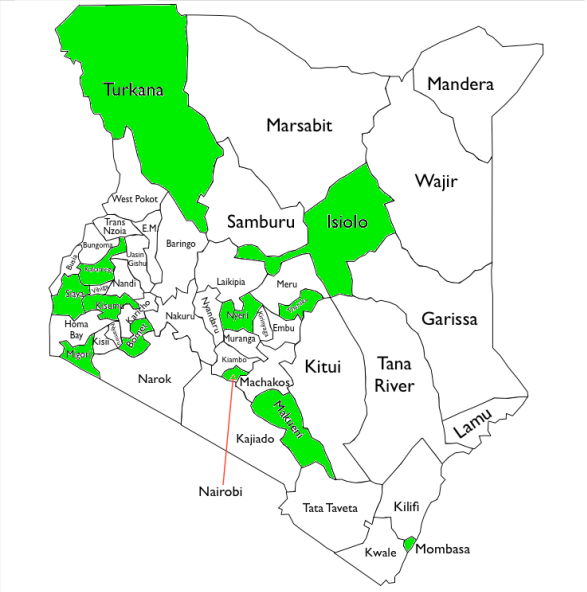
policy

April 2016

KENYA COUNTY HEALTH ACCOUNTS



Summary of Findings from 12 Pilot Counties

This publication was prepared by Thomas Maina, Angela Akumu, and Stephen Muchiri of the Health Policy Project.

USAID FROM THE AMERICAN PEOPLE
PEPFAR
HEALTH POLICY PROJECT

Suggested citation: Maina, T., A. Akumu, and S. Muchiri. 2016. *Kenya County Health Accounts: Summary of Findings from 12 Pilot Counties*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-142-1

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). It is implemented by Futures Group, in collaboration with CEDPA (CEDPA is now a part of Plan International USA), Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Kenya County Health Accounts

Summary of Findings from 12 Pilot Counties

APRIL 2016

This publication was prepared by Thomas Maina, Angela Akumu, and Stephen Muchiri of the Health Policy Project.

CONTENTS

LIST OF FIGURES AND TABLES

ABBREVIATIONS

CGHE county government health expenditure

CHA County Health Account

CMH Commission on Macroeconomics and Health

FY financial year

HLFT High-level Taskforce on Innovative International Financing for Health Systems

HPP Health Policy Project

KSh Kenya shilling

MOH Ministry of Health

NGO nongovernmental organisation

NHA National Health Account

NHIF National Hospital Insurance Fund

OOP out-of-pocket

TCGE total county government expenditure

THE total health expenditure

USAID United States Agency for International Development

WHO World Health Organization

ACKNOWLEDGEMENTS

The authors of this report would like to extend their gratitude to the very competent and hardworking County Health Account teams of the 12 countries discussed in the document.

EXECUTIVE SUMMARY

This report synthesises the findings of the County Health Accounts (CHAs) of 12 selected counties for financial years (FY) 2013/14 and 2014/15. The 12 counties are Bomet, Isiolo, Kakamega, Kisumu, Makueni, Migori, Mombasa, Nairobi, Nyeri, Siaya, Tharaka Nithi, and Turkana. The report compares health expenditures in the 12 counties to provide evidence of a pattern for sources and uses of health funds. It pays special attention to key financing sources for healthcare, the role of financing agents in managing healthcare funds, providers of healthcare goods and services, and the services purchased with these funds.

In per capita terms, three counties spent above the national average of KSh 5,783 (US$66.7) in FY 2013/14, a figure that rose to four counties in 2014/15. In 2014/15, per capita spending for four counties (Nairobi, Nyeri, Isiolo, and Mombasa) exceeded the Commission on Macroeconomics and Health (CMH) estimate of KSh 6,156, or US$71 (CMH, 2001)—enough to provide an essential package of health services in low-income countries. Only one county (Nyeri) met the High-level Taskforce on Innovative International Financing for Health Systems (HLTF) adjusted per capita target estimate of $86 (HLTF, 2009). Turkana had the least per capita expenditure on health at KSh 1,734 (US$20) in 2013/14 and KSh 2,283 (US$25) in 2014/15. In terms of county government health expenditure (CGHE) as a percent of total county government expenditure (TCGE), Mombasa (4%), Siaya (7%), and Nairobi (9%) spent the least among the 12 counties in 2013/14. Nyeri, Kisumu, Siaya, and Makueni counties spent the highest on health (26%–38%) in FY 2014/15.

