

HEALTH CARE ACCESS & EQUITY: ADDRESSING DISPARITIES IN KENYA

Precious Tabitha

ABSTRACT

*Health involves thriving into various aspects of life and encompasses more than just avoiding to get sick. It includes various factors such as the mental, physical and social well-being of an individual. It is not just merely one lacking a disease or complications in the body but also just having piece of mind and a stable state of reasoning. By physically being healthy it means that one's body organs are working optimally and normally and that the person has adequate rest, regular exercise and always has a balanced diet. Mental health is also very essential since it entails emotional stability where one has a sense of purpose and is calm emotionally and thus the famous saying by **Elyn R. Saks** that 'No one would ever say that someone with a broken arm or a broken leg is less than a whole person, but people say that or imply that all the time about people with mental illness.' Social wellbeing revolves around creating relationships, connecting with people and the world.*

Kenya recently has encountered a tough situation where doctors in the country went on strike for about a month demanding for better payment and proper working conditions which lead to public hospitals being empty and patients having to run to expensive private hospitals to seek medical attention. Such strikes highlight the various issues facing the quality of the Kenyan health system. Despite such health problems Kenya has also been seen to ensure proper health services to its people and one of the ways is that Kenya has joined the International Vaccine Institute as a member state strengthening efforts to ensure access to vaccines and health security. Our very own Court of Appeal has recently approved the Social Health Insurance Fund (SHIF) which is President Ruto's initiative to address the disparities in health care access and improve health outcomes. Therefore, despite the country facing health quality standards issues there is also a big attempt to ensure good health for its citizens. The Universal Health Coverage also serves as a good mechanism for the betterment of the Kenyan Health System. This paper investigates the state of healthcare in Kenya, focusing on access to quality services, healthcare infrastructure, public health initiatives and efforts to achieve Universal Health Coverage.

INTRODUCTION

A brief overview of Kenya's healthcare system

The development of the Kenya Health Sector Strategic Plan 2018–2023 is guided by the Constitution of 2010, the Kenya Vision 2030 and the Kenya Health Policy 2014–2030. The Constitution of Kenya 2010 states that every person has the right to the highest attainable standard of health which includes the right to health care services, including reproductive health care.¹

The enshrining of a system of devolved government sought to ensure improved service delivery, greater accountability, improved public participation and equity in the distribution of resources. The Kenya Vision 2030 aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030. Improved health is a critical driver in the achievement of this vision. The Kenya Health Sector Strategic Plan 2018-2023 has been developed using a consultative approach that involved all the key stakeholders in the health sector, while considering all the new actors under the devolved system of government. It includes key recommendations from the performance reviews of the previous plan, the Kenya Health Sector Strategic and Investment Plan 2014–2018, and considers emerging health trends and global priorities. The Strategic Plan provides the health sector with the medium-term focus, objectives and priorities needed to enable the country to move towards achievement of the health goals described in the Constitution and the strategic imperatives mentioned above. It provides a detailed description of the desired health outcomes, the priority health investments needed to achieve the outcomes, the resource implications and financing strategy, and the organizational frameworks required to implement the Plan.²

The Government of Kenya has committed itself to providing universal health coverage under the “Big Four” agenda along with increased manufacturing, food security and affordable housing as part of efforts to ensure socioeconomic transformation through access to equitable, affordable and high-quality health care for all Kenyans. This will be achieved through implementation of appropriate policies and programmes in the health sector. The Ministry of Health is committed to the full realization of the Strategic Plan. The Plan is supported by a robust monitoring and

¹ Article 43(1)(a)

² Kenya Health Sector Strategic Plan, ‘Transforming Health Systems: Achieving Universal Health Coverage by 2022’ [WHO Kenya Health Sector Strategic Plan fa.indd](#), (Accessed 11th June 2024)

evaluation framework to track the achievement of milestones in a way that is responsive and accountable to the health needs of the Kenyan people.³

The healthcare ecosystem in Kenya is a patchwork of many industries, with the private sector emerging as a major participant in Sub-Saharan Africa. Remarkably, even for the most economically deprived Kenyans, it is their main source of healthcare. Compared to its public and nonprofit peers, the commercial health sector is more accessible due to its vast infrastructure and highly skilled workforce. A World Bank survey states that almost 50% of Kenya's poorest 20% rely on private healthcare services, particularly in the event that one of their children becomes unwell.⁴

