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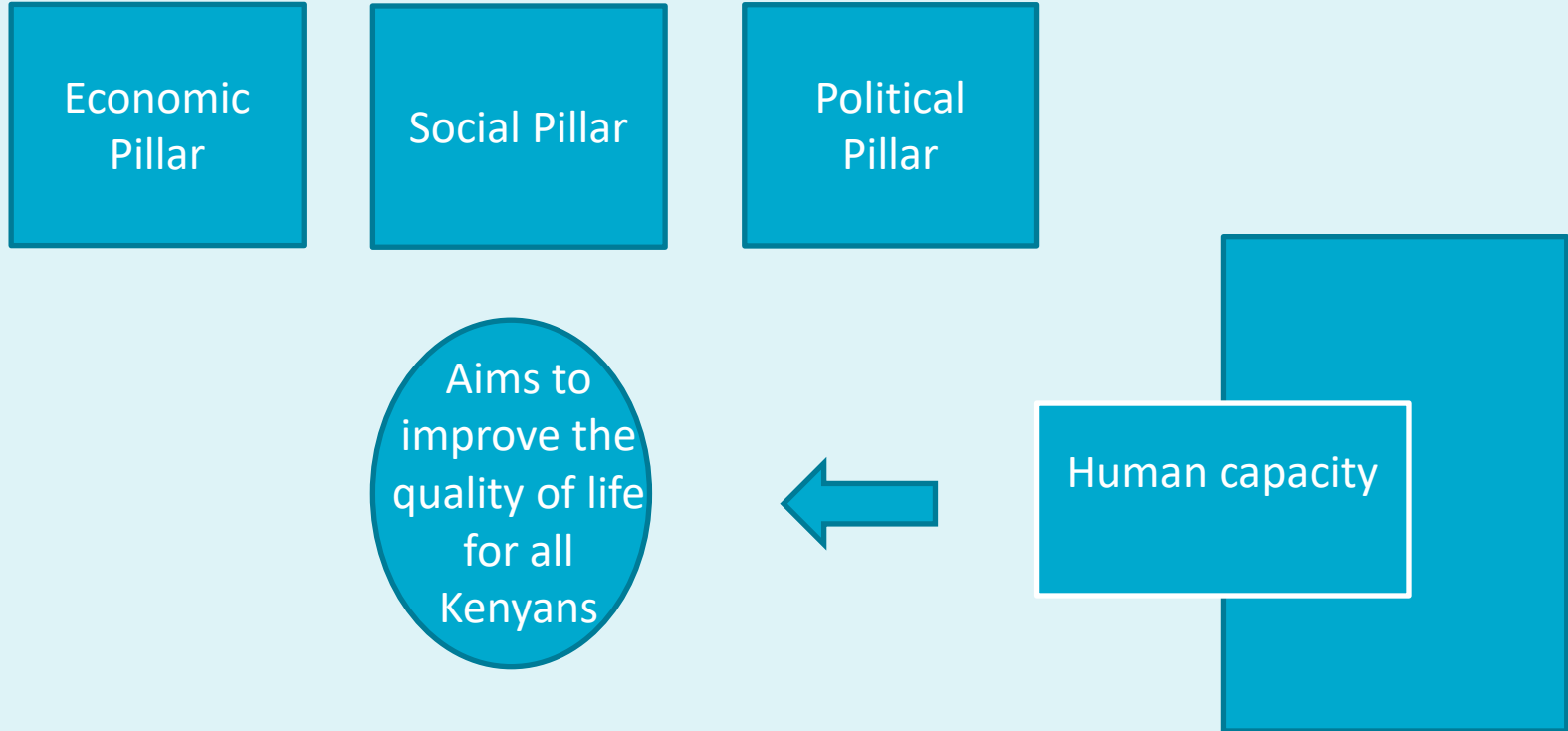
HUMAN CAPITAL AND PRODUCTIVE CAPACITIES:

