

BEYOND THE STETHOSCOPE: NAVIGATING KENYA'S HEALTHCARE CRISIS

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ABSTRACT;

Our healthcare system grapples with profound inequities and systemic failures. This might be news to those exposed to high quality medical care, but to others, this crumbling system might be the last straw to clutch on. We need to save it. This paper will trace, locate and isolate the challenges facing the healthcare system. It will not stop there. It will delve deep into the commendable efforts by the government, at both levels, to even the score. They are still not enough. The chasm between policy and practice remains vast. Vulnerable populations bear the brunt of this crisis and as such, much needs to be done in order to bridge this gap.

1. INTRODUCTION;

Imagine a fish, desperately gasping at the surface of a stagnant pond. The water, once life-giving, has become murky and scarce. Sadly, this is the reality for many Kenyans when it comes to healthcare. Access to quality medical care, the very foundation of a healthy life, is dwindling, leaving them struggling for survival. A few flicks of the June 5th Daily Nation newspaper brings me to page 4 where a headline that reads '**Anatomy of a sick nation: Patients suffer amid drug, vaccine shortage in hospitals**' lays bare the sickening state of the health sector in our country. Dear reader, we're in a bad state as a nation. Poor, in fact. Even the word 'critical' does not suffice. We're cooked!

The article aforementioned sheds light on how lack of essential medical supplies and equipment has taken a toll on the health sector. It cites a severe shortage of drugs and vaccines leaving critically ill patients at death's mercy. Worse still, is the lack of nevirapine and zidovudine, which are usually given as prophylaxis to a baby exposed to HIV at birth so that they do not contract the disease through breastmilk. Lives are of prime importance and situations such as these tend to showcase how badly we are dealing with this health crisis. Inadequate financing, irregular and delayed release of funds for drug procurement and significant debts owed to international health organizations such as UNICEF and GAVI are

some of the problems curtailing the supply of drugs rendering our pharmacies' shelves empty.¹

This illustrates the dire situation we find ourselves in as a country. This is no child's play. Healthcare is an urgent issue that needs to be treated with the decency it deserves. A deep dive into our healthcare system and one is lead into the filth that is our system and important questions need to be asked. Are these services readily available in all parts of our country? What really is the state of the healthcare infrastructure in our country? Are doctors and nurses treated fairly with regards to their remunerations? What is the role of the government in all this? What roles do we play as a people?

2. Access to quality healthcare services: A cause for concern?

Article 43 of our constitution reaffirms that healthcare is indeed an issue of primary concern and as such should be treated with the seriousness it deserves. The government, in its part, has tried coming up with initiatives to ensure the availability of quality and affordable essential healthcare services such as maternal health, prenatal & postnatal care and infectious disease control. In 2017, Kenya transitioned to an expanded free maternity policy called **Linda Mama**. The policy's aim was to provide free maternal services to all pregnant women. Additionally, it covers inpatient and outpatient services, including antenatal care, delivery, postnatal care, and referrals for pregnancy-related emergencies.² Additionally, and with regards to prevention and control of infections, Kenya recognizes the importance of Infection Prevention and Control (IPC) in healthcare settings and as a result the **Kenya National Infection Prevention and Control Strategic Plan for Healthcare Services (2021 - 2025)** was birthed and it outlines measures to prevent healthcare-associated infections across all facilities.³ These initiatives underscore Kenya's commitment towards the expansion of health service coverage and protect vulnerable groups from financial turmoil.

¹ 'Anatomy of a Sick Nation: Patients Suffer amid Drug, Vaccine Shortage in Hospitals | Nation' <<https://nation.africa/kenya/health/anatomy-of-a-sick-nation-patients-suffer-amid-drug-vaccine-shortage-in-hospitals--4647208>> accessed 6 June 2024.

² Boniface Oyugi and others, 'Examining the Quality of Care across the Continuum of Maternal Care (Antenatal, Perinatal and Postnatal Care) under the Expanded Free Maternity Policy (Linda Mama Policy) in Kenya: A Mixed-Methods Study' (2024) 14 *BMJ Open* e082011.