Despite approximately 75% of Kenyans residing in rural areas, healthcare facilities are disproportionately concentrated in urban regions. This geographical divide necessitates arduous journeys, often on foot, for rural populations seeking healthcare. The World Bank's "access to health services" index paints a stark picture of this inequity. For instance, over 80% of children born in Kirinyaga County, situated centrally, are born in health facilities. Contrastingly, in remote and marginalized Wajir County, merely one in twenty children is born in a healthcare facility.⁵

The importance of quality healthcare

Although most individuals believe that access to high-quality healthcare is only important when they are in an emergency situation, this is regrettably not the case. Actually, access to high-quality healthcare is not only advantageous but also essential, particularly in light of the current state of pollution, which puts us at danger for several illnesses. Developing healthy behaviors in an effort to have a healthy lifestyle is the cornerstone of high-quality medical care. Finding the ideal balance in the delivery of healthcare services while avoiding overuse is frequently necessary to provide quality treatment.⁶

³ Kenya Health Sector Strategic Plan, 'Transforming Health Systems: Achieving Universal Health Coverage by 2022' [WHO Kenya Health Sector Strategic Plan fa.indd](#), (Accessed 10th June 2024)

⁴ 'A Comprehensive Overview Of Healthcare System In Kenya 2023', [A Comprehensive Overview of Healthcare System in Kenya 2023|Watchdog Health care, Medical & Health Blog](#), (Accessed 10th June 2024.)

⁵ Ibid

⁶ 'Quality in Healthcare', <https://www.ncbi.nlm.nih.gov/books/NBK579353/> (Accessed 10th June 2024.)

The importance of healthcare cannot be understated as it forms the very fiber of our being. Access to healthcare means having “the timely use of personal health services to achieve the best health outcomes.”⁷ Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all persons. It also means that we will have improved health outcomes which in turn fosters economic growth since good health reduces absenteeism from work, fosters improvement in the education sector because the healthy children will attend school to learn, additionally, it will impact poverty reduction and good international standing since the country will be more stable and prosperous on the international stage which can attract great investments. Attaining good quality healthcare means being able to access: Health insurance that facilitates entry into the healthcare system, timely access to needed care, a usual source of care with whom the patient can develop a relationship, the ability to receive care when there is a perceived need for care.⁸

It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be: **effective** such that they provide evidence-based healthcare services to those who need them, **safe** so as to avoid harm to people for whom the care is intended, **people-centered** by providing care that responds to individual preferences, needs and values, **timely** by reducing waiting times and sometimes harmful delays, **equitable** by providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socioeconomic status, **integrated** by providing care that makes available the full range of health services throughout the life course and lastly **efficient** by maximizing the benefit of available resources and avoiding waste.⁹

Geographical Access to Quality Services

Geographic accessibility, the difficulty or ease in physically moving from the location where a need for health services is triggered to the service provider location, has been shown to influence

⁷ 'Elements of Access to Health Care | Agency for Healthcare Research and Quality'

<<https://www.ahrq.gov/research/findings/nhqrd/charbooks/access/elements.html>> accessed 5 July 2024.

⁸ 'Access To Healthcare And Disparities In Access', [Access To Healthcare And Disparities In Access - 2021 National Healthcare Quality and Disparities Report - NCBI Bookshelf \(nih.gov\)](#) (Accessed 11th June 2024)

⁹ World Health Organization, 'Quality Of Care', [Quality of care \(who.int\)](#) (Accessed 11th June 2024)

health outcomes. The Republic of Kenya, had a population of 47.6 million people in 2019. Its human settlement pattern is heterogeneous, with the highest densities in areas around Lake Victoria, the western and central region, and the coastal areas. In contrast, southern and northern areas are sparsely populated. About a third (31%) of Kenya's population (14.8 million) in 2019 resided in urban areas with the counties of Mombasa, Nairobi, Kisumu, Machakos, Kiambu, Uasin Gishu, Nakuru, and Kajiado accounting for 70% of the urban population. These patterns impact health service delivery which includes infrastructure, demand, and planning and the local burden of disease. Health provision comprises governmental, non-governmental, faith-based organizations, and private-for-profit managed health facilities. The health providers are structured hierarchically into tiers: community which consists of community units, primary care which consists of dispensaries, clinics, and health centers, county referral which consist of first and second referral hospitals and national referral which are tertiary care hospitals.¹⁰