**THE ROLE OF HEALTHCARE DELIVERY AND HEALTH SERVICE
EFFICIENCY FOR HUMAN CAPITAL FORMATION IN KENYA**

Key message

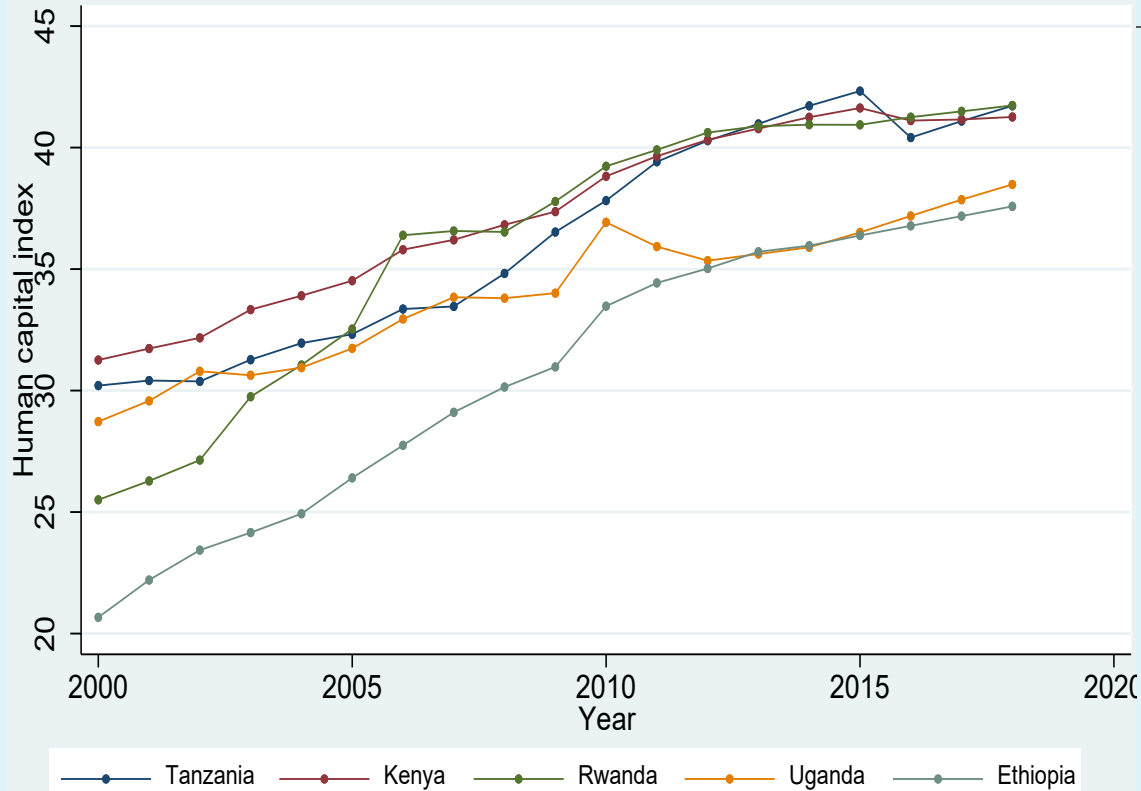
- Kenya has made significant progress in human capital, but remains modest by global standards
- Health adjusted life expectancy, a key component of the human capital index, has improved substantially, but remains diverse
- Improving health requires focusing diseases and risk factors responsible for the most burden, efficiency improvement and addressing equity