In 2013/14, only three counties—Tharaka Nithi (24%), Kakamega (25%), and Makueni (23%)—reported total county government expenditure on health (TCGEH) as a percentage of TCGE that was above 20 percent. In 2014/15, the number increased to six—Kakamega (23%), Kisumu (27%), Makueni (26%), Mombasa (21%), Nyeri (39%), and Siaya (27%)—indicating that more counties were prioritising health in their budgets.

Health funds in the selected counties originated primarily from two sources: households and county governments. On average, county governments provided the most funding for healthcare in seven counties, followed by households in five counties. Households and county governments accounted for 39 percent and 34 percent, respectively, of total health expenditure (THE) in 2013/14 and 37 percent and 36 percent, respectively, in 2014/15. Among counties, Nairobi reported the highest proportion of households funding healthcare at 60 percent of THE in 2013/14, while Siaya reported the lowest at 22 percent in the same period. Bomet reported the highest proportion of household funding of healthcare at 59 percent of THE in 2014/15, with Siaya reporting the lowest proportion at 23 percent during the same period. Makueni reported the highest proportion of county government funding at 48 percent of THE in 2013/14, while Turkana had the highest at 55 percent in 2014/15.

In all 12 counties, households controlled most THE through out-of-pocket (OOP) spending. Households managed 36 percent of THE in 2013/14, followed by county health departments and nongovernmental organisations (NGOs), at 34 percent and 19 percent, respectively. In 2014/15, county health departments managed 36 percent of THE, followed by households at 35 percent and NGOs at 16 percent.

Public health facilities (county hospitals and county health centres and dispensaries) used the largest share of the THE, at 45 percent and 49 percent in 2013/14 and 2014/15, respectively. By provider type, public hospitals received the highest average proportion of THE, at 25 percent and 29 percent in 2013/14 and 2014/15, respectively.

On average, outpatient curative care consumed the highest proportion of THE, at 41 percent and 42 percent in 2013/14 and 2014/15, respectively. Inpatient curative care consumed the second-highest proportion of THE, at 19 percent and 21 percent in 2013/14 and 2014/15, respectively.

In light of these findings, this study recommends that counties allocate more resources to the county health department to reduce the burden on households through OOP spending. County governments

should also explore alternate financing mechanisms, including public-private partnerships, to increase resources for the health sector. The findings show that a significant proportion of THE is spent on curative services. To remedy this situation, counties should increase allocations to preventive healthcare because it is more cost-effective in terms of the cost per life saved. As counties adopt programme-based budgeting (PBB), efforts should be made to track expenditures along key health programmes such as HIV and AIDs, tuberculosis, and malaria.

BACKGROUND AND INTRODUCTION

Devolution in Kenya introduced two levels of government—national and county-level—with new institutions and actors who required new skills and information to enable them to respond to challenges associated with their new roles and responsibilities. Devolution also introduced two tiers of the health system: national and county levels with different roles as stipulated by the Constitution of 2010. The new county-level structures, which include the county health management systems, acquired new roles such as preparation and implementation of health policies and overseeing planning and budgeting processes at the county level.

The Ministry of Health (MOH), in collaboration with the USAID- and PEPFAR-funded Health Policy Project (HPP), supported 12 counties to produce CHAs to inform policy, planning, and budgeting. Using a common methodological approach, the CHA studies comprehensively examined health expenditures in each county, including where health funds came from, where funds were spent, and how much was spent on specific health services/functions.

The National Health Accounts (NHA) methodology, which was adopted to generate the CHA studies, is a widely accepted tool that tracks the flow of expenditures through a health system, links the sources of funds to service providers, and monitors the uses of funds by functions/services. Based on this, policymakers can make decisions regarding financing and resource allocation.

This report synthesises findings from the 12 counties. The publication is intended to help policymakers in the 12 counties compare their own healthcare spending patterns with those of other counties with similar socioeconomic profiles. The report describes general trends around health expenditures and the policy implications of the results.