With the promulgation of Kenya's new constitution in 2010 and after the 2013 general elections, two tiers of government were introduced: a national government and 47 semi-autonomous county governments that are now used for policy planning. With decentralization, county governments are mandated with ownership and management of county healthcare facilities (county hospitals, health centers and dispensaries) and healthcare service delivery. In contrast, the central government, through the Ministry of Health manages national referral hospitals, health policy and regulatory functions. The Kenyan constitution enshrines the right to the highest achievable standard of health, including geographical access for all.¹¹ Key priorities in health policy include improving access to essential primary health care and ensuring that high-quality health services are available to the population.¹²

¹⁰ National Library Of Medicine 'Geographic accessibility to Public And Private Health Facilities in Kenya in 2021: An updated geocode inventory and spatial analysis', [Geographic accessibility to public and private health facilities in Kenya in 2021: An updated geocoded inventory and spatial analysis - PMC \(nih.gov\)](#) (Accessed 11th June 2024)

¹¹ The Constitution of Kenya 2010, Fourth Schedule.

¹² Ibid

Affordability of healthcare services

When sick or injured, there is a wide range of actions that an individual can take as far as health care is concerned. These actions include self-care, consulting traditional healers, or seeking health care from various private and public health care facilities. The specific action taken by the individual is influenced by various factors such as individual/household characteristics, the characteristics of the various health care providers (particularly price of obtaining care and quality of care), various societal factors, and geographical factors (such as seasonality).

The key societal factors include technology and norms the modes through which a society induces and ensures normal compliance by members. Price of obtaining care includes the direct price paid for the treatment and indirect prices such as travel costs, opportunity costs and any informal payments made at a health care facility. Quality of care is broadly defined to include structural, process, and outcome dimensions geographical factors such as seasonality have the potential to substantially raise the opportunity cost of time spent seeking treatment in the rural areas, especially during the rainy season.

One of the key determinants of the individual's ability to secure the required health care is the individual's material possessions in the form of income and/or assets. The effect of income on the demand for health care has been studied in the literature in various ways such as by investigating the effect of income on health seeking behavior, by investigating the effect of income on health expenditures or by investigating the effect of poverty on health care demand. The studies in the literature that try to investigate the effect of poverty on health care demand have, however, been mainly done at levels higher than the household level.¹³

Health Care Infrastructure

Health infrastructure is an all-encompassing term for the services and facilities that contribute to a population's health. It includes elements of a healthcare system, like hospitals, vaccination programs, clinics, and the personnel who run the system i.e. doctors, nurses, pharmacists, etc.¹⁴ A healthy individual contributes to the maximum overall development and growth of a country. A developed health infrastructure also guarantees a country of strong and healthy manpower for the

¹³ Awiti, J.O. 'Poverty and health care demand in Kenya', <https://doi.org/10.1186/s12913-014-0560-y> (Accessed 12th June 2024)

¹⁴ Urban Health, 'What Is Health Infrastructure? And Why Does It Matter in Urban Health?' [What is Health Infrastructure? And Why Does It Matter in Urban Health? - Urban Health 360](#), (Accessed 12th June 2024.)

production of goods and services. Health infrastructure includes advanced machines, specialist doctors, nurses, and other paramedical professionals and developed pharmaceutical industries.¹⁵

Public health infrastructure enables every level of government to prevent disease, promote health, and prepare for and respond to both emergency situations and ongoing challenges. Public health agencies work every day to keep us healthy and safe by promoting clean air and water, and ensuring that food is safe to eat. These agencies also help prevent injuries and promote vaccination and other methods of controlling infectious diseases.¹⁶

Infrastructure includes the built environment and supporting elements: equipment, access, information technology (IT), systems and processes, sustainability initiatives and staff. Overall these interwoven facets should enable patients to move seamlessly, with their privacy and dignity maintained at all times, from initial referral through local hospitals to specialist tertiary centers and discharge to appropriate care, whatever the age, disorder or social circumstances of the patient.¹⁷

Infrastructure is a key pillar supporting the fundamental aim of promoting improved standards of care and wellbeing for all patients, together with a good experience of the health care system. In parallel, the healthcare system and staff must support effective health promotion, prevention and self-care of the whole population. ‘Every contact counts and, in this regard, hospitals have a key role in providing contact for disadvantaged population groups, such as the homeless, the abused and addicts, who do not access primary care. In addition, a secondary aim must be to improve the wellbeing of staff, as this is integrally related to ensuring improved care for patients.’¹⁸

First, being closer to fair or good quality roads and having access to electricity are associated with more accurate provider diagnostics, not only for general illnesses, but also for illnesses affecting primarily children and threatening the life of pregnant women. Second, access to stable electricity is associated with 10 percentage point’s higher availability of Vitamin A and vaccines

¹⁵ ‘Meaning and State Of Health Infrastructure’, [Health Infrastructure- Meaning, example, state of Health Infrastructure \(byjus.com\)](https://www.byjus.com/health-infrastructure-meaning/), (Accessed 12th June 2024)

¹⁶ Susan r. Bailey, ‘Pandemic exposes dire need to rebuild public health infrastructure’ [American Medical Association \(ama-assn.org\)](https://www.ama-assn.org/press-room/2020/04/20/pandemic-exposes-dire-need-to-rebuild-public-health-infrastructure), (Accessed 12th June 2024.)