Vision 2030 and Human capacity index

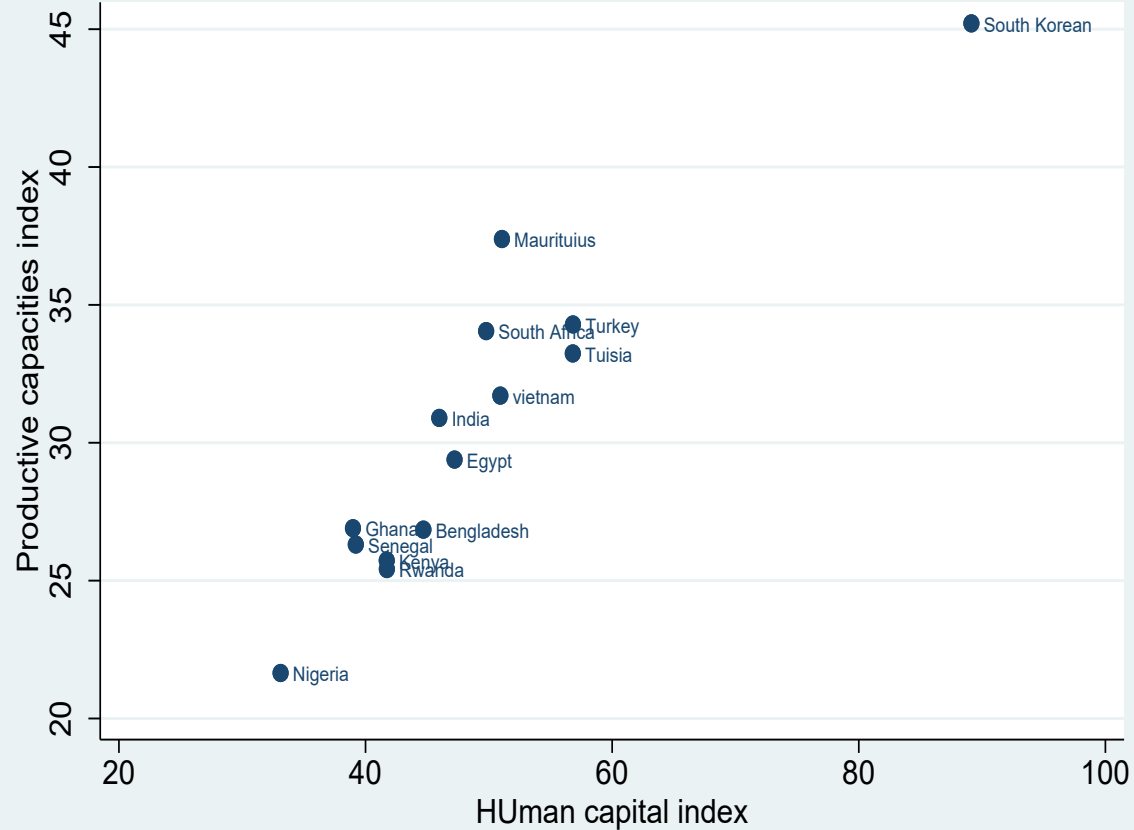


Human Capital Index: 2018

Selected east African countries



Relationship between human capital index and PCI



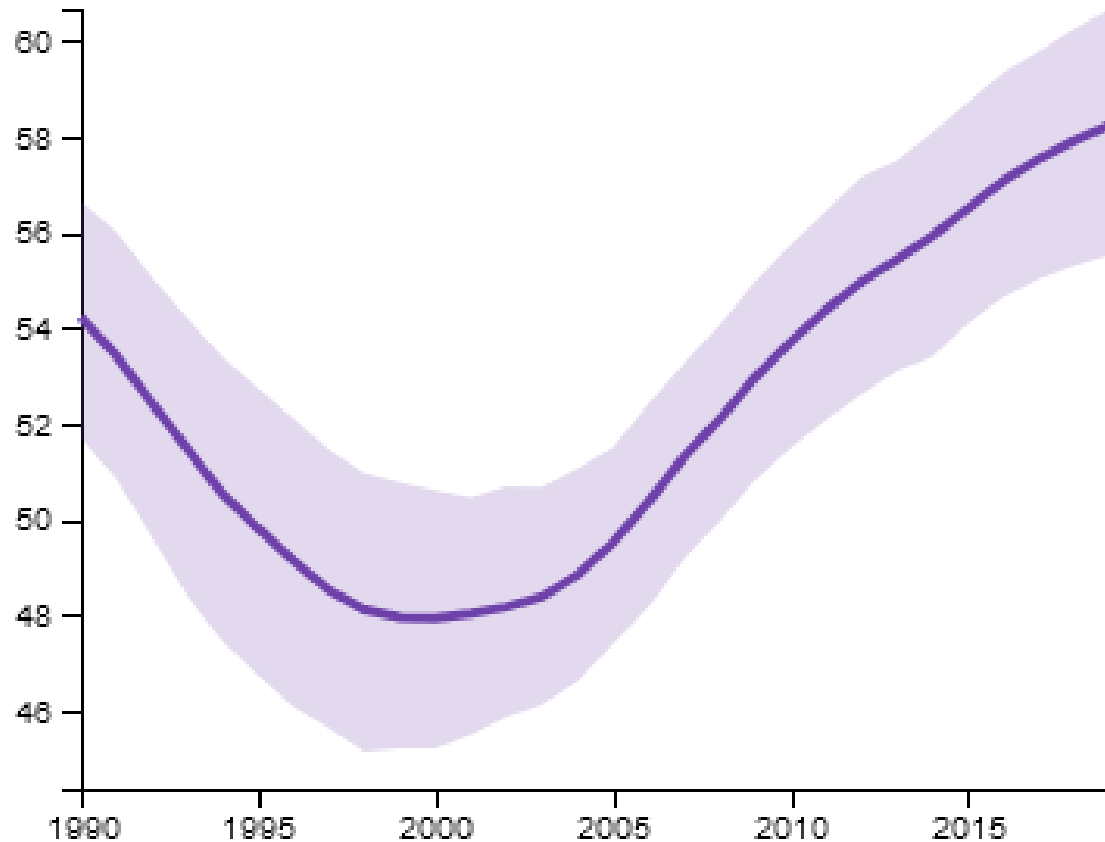
HOW FAST SHOULD KENYA MOVE

Country	HCI	Years needed	Growth required 2030
Kenya	41.72		2.21
South Africa	49.78	10	2.21
Tunisia	56.81	17	3.86
Egypt	47.22	7	1.55
Bangladesh	44.69	< 5	
