



HEALTH POLICY PROJECT / KENYA

Building capacity for improved health policy, advocacy, governance, and finance

Evidence guides planning and monitoring for improved maternal health

In Kenya, HPP used evidence to persuade the government to change its health financing policy and abolish user fees for child and maternal health services at public facilities. HPP estimated the costs for providing free maternal health services to 1.4 million women per year and then supported the government to design an appropriate policy.

Subsequently, the government abolished user fees at public facilities and allocated nearly US\$143 million in its last three fiscal years to compensate public health facilities for revenue lost due to elimination of the fees.

HPP helped conduct a baseline survey and, later, assessed the implementation and impact of the policy. After one year, the policies resulted in a 26 percent increase in the number of deliveries occurring in public primary-level facilities and a 75 percent increase in the uptake of antenatal care services (both first and fourth visits).⁶

Overview

Kenya has made steady progress in addressing its health needs over the past 20 years, leading to the achievement of several Millennium Development Goals. This progress has included creating a more supportive policy environment and making changes to the country's governance structure to give greater authority to its citizens and the local government entities that represent them. Implementation of this new structure, which devolves authority and functions from the national government to 47 newly created counties, began in 2013 and is ongoing.

Despite these advancements, inequality persists between the wealthy and the poor, urban and rural areas, and men and women; and the country still faces challenges in securing universal healthcare. More than 6 percent of Kenyan households are impoverished every year due to costly out-of-pocket payments for healthcare services;^{1,2} only half of the 1.6 million adults living with HIV currently receive treatment;³ and the newly formed counties are struggling to adequately deliver health services as devolution continues.⁴

In response to these challenges, from 2012–2015,⁵ the USAID- and PEPFAR-funded Health Policy Project (HPP) in Kenya—with the Ministry of Health (MOH), USAID, and Kenyan partners—

- Developed national and county-level policies, strategies, and guidelines
- Assisted with restructuring and strengthening Kenya's health sector
- Promoted equity, inclusivity, and human rights
- Mobilized domestic resources for key health areas, including HIV and family planning
- Reinvigorated a national dialogue around the need for Kenya to increase sustainable, domestic financing for its health sector
- Fostered and strengthened decentralized health systems in 47 new counties
- Built financing and governance capacity
- Generated significant and fundamental data to inform decision making and ensure accountability



Photo by Gates Foundation

New Policies and Guidelines Strengthen Health System Outcomes

The devolution process is a major undertaking, requiring Kenya to realign its entire health sector policy, strategy, and financing environment to the provisions of its new constitution. HPP provided crucial technical and financial support to the MOH and its partners to develop new foundational and operational policies, strategies, and systems for the new decentralized governance structure.

Developed Foundational Policies and Strategies

Two key foundational policies and strategies now guide Kenya's health sector and are being used to inform county health planning and budgeting for the coming Kenya fiscal year (KFY): Kenya Health Policy 2014–2030 and Kenya Health Sector Strategic and Investment Plan III 2014–2018 (KHSSP III).

Designed Operational Policies and Guidelines

HPP addressed priority health sub-sector and cross-cutting themes, such as gender and key populations at risk for HIV, by helping to develop and roll out several operational policies and guidelines:

- Health sector's Gender and Equality Policy 2014⁷
- Kenya Health Tourism Strategy 2013
- Kenya AIDS Strategic Framework 2014–2018 (KASF) (currently being used to prepare county-level HIV and AIDS strategic plans)

The project also costed the KASF and completed several studies to inform its development, including the *Policy Analysis and Advocacy Decision Model for Services for Key Populations in Kenya* (with the National AIDS Control Council or NACC and MOH) and *Analysis of the Social Feasibility of HIV and AIDS Programs in Kenya: Sociocultural Barriers and Facilitators and the Impact of Devolution* (with the NACC).

In addition, HPP helped draft the following policies and guidelines to promote equity, inclusivity, and human rights:

- Policies abolishing user fees for primary healthcare and instituting free maternal healthcare (2013)⁸
- Policy for the Prevention of HIV Infections Among Key Populations in Kenya (2015), which looks beyond HIV and health interventions for key populations and enables implementers to run programs without fear of stigma, discrimination, or violence
- Several efficiency and effectiveness (E2) analyses that resulted in the issuance of cost-effective HIV care and treatment protocols targeting vulnerable populations. These included E2 analyses of
 - Prevention of mother-to-child transmission (PMTCT), leading to a protocol on PMTCT Option B+ for mothers
 - Oral pre-exposure prophylaxis (PrEP), leading to Kenya's first protocol on the provision of oral PrEP to sex workers
 - Antiretroviral treatment (ART), leading to new ART guidelines impacting thousands of persons living with HIV, including among key populations