¹⁷ ‘Infrastructure the Key to Healthcare Improvement’, [Infrastructure – the key to healthcare improvement - PMC \(nih.gov\)](https://www.pmc.gov/infrastructure-the-key-to-healthcare-improvement/), (Accessed 12th June 2024)

¹⁸ Ibid.

for children, partially by making possible to have a working fridge, which is essential to store most vaccines i.e., Rubella, Polio, Rota virus, Pentavalent, Pneumonia, and Bacille Calmette-Guerin.

Third, a greater proximity to fair or good quality roads, as well as access to reliable electricity, which also increases the use of ICT for supply chain management, are associated with higher availability of essential and priority medicines. Access to good quality roads, a stable connection to the electricity, and ICT use for supply management are related to an increase in availability of medicines. Fourth, being closer to fair or good quality roads, access to stable electricity, and use of ICT for supply management are positively related to the availability of tests for pregnant women. Stable electricity service raises the provision of such tests greatly.¹⁹

The Kenya Health Facility Census 2023, targeted 14,366 health facilities; 12,384 facilities, across all counties, were fully assessed translating to 101% coverage. Public, private, non-governmental organizations health facilities accounted for 47%, 46% and 8% of the assessed health facilities respectively. All Level 6 facilities were government owned while most of Level 4 (49%) and Level 5 (44%) were privately owned. A total of 2,633 facilities did not appear in the Kenya Master Facility List, most of them being new; 12 facilities were duplicated in the KMFL and some of these are facilities had moved to new locations and had gotten new KMFL codes and many facilities claimed they were misclassified in the KMFL. A number of facilities had mismatched names or were misplaced between Counties. To arrest these issues, the Kenya master facility list needs to be updated. Overall, only 40% of all facilities were accredited by NHIF. Across levels of care, NHIF accreditation was highest in government level 2 facilities (57%). NHIF accreditation varied across the counties with only 10 Counties having more than half of their facilities accredited, while 12 counties had less than 25% of their health facilities accredited. Over eighty percent of the facilities had a reliable power and water source; 87% reported national grid as their main source of power while 45% of facilities used piped/municipal council water supply. Half of the facilities (51%) lacked access to functional ambulances. Furthermore, 84% of facilities were accessible by road all year round. More than two thirds of facilities (69%) did not use any electronic healthcare information system with 62% among those who had an EHIS using integrated/end-to-end systems. Investments should be made to increase

¹⁹ World Bank Blogs, 'How Does Infrastructure Contribute To Health Service Delivery In Kenya?' [How does infrastructure contribute to health service delivery in Kenya? \(worldbank.org\)](https://blogs.worldbank.org/infrastructure/contribute-to-health-service-delivery-in-kenya), (Accessed 12th June 2024)

facilities connected to piped water from 45% and ensure all weather access to all facilities. Further, all facilities should have power back-up systems in place. Overall, forty-seven percent of facilities had disability friendly infrastructure however only 4% of the facilities had all the tracer disability friendly infrastructure including; - Ramps/lifts, wheelchair, disability friendly washrooms and disability friendly maternity beds. Ramps/lifts were the most reported (82%) while disability friendly maternity beds were least readily available at 7%. Provision of disability friendly infrastructure in health care facilities should be prioritized in all facilities. Overall, 90% (11,147 of the 12,384) of all facilities provided at least one of the 16 basic outpatient services. Notably, only 2% of these health facilities offered all the 16 services. Availability of basic outpatient services was varied as outlined; Referral mechanism (100%); Management of communicable diseases (84%); Maternal child health services (83%); Management of non-communicable diseases (81%); Minor surgical services (73%); Immunization services (69%); Basic laboratory services (68%); Outreach services (64%); General emergency services (60%); Emergency obstetric services (60%); Maternity services (47%); Emergency obstetric care (33%); Obstetric and gynecological services (31%); Mental health services (17%); Dental services – extraction (12%); Physiotherapy (10%); and Rehabilitative services (6%). The readiness to offer basic outpatient services (defined as having all the necessary personnel, equipment and infrastructure requirements to offer a specific health service) was at 7%. Nearly all (97%) of the health facilities had the required personnel (at least a nurse, clinical or medical officer) to provide basic outpatient services. The main gaps were in the required infrastructure and equipment which were available in 77% and 15% of these health facilities respectively.²⁰