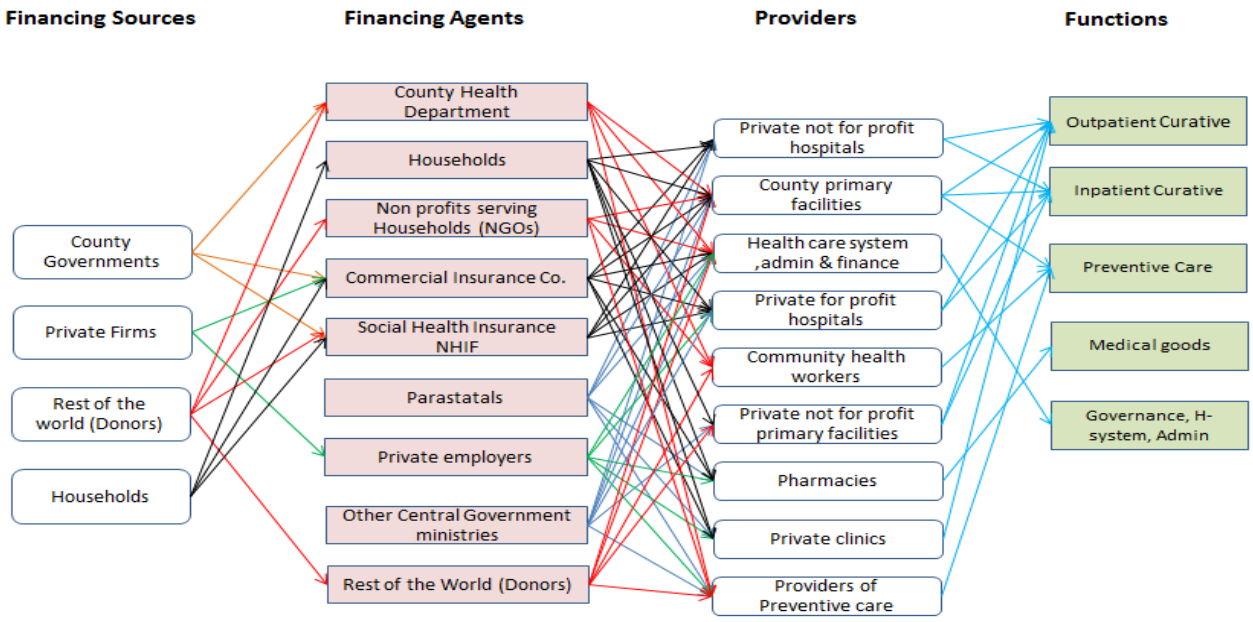
METHODS AND DATA SOURCES

The data and analysis provided in this report are drawn from the recently concluded CHA studies conducted in 12 counties by a team led by the MOH, with technical support from HPP. The analysis used the actual framework tables used in the CHA studies, which contain data for the 12 counties in both disaggregated and original forms for FY 2013/14 and FY 2014/15. The tables describe the flow of funds from their original sources to financing agents, and then from financing agents to health providers and providers to health functions.

Sources of financing health for the 12 counties trace health funds to their point of origin and include entities such as county governments, households, foreign donors (referred to as the "rest of the world"), and corporations (private firms and parastatals). The financing agents/intermediary category includes the department/ministry of health, the National Hospital Insurance Fund (NHIF), private insurance companies, public and private enterprises, and others.

The health provider level includes entities/institutions, facilities, and individuals that directly deliver healthcare services: county government facilities, private providers, faith-based health facilities, etc. The financing agents/provider matrix shows sufficient information to determine the specific uses or functions of healthcare funds—namely, how money is allocated to services such as outpatient curative care, preventive care, inpatient curative care, pharmaceuticals, etc. Figure 1 illustrates the funds flow in the county health system.

Figure 1: Illustrative Diagram of the Flow of Funds Through the County Health System



Source: HPP, 2015 (adopted from SOTA Kenya Presentation)

KEY FINDINGS

This section presents the results of analysis of county health expenditure indicators and financing issues by each level in the NHA framework. The results are presented in both Kenya shillings and U.S. dollars.[1]