³ 'Kenya_National_IPC_Strategic_Plan_for_Health_Care_Services_2021_-_2025.Pdf' <http://guidelines.health.go.ke:8000/media/Kenya_National_IPC_Strategic_Plan_for_Health_Care_Services_2021_-_2025.pdf> accessed 7 June 2024.

Surely, these are positive steps and the government ought to be commended for them but now big questions arise, are these policies really effective? Are these services provided uniformly across the country?... My take? No. A huge disparity exists between private and public hospitals, between rural and urban situated hospitals, between the haves and the have-nots.

Kenyans are subjected to taxation either directly or indirectly. And in recent times they have been on the receiving end of even more painful additional taxes, taking much more from them. One would then expect to see a positive return on investment on the taxes they're paying. Only that the gap between our expectations and realities is too wide even for the government to fill. Better hospitals, well paid medical personnel, and the availability of medicines is surely not too much to ask for. But the exact opposite is the reality of our healthcare system and the most affected are the public hospitals.

"I am here because the doctors told me that they had run out of nevirapine and zidovudine, which are usually given as prophylaxis to a baby exposed to the deadly virus at birth so that they do not contract the disease through breast milk," she said.

"I don't want my baby to get HIV. I have been coming to the hospital with the hope that the vital medication will be made available. I was told to keep checking and that the hospital was inquiring from other hospitals if they had supplies." These were the utterances of one Joy Njeri (not her real name), a new born mum outside Thika District hospital.⁴ Similar cases were also reported in Kibra. What we are witnessing here is that the most affected persons are the poor who cannot afford medication. Now this is just one case. Stop to think of how many cases of similar kind arise each single day in many other places within the country. How many children risk losing their lives due to lack of medication? Worse still, what happens to the patients in critical conditions? Ugly scenes!

Poor quality services and lack of essential medications from public hospitals make people opt for private hospitals. Compared to its public and nonprofit peers, the commercial health sector is more accessible due to its vast infrastructure and highly skilled workforce. According to a World Bank assessment, almost 50% of Kenya's poorest 20% rely on private hospitals, particularly in the event that one of their children becomes unwell.⁵ The upshot here is that there is a huge disparity between the healthcare systems provided in both private and public schools. With many relying on the government for service delivery, it is now

⁴ 'Anatomy of a Sick Nation: Patients Suffer amid Drug, Vaccine Shortage in Hospitals | Nation' (n 1).

⁵ 'A Comprehensive Overview of Healthcare System in Kenya 2023 | Watchdoq Healthcare, Medical & Health Blog' <<https://watchdoq.com/blog/post/a-comprehensive-overview-of-healthcare-system-in-kenya-2023>> accessed 7 June 2024.

incumbent upon the government, through the relevant offices, to ensure that the dire situation in public hospitals is annulled lest we find ourselves in the pits.

75% of Kenyans live in rural areas.⁶ A huge proportion of hospitals are situated in major towns and cities. The geographical interplay here results in arduous journeys for rural families in search of quality healthcare. A quick comparison is drawn between the centrally placed Kirinyaga County and the marginalized Wajir county. 80% of children born in Kirinyaga county are born in health facility whereas only 20% of children born in Wajir are born in a health facility.⁷ It goes without saying that the expectant mother in Wajir is at a huge disadvantage when trying to access the government resources and services such as prenatal and postnatal care. Additionally, the newborn will not be able to receive the necessary vaccines and the checkups required in time. We are risking two lives here – mother and child. A situation which can be rectified by taking service delivery close to the people.

The disparity witnessed here is too wide to be overlooked. More often than not we would hear of the likes on Kenyatta National Hospital, Nairobi Hospital and the likes, situated in major towns and cities. These ‘big’ hospitals, often private, are the only ones capable of offering good quality services, but they are expensive and only a few people can afford them. The rural areas have been ignored. In a village deep in Kisumu county, Kolenyo village, one has to travel hundreds of kilometers in order to access quality medical care. As if that is not enough, when they get there they are met with empty shelves in the pharmacies. Article 10 of the Constitution lists some of the principles of governance to be inclusiveness, equality, human rights and non-discrimination. The cases shown above embody the opposite: unfairness and prejudice.