Public Health

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research in

²⁰ Ministry Of Health, [Kenya Health Facility Census Report September 2023.pdf](#) (Accessed 12th June 2024.)

contrast to clinical professionals like doctors and nurses, who focus primarily on treating individuals after they become sick or injured. Public health also works to limit health disparities.²¹

Public health is an interdisciplinary field. For example, epidemiology, biostatistics, social sciences and management of health services are all relevant. Public health, together with primary care, secondary care, and tertiary care, is part of a country's overall healthcare system. Public health is implemented through the surveillance of cases and health indicators, and through the promotion of healthy behaviors. Common public health initiatives include promotion of hand-washing and breastfeeding, delivery of vaccinations, promoting ventilation and improved air quality both indoors and outdoors, suicide prevention, smoking cessation, obesity education, increasing healthcare accessibility and distribution of condoms to control the spread of sexually transmitted diseases.

Health Disparities

Health disparities occur when people and communities experience higher rates of breast cancer, obesity, heart disease, and other challenges for specific reasons that include race and ethnicity, access to care, poverty, and environmental risk. These health disparities have many causes. Mistrust in the health care system, for example, can contribute to human immunodeficiency virus (HIV) prevention challenges among Black people. Transportation can be a barrier for older adults, making it hard to keep appointments. Maternal health is an example of health disparities with generational impact. Access to quality prenatal care, the ability to afford vitamins and healthy foods, and environmental and social factors like chronic stress all influence the health of a developing fetus.²²

There is a significant disparity in access to health care and public health initiatives between developed countries and developing countries, as well as within developing countries. In developing countries, public health infrastructures are still forming. There may not be enough trained healthcare workers, monetary resources, or, in some cases, sufficient knowledge to provide even a basic level of medical care and disease prevention. A major public health concern

²¹CDF Foundation, '[What is Public Health? | CDC Foundation](#)', (Accessed 13th June)

²²Robyn Correll, Very Well Health, 'Health Disparities: What They Mean And Examples', <https://www.verywellhealth.com/health-disparities-4173220> (Accessed 13th June 2024)

in developing countries is poor maternal and child health, exacerbated by malnutrition and poverty coupled with governments' reluctance in implementing public health policies.²³

Public Health Initiatives

Health initiatives are programs employed by local governments that work towards the improvement of their community members' health. The programs implemented cover a wide range of targets aimed at addressing health in several iterations, from general education to prevention and health treatment. Success in these initiatives are marked by the increased overall wellbeing of the overall population and how accessible tools and services are for all community members. Examples of health initiatives in Kenya include;

1. **WHO Health Emergency Hub:** Works in conjunction with the Government of Kenya and the World Health Organization which launched a groundbreaking initiative in Nairobi. The Health Emergency Hub includes a Centre of Excellence for the Health Emergency Workforce. Its goal is to change the way Africa handles emergencies. The hub will train a corps of 3000 elite responders from across the region, ensuring each country has an integrated team ready to deploy within the first 24 hours of a national health crisis.²⁴

2. **One Health Approach:** Kenya has implemented a One Health approach, which involves collaboration between veterinarians and medical doctors. Key achievements include joint training, establishment of the Zoonotic Disease Unit to coordinate multi-sectoral surveillance, and capacity building through One Health units in counties.²⁵

3. **Africa Public Health Foundation:** This foundation partners with the Africa Centers for Disease Control and Prevention to support critical public health initiatives across the continent.²⁶

Some of the activities they carry out include:

1. Health Education Programs

²³Wikipedia, 'Public Health', [Public health - Wikipedia](#), (Accessed 13th June 2024)

²⁴ 'Kenya and WHO launch bold initiative to transform Africa's Health Emergency' Response, <https://www.afro.who.int/countries/kenya/news/kenya-and-who-launch-bold-initiative-transform-africas-health-emergency-response> (Accessed 13th June 2024)

²⁵ 'Scaling Up The Implementation Of One Health Approach In Kenya', <https://afrohun.org/scaling-up-the-implementation-of-one-health-approach-in-kenya/> (Accessed 13th June 2024)

²⁶ 'Together For A Healthy Prosperous Africa', <https://aphf.africa/> (Accessed 13th June 2024)

Local governments may be hard pressed to curate several programs, and such a daunting task may seem overwhelming. This stress may be baseless, as workshops and seminars may be the perfect solution and are easier to hold than one may think. A culmination of information centering nutrition, exercise, and healthy lifestyle choices could be an all-encompassing resource for citizens, addressing awareness, education, prevention, and solution.