Domestic Resources Boost Sustainable Health Financing

To expand affordable and sustainable access to priority health services, prevent the rising of out-of-pocket healthcare costs, and further strengthen Kenya's healthcare system, HPP helped the Kenyan government explore a range of sustainable financing policies and equitable health finance strategies. The project continues to work with the MOH, USAID, and other stakeholders to increase awareness and foster national dialogue on universal healthcare and domestic resource mobilization at both national and county levels. In the first year alone, this work generated more than US\$30 million for health in the national budget

Catalyzed National Dialogue

- HPP and the MOH revitalized the multisectoral Interagency Coordinating Committee for Healthcare Financing, which informs health financing strategies and decision making.
- Beginning in 2013, HPP and the MOH joined the Council of Governors and other partners in convening the annual national-county Health Sector Intergovernmental Forum (HSIF)—at which key financing and budgeting issues are raised and assigned action for resolution.⁹

Mobilized Domestic Resources for HIV and Family Planning

- In 2015, HPP, the MOH, and other partners mounted a targeted advocacy campaign to reinstate a national budget line item for HIV lost during the start of devolution. This effort succeeded in obtaining the allocation of approximately US\$30 million to a line item for essential health commodities in KFY 2015/16—of which US\$21–\$23 million is for antiretrovirals and HIV test kits.
- In collaboration with the National Council on Population and Development (NCPD) and other national partners, HPP supported the reinstatement of a line item for family planning commodities, obtaining US\$500,000 in the KFY 2015/16 budget to eliminate the funding gap.
- The project and NCPD also used HPP-developed advocacy models such as DemDiv¹⁰ and ImpactNow¹¹ for county-level budget advocacy, with some anecdotal reports of success.

Transition Support Strengthens Health Systems Management

The hurried transfer of functions that followed health sector devolution compounded capacity inadequacies at the county level and resulted in health service delivery challenges. At the request of the Kenyan government, HPP assisted with (and will continue to assist) the country's transition to a decentralized health sector and built counties' capacity to take ownership of their health systems and budgets.

Advocacy generates millions for strategic health commodities

Through targeted advocacy, HPP helped Kenya's Ministry of Health secure the equivalent of approximately US\$30 million in the 2015/16 national budget to purchase strategic health commodities, including HIV, tuberculosis, and malaria commodities. Of this amount, US\$21–23 million will go to purchase antiretroviral drugs for the country's HIV program. In addition, HPP helped secure the reinstatement of a line item for an annual allocation for HIV commodities in future national budgets. This move toward a more sustainably financed HIV program was accomplished by

- Using evidence and messages about the effects of potential funding gaps
- Working with policymakers to understand the economic and national benefits of increasing the number of people living with HIV on treatment
- Cultivating policy champions who helped to influence the budget process

“[HPP/Kenya’s] support was invaluable in the development of the procurement plan in line with the new WHO consolidated ARV guidelines of 2013. [HPP] brought in aspect[s] of value for money, and improved on the efficiency and effectiveness of this grant.”

—Dr. Martin Sirengo,
head of the National
AIDS and STIs Control
Programme

Built County-level Capacity

- Soon after the counties were created in 2013, HPP, the MOH, the World Health Organization, and other partners conducted training seminars and assisted and mentored all 47 counties with developing their five-year health sector strategic plans.
- As part of HPP’s extension in Kenya, the project and the MOH have developed health sector guidelines and a template for program-based budgeting (PBB) and are now working with the Kenya School of Government on a training curriculum for county-level PBB. The team has already oriented 10 county department of health teams, and HPP continues to support ongoing national-county dialogue through the HSIF.

Evidence Generated to Inform Decision Making

To inform decision making and ensure that new policies, strategies, and systems were evidence-based and accountable, HPP worked with partners to conduct several sector-wide studies. These generated significant primary data, which provide the foundation for many of Kenya’s new health policies and remain in use at both national and county levels to inform new decisions, policies, and strategies.

Generated Primary Data to Inform Decision Making

HPP worked with the MOH and partners to conduct

- *Public Expenditure Tracking Survey in Kenya, 2012 (PETS-Plus); 2013 Kenya Household Health Expenditure and Utilisation Survey; and the Kenya National Health Accounts 2012/2013*, part of a series of analyses that the MOH conducts every three to five years to monitor trends and performance. HPP supported the MOH and its partners in incorporating these latest analyses into new program planning and budgeting.
- An analysis of national and county budget allocations to health to assess alignment with national and county-level sector priorities. The MOH and its partners are using the analysis to advocate for increased health budgeting by counties.