India	45.98	< 5	
Vietnam	50.93	11	2.49
Turkey	56.82	17	3.86
Mauritius	51.06	11	2.53
South Korean	89.13	42	5.63

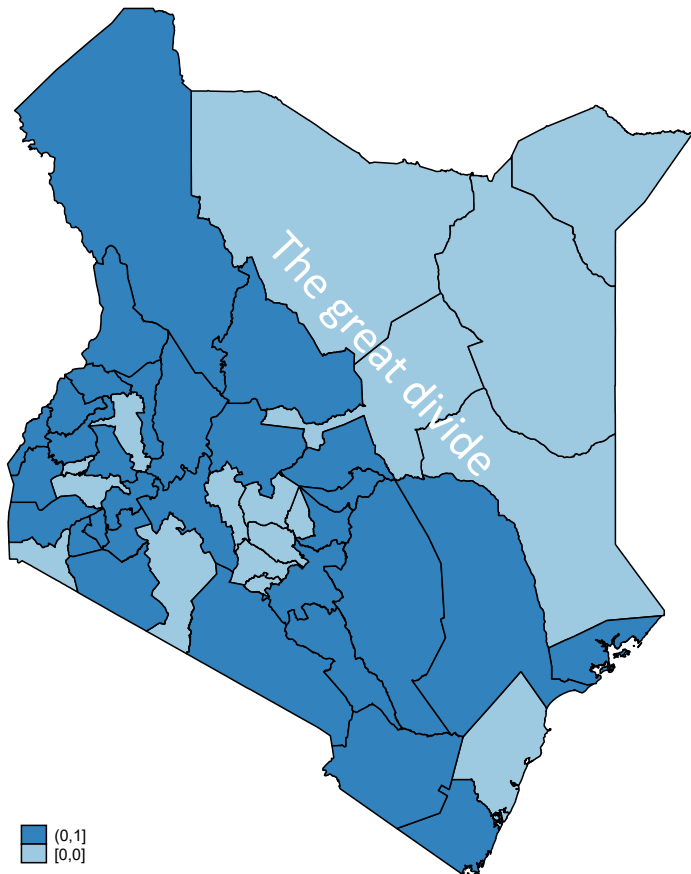
HUMAN CAPITAL: THE LEVERS

- Expected years of schooling
- Research and development expenditure as share of GDP
- Researchers in research and development per million people
- Health adjusted life expectancy (years)
- Health expenditures as share of GDP
- Fertility rate