2. Access to Healthcare

Divergent socioeconomic statuses among communities frequently manifest in disparate healthcare quality or, in some cases, limited access to it. The responsibility falls on local governments in underserved areas to enhance healthcare accessibility. Initiatives may commence with the deployment of mobile clinics or the organization of health fairs, offering fundamental health screenings and services to safeguard the well-being of community members.

3. Nutrition Programs

Education stands as a pervasive theme in the overarching endeavor to enhance local public health and prevent obesity. However, the effectiveness of imparting knowledge is significantly compromised if there exists a hypocritical disparity between advocating for positive health practices and failing to set an example. Take, for instance, the commendable suggestion of incorporating fresh fruits and vegetables into one's diet for improved nutrition. While the advice is sound, its impact is diminished if citizens lack accessible avenues to procure such wholesome options. Community gardens or farmers' markets are exemplary ways to incorporate nutrition into the community directly.

4. Substance Abuse Prevention

Over the last decade nicotine use in the youth has seen a huge rise. This demands a call to action of government officials to target schools directly, discouraging students from nicotine (or tobacco use). Similarly, efforts against substance use remain of priority. Community members struggling with substance abuse should have access to appropriate resources and aid.

5. Mental Health Initiatives

As discussions around mental health have gained prominence, misconceptions surrounding mental health conditions have been ameliorated. The increased awareness has bolstered a safe environment for individuals to openly share their struggles and seek assistance. This may involve joining support groups, utilizing counseling services, or engaging with crisis intervention programs.

6. Environmental Health Programs

Helping citizens understand the significance of one's carbon footprint would hopefully result in the grasp of doing what you can to reduce it is instrumental in the protection of our Earth. While it falls on local governments to see which ordinances are being adhered to that protect the air and water quality, change begins at the individual level. Teaching citizens how to recycle properly and reduce their pollution can result in great change.

Efforts to achieve Universal Health Coverage

Universal Health Coverage refers to a situation where individuals and communities access quality health services at a cost that does not lead to financial hardship.²⁷ The Kenyan UHC program began in 2018 as a pilot program in four of Kenya's 47 sub-national governments. The four were chosen because of high incidences of communicable diseases and non-communicable diseases, maternal and child deaths and road accident-related injuries. The Program is coordinated through the Ministry of Health of Kenya which established a department to oversight, plan, monitor, and report on progress made on the UHC pilot. The department is also tasked with engaging stakeholders at the national level to identify key services and strategies for the improvement of the national UHC package.²⁸

The UHC model adopted a two-phase medium-term approach. The first phase was expected to abolish all user fees at the primary level (local health centres) and the secondary level (county referral) hospitals. The second phase is the roll out of a social health insurance scheme through

²⁷ 'Universal Health Coverage (UHC)' <[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))> accessed 9 July 2024.

²⁸ 'Kenya Universal Health Coverage Policy 2020-2030', [UHC POLICY 2020-2030 B5 \(kippra.or.ke\)](https://www.kippra.or.ke/Portals/0/Policy%202020-2030%20B5.pdf) (Accessed 14th June 2024)

the National Health Insurance Fund. In this second phase, contributions will be mandatory for all Kenyans above the age of 18 years while the government will complement the scheme by paying for the poor. By 2020, the program had enlisted more than 200 community health units, with 7,700 community health volunteers and over 700 health workers. Between 2018 and 2019, the project had supported 3.2 million Kenyans to access critical health care services.²⁹

Challenges facing the UHC Program in Kenya

Financing is the biggest hurdle facing the universal health coverage program in Kenya. Given the erratic projection of government revenue, the Kenyan government financing of UHC through taxes is not sufficient to guarantee sustainability. Notably, Kenya's budget to UHC has reduced from 50 billion Kenyan shillings in the 2019/2020 financial year to 47.7 billion Kenyan shillings in 2020/2021. Health is also an underfunded government function evidenced by historical funding levels which have been below 6% of total government spending. Additionally, Kenya's public debt is at an all-time high which has reduced the fiscal space for social programs. The other challenge is the low coverage of the population under the National Health Insurance Fund (NHIF). NHIF is a contributory health insurance scheme and the proposed vehicle for delivering UHC across the entire population. It is mandatory for formal workers but voluntary for informal workers.³⁰

The scheme's coverage among informal workers who form 83% of the Kenyan workforce remains low, only 17.7% of the population is estimated to be covered by the NHIF out of 2.9 million persons. Health workers have also noted a lack of sufficient human resource and hospital equipment, this has resulted in citizens paying out of pocket to cover costs of medicine and laboratory procedures. Under resourcing of health care has been attributed to the constrained relationship between the national and the sub-national governments which has affected the

²⁹ Ibid.