Government of Kenya officials also used HPP-generated costing data—summarized in *Resource Needs for the Kenya Health Sector Strategic and Investment Plan: Analysis Using the OneHealth Tool*—to

- Support successful negotiations with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for two successive GFATM awards of US\$223 million (April 2014) and US\$249 million (April 2015)
- Cost the national malaria and TB strategies (2015)

The Way Forward

Through its partnership with the MOH, USAID, and other in-country stakeholders, HPP has shaped and strengthened Kenya's health sector and made significant contributions to the country's achievement of various health and development goals. Ongoing efforts to sustain this momentum and build strong and resilient health systems at county and national levels should include

- Policy, strategy, and financing support for equity, inclusivity, and human rights—especially for vulnerable populations such as those in lower income quintiles, women and girls, and key populations
- Advocacy for national- and county-level investments in health and for the sustainable financing of health services, including priority interventions such as HIV and AIDS, family planning, and maternal health
- Strengthened communications and dialogue between national- and county-level actors on priority health programs and systems

Further capacity development efforts will be needed. At the national level, the MOH will require support to finalize a healthcare financing strategy and reform the National Hospital Insurance Fund—two important steps toward achieving universal healthcare coverage. Counties will need assistance to ensure that their health departments have the skills and knowledge to plan and budget for robust county health systems and that county assemblies and other stakeholders can provide adequate resources.

USAID has shown continued commitment to Kenya's success, allocating an additional US\$3 million to HPP/Kenya (through March 2016) for defined work on domestic resource mobilization at the national and county levels. Under this umbrella, HPP has provided targeted, high-level advocacy and supported analyses to secure an estimated US\$30 million commitment by the government of Kenya for HIV and AIDS funding in the national KFY 2015/16 budget. This commitment is a major step for Kenya's mobilization of domestic resources for health and an encouraging gain on which HPP/Kenya will continue to build.



Photo by International AIDS Vaccine Initiative

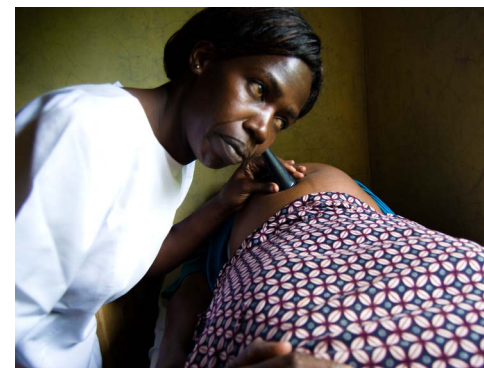


Photo by United Nations Development Programme



Photo by Jeff Zabinski

Selected Publications

- Free Maternal Care and Removal of User Fees at Primary-Level Facilities in Kenya: Monitoring the Implementation and Impact—Baseline Report
- Catastrophic Health Expenditures and Impoverishment in Kenya
- Healthcare Financing Options for Kenya: FY 2013/14–2029/30
- Policy Analysis and Advocacy Decision Model for Services for Key Populations in Kenya
- Resource Needs for the Kenya Health Sector Strategic and Investment Plan: Analysis Using the OneHealth Tool
- Devolution of Kenya's Health System: The Role of HPP
- Public Expenditure Tracking Survey in Kenya, 2012 (PETS-Plus)

¹ Kimani, D. and T. Maina. 2015. *Catastrophic Health Expenditures and Expenditures and Impoverishment in Kenya*. Washington, DC: Futures Group, Health Policy Project.

² Ministry of Health. 2014. *2013 Kenya Household Health Expenditure and Utilisation Survey*. Nairobi: Government of Kenya.

³ National AIDS Control Council. 2014. *Kenya AIDS Strategic Framework 2014/2015–2018/2019*. Nairobi: Government of Kenya.

⁴ Wanjiru, M. and A. Mulaki. 2014. *Health Sector Intergovernmental Consultative Forum: A Summary of Discussions*. Nairobi: Government of Kenya.

⁵ The Health Policy Project in Kenya has been extended to March 2016.

⁶ Maina, T. Forthcoming. *Annual Evaluation of Abolition of User Fees at Primary Healthcare Facilities in Kenya*. Washington, DC: Futures Group, Health Policy Project.

⁷ HPP expects the MOH to approve the final Gender and Equality Policy in August or September 2015.

⁸ Free Maternal Health Policy (2013); Abolition of the 10/20 User Fees (2013).

⁹ See, for example, the report of the 2014 HSIF: Health Sector Intergovernmental Consultative Forum, A Summary of Discussions, at http://www.healthpolicyproject.com/pubs/782_HealthSectorInterGovernmentalCosultaALNov.pdf.

¹⁰ The DemDiv model allows users to design multiple scenarios showing how the combined power of policy investments in family planning, education, and the economy can generate a demographic dividend not possible under the status quo. It can be accessed at <http://www.healthpolicyproject.com/index.cfm?id=software&get=DemDiv>.

¹¹ The ImpactNow model estimates the health and economic impacts of family planning in the near term (2–7 years). It can be accessed at <http://www.healthpolicyproject.com/index.cfm?id=software&get=ImpactNow>.

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