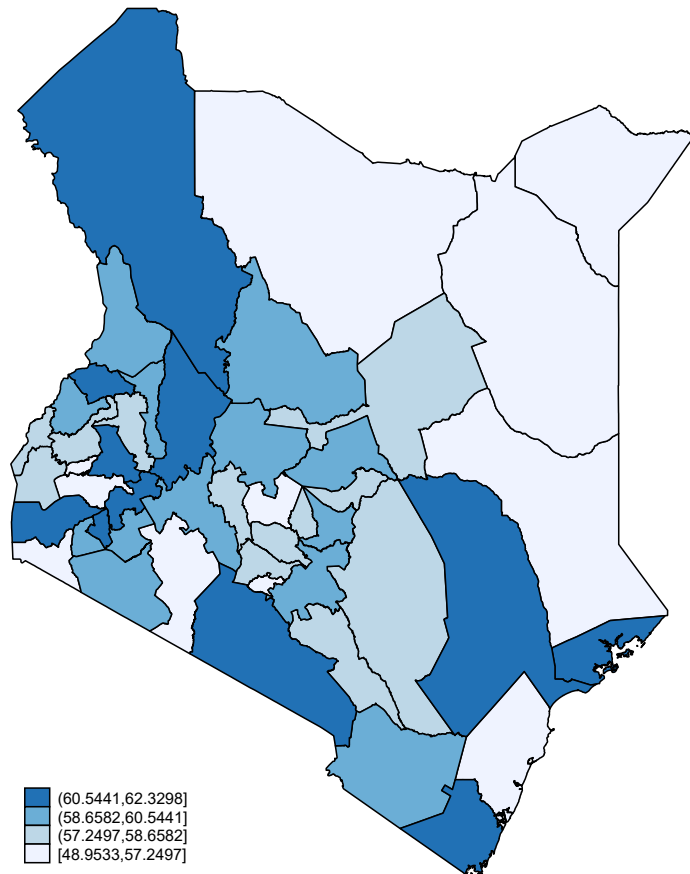
HALE (Healthy life expectancy), years



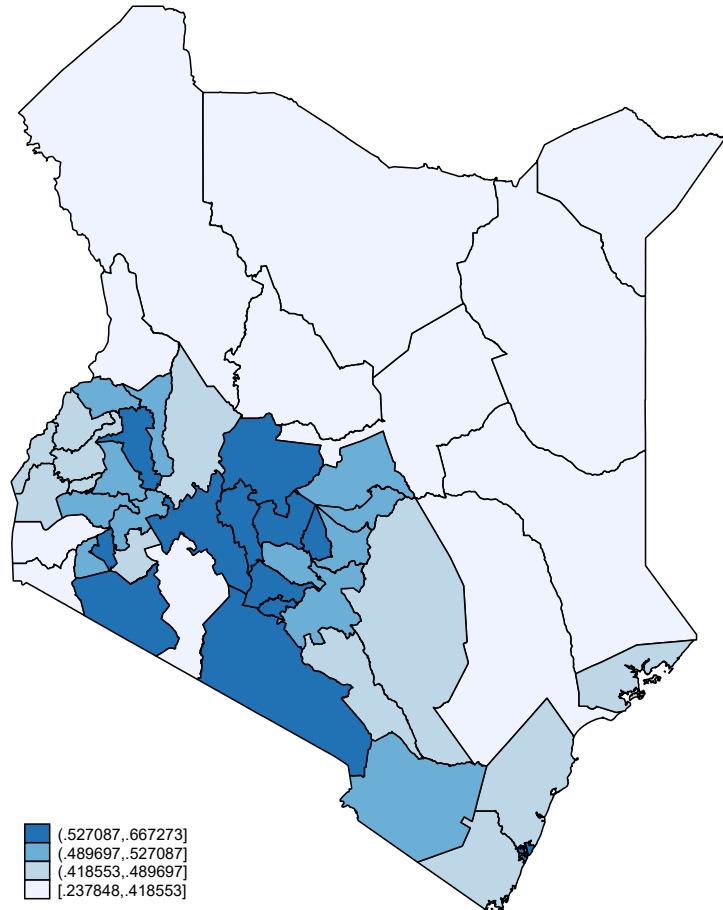
Health adjusted life expectancy, 2019
Counties above and below the national average