³⁰ John Muchangi, 'Covid Pushes Health Budget to Sh.121 bn But It's Not Enough' <https://www.the-star.co.ke/news/2021-06-11-covid-pushes-health-budget-to-sh121bn-but-its-barely-enough/> (Accessed 15th June 2024.)

deployment of healthcare personnel and disbursement of funds from the national government to the sub-national governments.³¹UHC policy is therefore based on the following principles:

i. **Health as a human right**: as enshrined in the Kenyan constitution where every person has the right to the highest attainable standard of health care services, including reproductive health care.³²

ii. **Social solidarity**: enhance the awareness of social interdependence and shared values among the Kenyan people

iii. **Equity**: ensure utilization relative to need, with financial contributions based on the ability to pay without imposing a barrier to access at the point of care and additionally be effective in sharing of risks from healthy to sick, rich, poor, young and old for the benefit of everyone.

iv. **Efficiency**: pursue maximization of people's health and wellness through optimal use of available resources.

v. **People-centered, 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.³³

Recommendations for improving UHC in Kenya

The solution towards advancing UHC in Kenya is threefold; increasing the number of Kenyans covered by the NHIF, scaling up of human and structural requirements, reducing the cost of doing business to enhance employers' contribution for employees, and addressing the intergovernmental inefficiencies that result in delayed remittances to the sub-national governments.

³¹Josiah Kiarie, 'Delivering Quality And Affordable Health Services: Kenya's Road To Universal Health Coverage', <https://socialprotection.org/discover/blog/delivering-quality-and-affordable-health-services-kenya%E2%80%99s-road-universal-health> (Accessed 13th June 2024)

³² Article 43(1)(a)

³³ 'Kenya Universal Health Coverage Policy 2020-2030', [UHC POLICY 2020-2030 B5 \(kippra.or.ke\)](https://www.kippra.or.ke/Portals/0/Policy%202020-2030%20B5.pdf) (Accessed 14th June 2024)

To increase NHIF coverage, the government should roll out a strategy to reach the informal sector through their organized formations to increase their contribution to the scheme. Kenya has a large population of informal workers registered in welfare associations which provide opportunities for savings, and loaning and acquisition of assets. These are commonly known as Savings and Credit Cooperatives. One of the most popular SACCO is the boda boda SACCO formed by youth engaged in the transport business with an estimated number of 1.2 million to 1.9 million operators. Incidentally, the boda boda transport business contributes to a high number of traffic injuries and fatalities. Strategic engagement with such a group shall not only increase money to purchase services for the general population but also intervene in a sector which increases health care costs and spending of the country's health budget.³⁴

Secondly, the government should increase allocation to the health ministry to 13% of government spending in line with the Kenya Health Strategic Plan 2018-2023. The increased fund should be utilized to pay premiums for Kenya's poor estimated at 10 million persons and in supporting the material and human resource capacity required for primary health care services.

Lastly, the passing of the NHIF amendment bill by parliament is a positive development that will increase NHIF's financial stability. One of the requirements of the proposed law requires employers to match their employees' NHIF contributions. This has the potential to greatly increase the premiums received by NHIF from the formal sector but has the potential to increase labor costs. For this to be successful, buy-in is required from employers who need to be supported in fulfilling this requirement by government reduction of the cost of doing business. Failure to do this means increasing the cost of doing business and making Kenya unattractive to investors.³⁵

³⁴ Peter Wafula Murumba, 'Align Bodaboda Reforms With Youth Empowerment' ,<https://www.the-star.co.ke/opinion/2020-11-06-align-boda-boda-reforms-with-youth-empowerment/> (Accessed 15th June 2024)

³⁵ Josiah Kiarie, 'Delivering Quality And Affordable Health Services: Kenya's Road To Universal Health Coverage' <https://socialprotection.org/discover/blog/delivering-quality-and-affordable-health-services-kenya%E2%80%99s-road-universal-health> (Accessed 15th June 2024)

Conclusion

The right to health is indeed an inalienable right for every person as espoused in Kenya's 2010 constitution. Reduction of maternal and child deaths coupled with a reduced country disease burden greatly spurs economic growth and contributes to poverty reduction. Increasing UHC in Kenya will therefore unlock many economic benefits to the country and improve the quality of life for its citizens.