Per Capita Health Expenditure

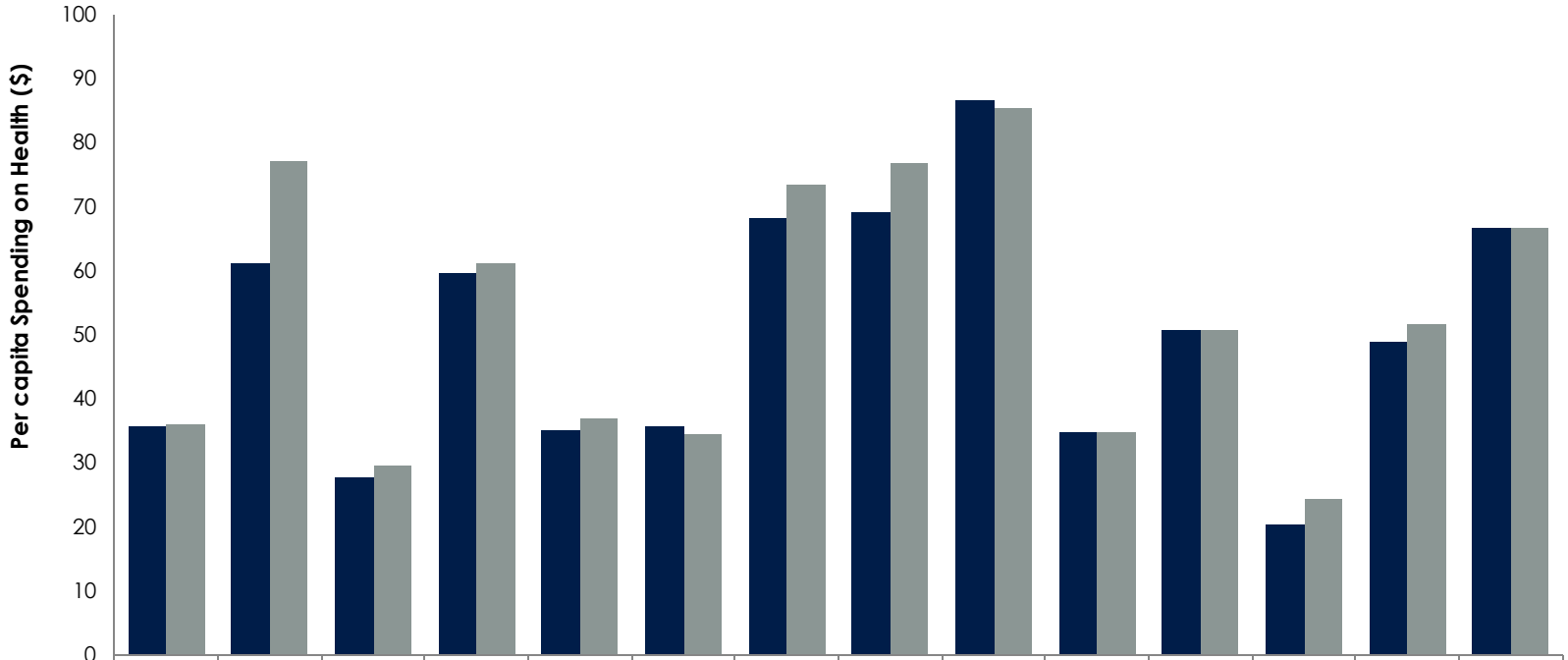
Figure 2 presents per capita health expenditures in the 12 selected counties. These counties spent an average of KSh 4,230 (US$48.80) per capita on healthcare in 2013/14, and KSh 4,729 (US$51.80) in 2014/15. The reported per capita spending on health in Isiolo, Kisumu, Mombasa, Nairobi, Nyeri, and Tharaka Nithi was higher than average for the 12 counties for the two financial years. Nyeri was the highest spender overall, with a per capita expenditure on health of KSh 7,543 (US$87) in 2013/14 and KSh 7,761 (US$ 85) in 2014/15; Turkana was the lowest spender at KSh 1,734 (US$20) in 2013/14 and KSh 2,283 (US$25) in 2014/15. When compared to the latest national estimate on per capita health spending (Ministry of Health, 2015), four counties (Nairobi, Mombasa, Nyeri, and Isiolo) had surpassed the national average of KSh 5,680 (US$66.70).

The CMH and HLTF projected estimates of per capita health spending that can ensure that low-income countries provide some package of healthcare. Per capita estimates were then adjusted by McIntyre and Meheus in 2014 to reflect 2012 US$ terms. These adjusted spending estimates were used as proxies to assess how many of the 12 counties can guarantee at least a minimum package of health services at current spending levels. Using the adjusted CMH estimate of per capita spending on health of KSh 6,156 (US$71), only four counties (Nairobi, Nyeri, Isiolo, and Mombasa) met the per capita target in FY 2014/15. Using the adjusted HLTF estimate of $86 for providing a comprehensive package of health services in low-income countries, only one county (Nyeri) met the projected per capita target estimate in FY 2014/15 (McIntyre and Meheus, 2014).[2]

[1] The foreign exchange rate applied is KSh 86.7 to US$1in 2013/2014 and KSh 91.3 in 2014/2015.