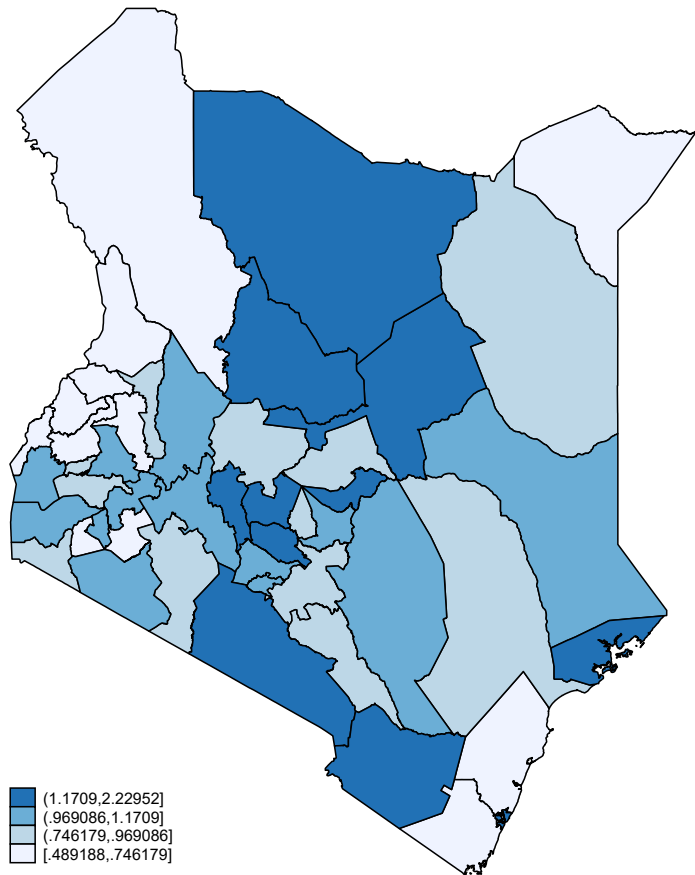
Health adjusted life expectancy, 2019
by county