Not so long ago the streets were awash with white lab coats. Doctors and nurses alike took to the streets to protest citing salary arrears, government’s failure to hire trainee doctors, a drop in pay in trainee doctors and lack of comprehensive health insurance cover for themselves and their dependents. With the government adamant to give in to the doctors’ requests the strike entered week four and now its effects could be felt. Patients were turned away from hospitals.⁸ Others sought for medicine from neighboring countries in order to save whatever was left of their sick selves. It got worse. Clinical and laboratory officers also downed their tools bemoaning their empty coffers. They wanted better pay. Ultimately, after 56 days, the

⁶ *ibid.*

⁷ *ibid.*

⁸ Gilbert Nakweya, ‘Kenya: Patients Are Turned Away from Hospitals as Doctors’ Strike Enters Fourth Week’ (2024) 385 *BMJ* q845.

situation was resolved.⁹ But we have seen these many times before where one day things are going well then, the next we have the medical practitioners on the streets again. Till when are we going to be caught in this endless loop of pain and injustice. It's a situation that has made us lose some of our best brains in the field to Europe, America and many other parts of the world where they offer handsome pay. The agreement that has been entered into between the two parties this time needs to be one that is sustainable and one that can be inherited even by the coming regime so as to avoid another fracas and weaken the already crippling healthcare system.

3. Funding gaps and operational deficiencies

Earlier this year the senator for Nairobi County, Edwin Sifuna, alongside the Senate Standing Committee on Health (of which he is also part of) made a tour of Nairobi's facilities, mostly the level 5 hospitals, to get a clear picture of where we stand as a country with regards to infrastructure within our healthcare system. At Pumwani Maternity Hospital the National Health Insurance Fund (NHIF) owes the facility a sum of Kes 15 million. Additionally, 182 million is owed by Linda Mama program at the same facility. If this money were to be disbursed it could go along way in oiling the operations that have now stalled there. To add salt to the wound, the facility is faced with massive understaffing and as a result it is forced to close some of its wards which translates to now loss of jobs. The livelihoods of people here have taken a huge hit. Out of the three operating theatres, only two are functional due to the faulty anesthesia machine.

On the other hand, at Mama Lucy Kibaki Hospital, the Linda Mama program owes the facility a sum of 120 million Kes, NHIF owes the same facility a total of 178 million Kes. There is a stalled ICU construction with a pending bill of 50 million Kes owed to the contractor. Again, this is a sum of money that would be put to good use if availed to the proper channels. The same problems befall Mbagathi and Mutuini hospitals only that in Mutuini the X-ray rooms lack the lead doors necessary for absorption of X-rays to minimize the exposure of radiation to technicians¹⁰.

All these predicaments lead to one solid conclusion. That our infrastructural disposition is in shambles to the extent that we are not even ready to take care of the not-so-critical ailments.

⁹ 'Health Cabinet Secretary Announces End of Doctors' Strike After 56 Days | Ministry of Health' <<https://www.health.go.ke/health-cabinet-secretary-announces-end-doctors-strike-after-56-days>> accessed 7 June 2024.

¹⁰ 'Video | Facebook' <<https://www.facebook.com/watch/?v=1086983029051653>> accessed 10 June 2024.

Understaffing, dues, delayed payments, stalled constructions are problems that are not only facing our capital city, but are also analogous throughout the whole country. Most affected are those in marginalized areas. If Nairobi being the city that it is is crumbling on matters health, what then is the situation in Mandera, Turkana and other areas alike. It is time for action.

4. Who's to blame?

My take? ... Nobody. There's no time for indulging in blame games. If that happens, another year or two could pass by without anything substantive having been done. We all have a role to play. Amidst all this, we must find a way to rise and dust ourselves.

In his wisdom, Henry Ford states, 'Coming together is a beginning, keeping together is progress, working together is success'. It is from this statement that the government draws its inspiration to form formidable partnerships to combat diseases that are troublesome not only to our country alone but also regional, continental or worldwide. Additionally, the partnerships play a key role in ensuring that healthcare services are afforded to persons in marginalized areas. Organizations like USAID, WHO and World Bank have been crucial in actualizing these goals.

