerships (PPPs) by mobilizing local communities as active participants from the onset so that they do not ignore or sabotage the innovations.
- iv. Engaging the health market, evaluating its feedback and conducting implementations based on them is crucial to getting sustainable solutions that are realistic in terms of the health needs of the local people.
- v. Balancing between the regulation of performance of key players in the health sector versus behavior change
- vi. Funding Researchers to undertake research in key/strategic research areas of Healthcare and wellness; including Cancer and Covid-19
- vii. Identifying, protecting, proto typing and commercializing Innovations in the Health sector through Kenya National Innovation Agency (KENIA)

8. Examples of Innovations

i. The AMUA Project

AMUA is a social franchise implemented on behalf of Government of Kenya by Marie Stopes. It currently consists of over 270 privately owned and operated clinics that focus primarily on providing reproductive health & family planning programs, maternal & child health services, and service. AMUA was launched to provide family planning to under-served communities in three provinces in Kenya, where health indicators such as the contraceptive prevalence rate, Poverty Index and fertility rates are not ideal. AMUA aims to achieve significant increases in the use of contraception methods, aid family planning services and address HIV/AIDs testing and counseling needs. On this foundation, basic health indicators have improved over the last 5 years.

ii. Changamka Micro Health

The healthcare sector has not been left behind: one good example is Changamka Micro Health, which through its product “Linda Jamii” allows Kenyans to access health insurance by using savings from their mobile money (M-Pesa) accounts.

iii. Penda Health

Another innovator, Penda Health, provides quality healthcare at an affordable price to a market segment willing to pay for quality, but unable to afford the exorbitant price of services provided by

the established healthcare provider chains. Both these organizations are part of the IPIHD global network of health care innovations⁴

iv. Beyond Zero Campaign

The Beyond Zero Campaign initiative⁵ by H.E. First Lady, Mrs. Margaret Kenyatta aims to end preventable deaths among women and children and give new impetus to fight against HIV through policy prioritization, resource allocation and improved service delivery. The campaign seeks to leverage on the convening power of the First Lady for strengthening existing health and community systems, mobilizing the contributions of private and public sectors and development partners, catalyzing innovation and accelerating action by stakeholders and political leaders and promote leadership and accountability at family, community and national levels for the full implementation of Kenya's HIV, maternal and child health commitments.

v. Managed Equipment Service

The Managed Equipment Service has allowed Medical facilities to acquire vital hardware as a way to improve access to comprehensive Kenya Essential Package for Health (KEPH) services by different constituents of Kenya's population. Specifically, the project is set to contribute towards acquisition of the requisite infrastructure and equipment to about 100 current Level 4 County Hospitals to the accepted norms and standards.

vi. Health Insurance Subsidy Programme

Health Insurance Subsidy Programme (HISP), is an initiative aimed at contributing to better quality of life, poverty alleviation and human development through meeting population health needs; removal of financial barriers to health care and reduce incidences of catastrophic health expenditures. This will be realized by consolidating and expanding social health subsidy mechanisms with view to achieving Universal Health Coverage (UHC). This project targets about 21,530 households of which 17,612 households have been registered to access health services from the hospital of their choice.

vii. Social Health Insurance

Social Health Insurance is one of the most innovative and efficient ways of financing healthcare. It has been recognized in the Kenya Vision 2030 as one of the pillars for Kenya to achieve Universal Health Coverage. In this regard, government has been promoting reforms in the National Hospital Insurance Fund (NHIF) to make it one of the key drivers for achieving universal health coverage. The aim is to allow access to comprehensive health care for all including vulnerable persons, orphans and the elderly. These recent reforms since 2013 have included, changing the management structure at NHIF

viii. The HIV and AIDS equity Tribunal

⁴ Philip Angwenyi (2014). Unique Innovations in Healthcare and Wellness of Kenya

⁵ Kenya Agenda 2030 (2017). Ministry of Devolution

Since its establishment in 2006, the tribunal has contributed to reducing HIV related stigma and discrimination through various awards, and has presented an alternative avenue for redress for HIV related human rights violations and has improved justice adjudication over 2000 cases. As the only judicial mechanism in the world specifically dedicated to the epidemic, HIV and AIDS Tribunal of Kenya can serve as a possible model for replication in other countries.

ix. Mother waiting home (KIROR)

An initiative of West Pokot sub national Government. This is a home outside their home and a home outside the health facility. The KIROR are facilities constructed next to a health. Expectant mothers move to the KIROR a few days to their expected day of delivery and are monitored during labour by the health personnel at the health facility. This ensures that the expectant mothers do not have to travel long distances when in labour. These facilities help in reducing congestion at the health facility while at the same time getting prompt services of qualified personnel during delivery

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