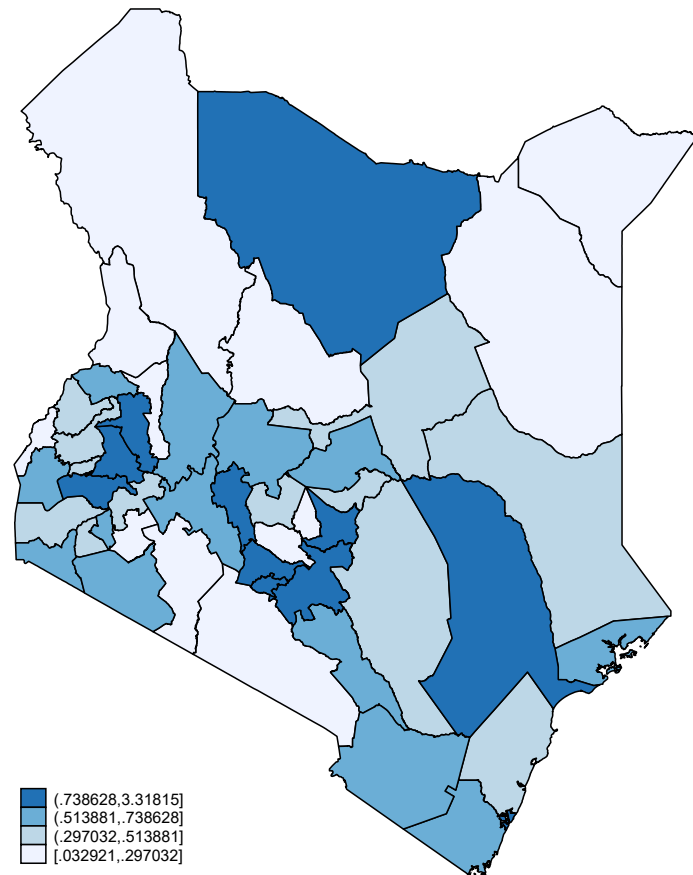
Socio-demographic index, Kenya



Effective service availability and readiness
per 10000 population



Effective health workforce density, Kenya
Per 10000

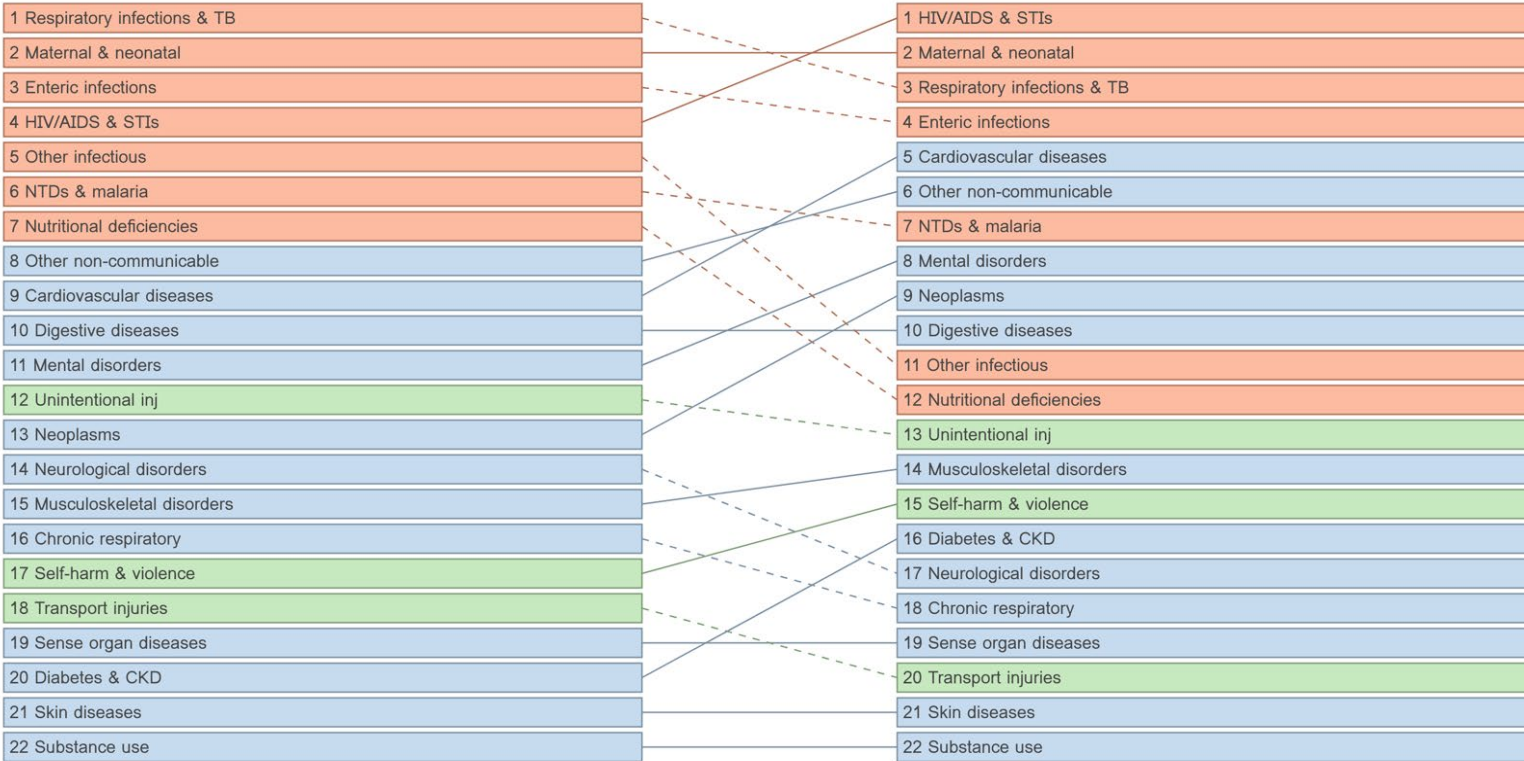


County	Efficiency Metrics		Scale Efficiency (SE)	County	Efficiency Metrics		Scale Efficiency (SE)
	Overall technical efficiency (OTE)	Pure technical efficiency (PTE)			Overall technical efficiency (OTE)	Pure technical efficiency (PTE)	
Bungoma	0.76	0.81	0.94	National	0.32	0.76	0.43
Busia	0.67	0.84	0.80	Kericho	0.31	0.86	0.36
Trans-Nzoia	0.62	0.89	0.70	Turkana	0.3	0.57	0.53
Vihiga	0.48	0.82	0.58	Marsabit	0.28	0.86	0.32
Uasin Gishu	0.45	0.84	0.53	Kirinyaga	0.27	0.91	0.3
Kisii	0.44	0.66	0.66	Nakuru	0.26	0.82	0.32
Nyamira	0.44	0.91	0.48	Migori	0.25	0.52	0.47
Makueni	0.42	0.8	0.52	Wajir	0.25	0.63	0.4
Narok	0.42	0.75	0.57	Homa Bay	0.24	0.53	0.45
Meru	0.41	0.94	0.44	Mombasa	0.24	0.86	0.28
Embu	0.4	0.94	0.43	Mandera	0.23	0.62	0.37