[2] CMH and HLTF both projected per capita resource requirements for providing various basic health packages by 2015—at US$38 (expressed in 2002 US$ terms) and US$54 (expressed in 2005 terms), respectively. Di McIntyre and Filip Meheus later updated these two projected estimates in 2014 (to $71 and $86) by adjusting for changes in exchange rate and inflation to express both in 2012 US$ terms. These adjusted per capita estimates were used to assess the 12 counties' spending levels.

Figure 2: Per Capita Expenditure on Health by County, 2013/2014 and 2014/2015



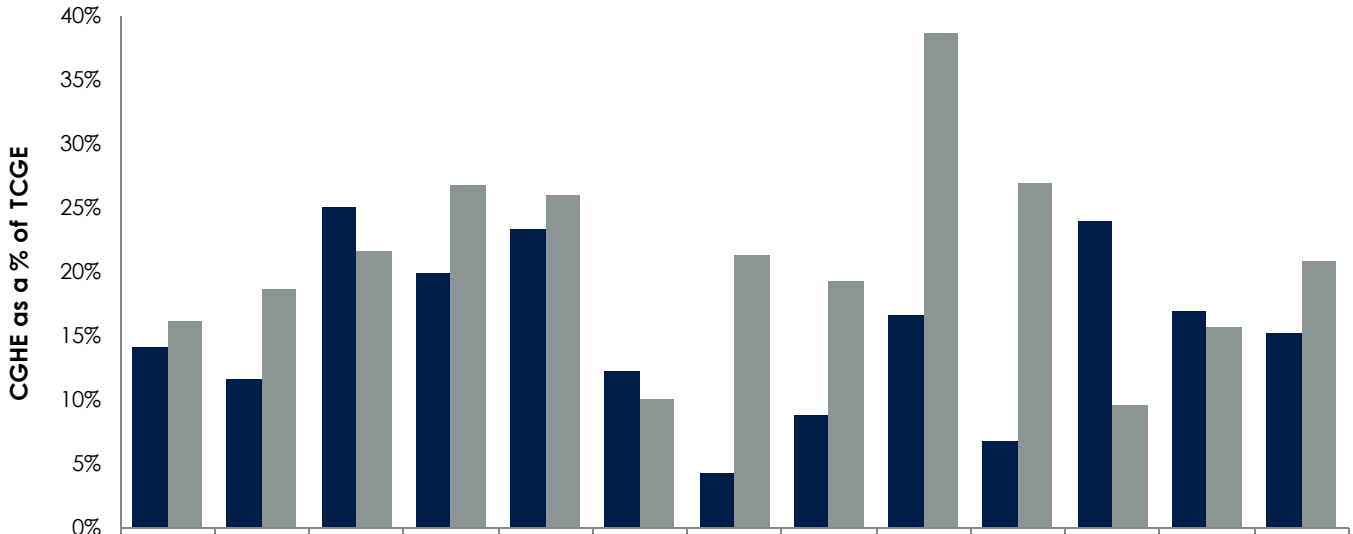
	Bomet	Isiolo	KKA	Kisumu	Makueni	Migori	MBSA	Nairobi	Nyeri	Siaya	Tharaka Nithi	Turkana	Average	NHA 2012/13
2013/14	35.6	61.2	27.9	59.8	35	35.8	68.3	69.1	86.6	34.7	50.8	20.3	48.8	66.7
2014/15	36	77.1	29.7	61.3	36.9	34.6	73.5	76.8	85.4	34.9	50.8	24.5	51.8	66.7

Health Expenditure as a Percent of Total County Government Expenditure, FY 2013/14 and FY 2014/15

This section describes the contribution of county governments to health spending, as measured by CGHE as a percent of TCGE. On average, the 12 counties spent over 15 percent on health as a percentage of TCGE in 2013/14, and 21 percent in 2014/15. Figure 3 shows that, among the 12 counties, Mombasa spent the least on health in 2013/14, at 4.3 percent. In FY 2014/15, Nyeri spent the highest amount on health at 39 percent.

Only three counties—Tharaka Nithi (24%), Kakamega (25%), and Makueni (23%)—reported CGHE levels above 20 percent in 2013/14. However, in 2014/15, this number increased to six: Kakamega (22%), Kisumu (27%), Makueni (26%), Mombasa (21%), Nyeri (39%), and Siaya (27%).