BIBLIOGRAPHY

1. Constitution, Article 43(1) (a)
2. Kenya Health Sector Strategic Plan, ‘Transforming Health Systems: Achieving Universal Health Coverage by 2022’ [WHO Kenya Health Sector Strategic Plan fa.indd](#),
3. ‘A Comprehensive Overview Of Healthcare System In Kenya 2023’, [A Comprehensive Overview of Healthcare System in Kenya 2023|Watchdoq Health care, Medical &Health Blog](#)
4. ‘Quality in Healthcare’, <https://www.ncbi.nlm.nih.gov/books/NBK579353/>
5. ‘Access To Healthcare And Disparities In Access’, [Access To Healthcare And Disparities In Access - 2021 National Healthcare Quality and Disparities Report - NCBI Bookshelf \(nih.gov\)](#)
6. World Health Organization, ‘Quality of Care’, [Quality of care \(who.int\)](#)
7. National Library of Medicine ‘Geographic accessibility to Public and Private Health Facilities in Kenya in 2021: An updated geocode inventory and spatial analysis’, [Geographic accessibility to public and private health facilities in Kenya in 2021: An updated geocoded inventory and spatial analysis - PMC \(nih.gov\)](#)
8. The Constitution of Kenya 2010, Fourth Schedule.
9. Awiti, J.O. ‘Poverty and health care demand in Kenya’, <https://doi.org/10.1186/s12913-014-0560-y>
10. Urban Health, ‘What Is Health Infrastructure? And Why Does It Matter in Urban Health?’ [What is Health Infrastructure? And Why Does It Matter in Urban Health? - Urban Health 360](#)
11. ‘Meaning and State Of Health Infrastructure’, [Health Infrastructure- Meaning, example, state of Health Infrastructure \(byjus.com\)](#),
12. Susan r. Bailey, ‘Pandemic exposes dire need to rebuild public health infrastructure’ [American Medical Association \(ama-assn.org\)](#)
13. ‘Infrastructure the Key to Healthcare Improvement’, [Infrastructure – the key to healthcare improvement - PMC \(nih.gov\)](#)
14. World Bank Blogs, ‘How Does Infrastructure Contribute To Health Service Delivery In Kenya?’ [How does infrastructure contribute to health service delivery in Kenya? \(worldbank.org\)](#)
15. Ministry Of Health, [Kenya Health Facility Census Report September 2023.pdf](#)
16. CDF Foundation, [‘What is Public Health?’ | CDC Foundation](#)

17. Robyn Correll, Very Well Health, 'Health Disparities: What They Mean and Examples', <https://www.verywellhealth.com/health-disparities-4173220>
18. Wikipedia, 'Public Health', [Public health - Wikipedia](#),
19. 'Kenya and WHO launch bold initiative to transform Africa's Health Emergency' Response, <https://www.afro.who.int/countries/kenya/news/kenya-and-who-launch-bold-initiative-transform-africas-health-emergency-response>
20. 'Scaling Up The Implementation Of One Health Approach In Kenya', <https://afrohun.org/scaling-up-the-implementation-of-one-health-approach-in-kenya/>
21. 'Together For A Healthy Prosperous Africa', <https://aphf.africa/>
22. 'Kenya Universal Health Coverage Policy 2020-2030', [UHC POLICY 2020-2030 B5 \(kippra.or.ke\)](#)
23. John Muchangi, 'Covid Pushes Health Budget to Sh.121 bn But It's Not Enough' <https://www.the-star.co.ke/news/2021-06-11-covid-pushes-health-budget-to-sh121bn-but-its-barely-enough/>
24. Josiah Kiarie, 'Delivering Quality and Affordable Health Services: Kenya's Road To Universal Health Coverage', <https://socialprotection.org/discover/blog/delivering-quality-and-affordable-health-services-kenya%E2%80%99s-road-universal-health>
25. 'Kenya Universal Health Coverage Policy 2020-2030', [UHC POLICY 2020-2030 B5 \(kippra.or.ke\)](#)
26. Peter Wafula Murumba, 'Align Bodaboda Reforms With Youth Empowerment', <https://www.the-star.co.ke/opinion/2020-11-06-align-boda-boda-reforms-with-youth-empowerment/>