Recently, the President travelled to the US. The result of that? Kenya is set to benefit from a series of health partnerships with the US.¹¹The agreements stipulates: a focus in information sharing and developing the Kenya National Public Health Institute, a donation of \$2.3 million to support Revital Healthcare, a Kenyan company that is keen in developing diagnostic tests for HIV, malaria, hepatitis B and C, dengue and pregnancy, among many others.¹² A win in my book.

Universal Health Coverage is by all means considered to be the Holy Grail in providing medical services.¹³ As such, it was adopted by the UN in 2015 as part of the SDGs. Its main aim is to ensure that healthcare services are afforded to all persons without the risk that comes with financial hardship. The Kenyan government adopted it and has made numerous strides to try and materialize the same. Health s a devolved function is now taken up by

¹¹ Prudence Wanza, 'Kenya to Gain from US Health Partnerships Following Ruto's State Visit - KBC' (24 May 2024) <<https://www.kbc.co.ke/kenya-to-gain-from-us-health-partnerships-following-rutos-state-visit/>> accessed 14 June 2024.

¹² *ibid.*

¹³ '(D)Evolved Healthcare: Makeni's Trailblazing Experiment in Providing Universal Health Coverage - The Elephant' (11 January 2018) <<https://www.theelephant.info/analysis/2018/01/11/devolved-healthcare-makuenis-trailblazing-experiment-in-providing-universal-health-coverage/>> accessed 11 June 2024.

counties. In an effort to actualize Universal Health Coverage, Makueni County came up with this brilliant idea to afford its people with access to free healthcare across the county. Its leaders realized that if they managed to double the 100 million that was being realized by their Level 4 hospitals, then they would be able to achieve the unthinkable. Just like that, MakueniCare was birthed. This initiative requires the citizens to pay a sum of only 500/= per household which covers parents and children below 18 years annually. The result? In addition to the 113 dispensaries and health centers, the county now boasts 13 Level 4 hospitals having employed 160 doctors, compared to just 38 doctors and 3 hospitals earlier. Health is now the single largest budget item in Makueni.¹⁴ Insane!

Aside the government, we, the citizens, also have a critical role to play. Individuals ought to indulge in activities that enhance their health. Communities at large ought to encourage practices that promote the sanctity of health itself. Moreover, we ought to hold our leaders accountable. The anthem lauds, ‘Let all with one accord, in common bond united, build this our nation together...’ We ought to stick together.

5. Challenges and Opportunities

As discussed, numerous challenges clothe our healthcare system. From corruption, inadequate funds, debts, lack of access to medical care. So how do we go about trying to remedy them? We could explore telemedicine which has a good track record in European countries.¹⁵ Countries in the west relied heavily on digital technologies to continue providing essential health care services to patients during the COVID-19 pandemic. The use of telemedicine was already seen as an accessible and cost-effective approach to delivering high-quality care and reducing overall morbidity and mortality.¹⁶ Worth a try, isn't it? Considering the cost effectiveness of the approach.

Secondly, we need to see more public-private partnerships. It is now trite that private hospitals are better equipped than their public counterparts. This then calls for collaboration between the two entities to realize a fruition within the medical realm.

6. Conclusion

¹⁴ *ibid.*

¹⁵ ‘Telemedicine Has Clear Benefits for Patients in European Countries, New Study Shows’ <<https://www.who.int/azerbaijan/news/item/31-10-2022-telemedicine-has-clear-benefits-for-patients-in-european-countries--new-study-shows>> accessed 14 June 2024.

¹⁶ *ibid.*

In conclusion, systemic changes are much needed in order to overcome the glaring differences that exist across various areas and socioeconomic categories in Kenya with regards to healthcare access and equity. The most disadvantaged communities are disproportionately affected by the ongoing problems of financial mismanagement, insufficient medical supplies, understaffing, and insufficient infrastructure. These factors have led to a crisis in healthcare. Although international partnerships and government initiatives provide a basis for progress, they need to be implemented more widely and effectively. All Kenyans must have fair access to healthcare, that is the position of our grundnorm, so it is critical to support public-private partnerships, cutting edge solutions like telemedicine and hold our leaders accountable to be able to achieve that. We can only create a healthcare system that satisfies the constitutional guarantee of high-quality treatment for all people by putting in a concerted effort.

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