Figure 3: County Government Health Expenditure as a Percentage of Total County Government Expenditure



	Bomet	Isiolo	KKA	Kisumu	Makueni	Migori	MBSA	Nairobi	Nyeri	Siaya	Tharaka Nithi	Turkana	County Average
2013/14	14.1%	11.6%	25.1%	19.9%	23.3%	12.2%	4.3%	8.8%	16.6%	6.8%	24.0%	16.9%	15.3%
2014/15	16.1%	18.7%	21.6%	26.8%	26.1%	10.1%	21.4%	19.2%	38.6%	26.9%	9.7%	15.7%	20.9%

Sources of Funds for Financing Health

The findings show that health funds in the 12 counties originate primarily from two main sources—households and county governments—that, on average, accounted for 39 percent and 34 percent of THE in 2013/14, respectively, and 37 percent and 36 percent, respectively, in 2014/15. In about half of the 12 counties, households accounted for over 35 percent of THE in 2013/14 and 2014/15, a figure that is above the national estimate of 32 percent (Ministry of Health, 2015). Nairobi reported the highest proportion of household funding in 2013/14 at 60 percent, while Bomet had the highest in 2014/15 at 59 percent. Siaya reported the lowest proportion of household funding in both years, at 22 percent in 2013/14 and 23 percent in 2014/15. Households and county governments combined account for almost two-thirds of THE in most counties.

In 2013/14, Makueni reported the highest proportion of county government funding at 48 percent, while Turkana had the highest in 2014/15 at 55 percent. On average, donors contributed 18 percent of THE in 2013/14, but this declined to 16 percent in 2014/15. Donor funding is mainly concentrated in counties with high HIV and AIDS prevalence, including Siaya, Kisumu, Migori, Mombasa, and Turkana.

Table 1: Distribution of Sources of Financing for Each County for Each FY

County	Donors		County Governments		Corporations		Households	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Bomet	9.0%	7.4%	26.7%	26.1%	6.0%	7.4%	58.3%	59.2%
Isiolo	15.4%	19.6%	37.6%	41.3%	7.2%	7.1%	39.8%	32.0%
Kakamega	16.8%	15.4%	46.4%	47.8%	11.5%	12.3%	25.4%	24.6%
Kisumu	26.0%	22.7%	36.8%	37.9%	14.1%	15.9%	23.2%	23.4%
Makueni	12.4%	8.4%	48.4%	51.9%	3.4%	4.5%	35.8%	35.2%
Migori	22.6%	20.0%	24.5%	24.6%	3.8%	3.9%	49.1%	51.5%
Mombasa	22.8%	19.0%	15.6%	19.9%	18.4%	20.3%	43.2%	40.8%
Nairobi	14.8%	11.1%	9.3%	18.1%	15.9%	16.1%	60.1%	54.8%
Nyeri	7.0%	6.4%	40.4%	34.5%	11.3%	15.2%	41.3%	43.9%
Siaya	36.3%	30.9%	37.2%	40.7%	4.6%	5.7%	22.0%	22.6%
Tharaka N	16.4%	12.9%	39.0%	39.4%	7.9%	9.8%	36.6%	37.9%
Turkana	25.0%	21.5%	45.6%	54.5%	2.7%	2.5%	26.6%	21.5%
Average	**18.7%**	**16.3%**	**34.0%**	**36.4%**	**11.6%**	**10.1%**	**38.5%**	**37.3%**

Managers of Health Funds/Financing Agents

In the 12 counties, households, county health departments, and NGOs controlled nearly 90 percent of health funding in both financial years. In 2013/14, households in these counties controlled, on average, 36 percent of THE, compared to 34 percent and 19 percent controlled by county health departments and NGOs, respectively (see Figure 4). In 2014/15, county governments managed 36 percent of THE, followed by households at 35 percent and NGOs at 16 percent (see Figure 5).