Kwale	0.4	0.63	0.63	Siaya	0.23	0.48	0.49
Nandi	0.4	0.82	0.49	Baringo	0.21	0.53	0.39
West Poko	0.39	0.59	0.67	Kitui	0.2	0.75	0.26
Kakamega	0.38	0.65	0.58	Nyandarua	0.2	0.93	0.21
Kilifi	0.36	0.6	0.60	Samburu	0.2	0.76	0.26
Kisumu	0.36	0.67	0.54	Muranga	0.19	0.93	0.20
Machakos	0.36	0.91	0.40	Kajiado	0.18	0.79	0.23
Garissa	0.35	0.67	0.52	Nyeri	0.18	0.90	0.20
Nairobi	0.34	0.87	0.39	Bomet	0.17	0.80	0.21
Tana River	0.34	0.77	0.44	Taita Taveta	0.17	0.76	0.22
Elgeyo-Marakwet	0.33	0.75	0.44	Tharaka Nithi	0.17	0.70	0.25
Kiambu	0.33	0.9	0.36	Isiolo	0.16	0.55	0.28
Laikipia	0.33	0.89	0.37	Lamu	0.13	0.75	0.17

Kenya
Both sexes, All ages, DALYs per 100,000

1990 rank

2019 rank



Communicable, maternal, neonatal, and nutritional diseases
Non-communicable diseases
Injuries

Concluding remarks

- Significant progress has been in human capital formation
- Progress needed to achieve: 2.1 (South Africa); 3.9 (Tunisia / Turkey); 5.6 % (South Africa)
- Access, equity and efficiency are critical to achieve vision 2030