Figure 4: Percentage of THE by Financing Agents, 2013/14

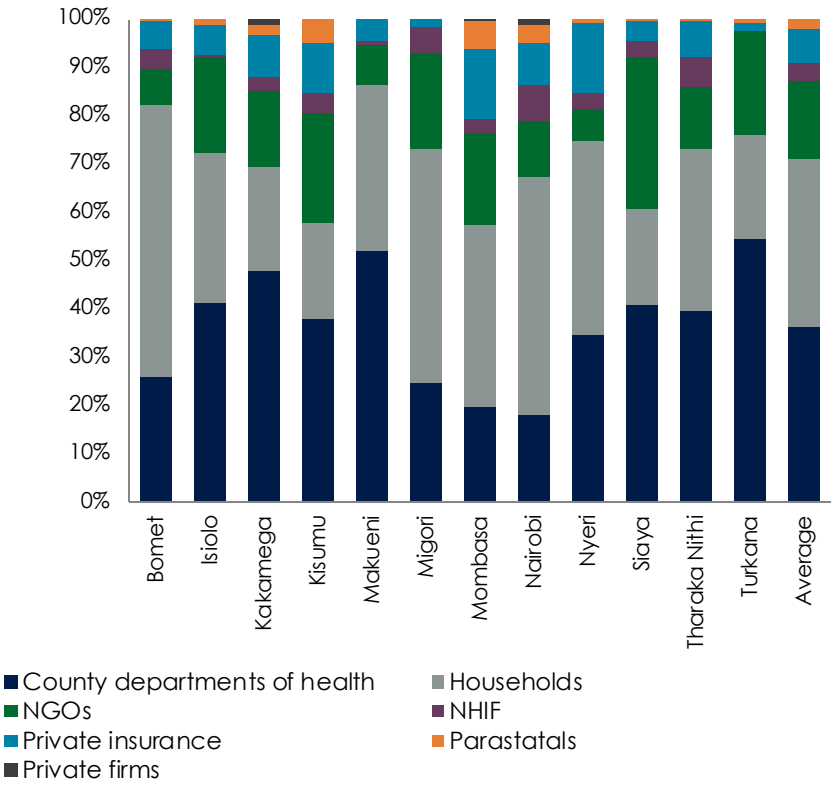
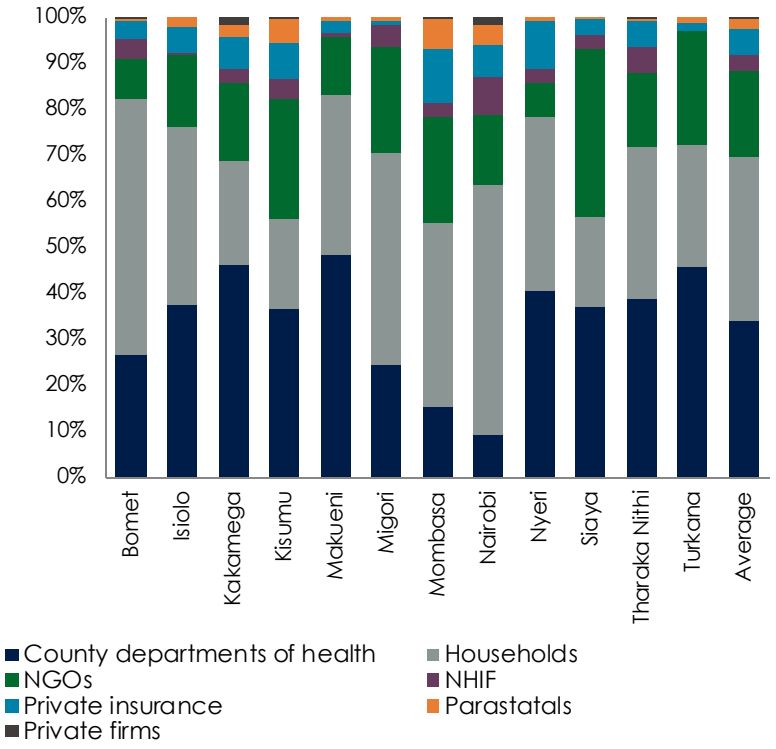


Figure 5: Percentage of THE by Financing Agents, 2014/15



Among the 12 counties in 2013/14, the proportion of households managing the most health funds ranged from a high of 55 percent in Bomet to a low of 20 percent in Kisumu and Siaya counties. In 2014/15, the role of households in managing health funds ranged from a high of 56 percent in Bomet to a low of 20 percent in Kisumu. In eight of the 12 counties, household OOP spending on health was above the national estimate of 27 percent of THE (Ministry of Health, 2015). High OOP spending should be a concern to counties, as it may put households at risk of catastrophic health spending.

County departments of health also play a critical role as managers of health funds in the 12 counties. The study found an increase in the proportion of resources managed by county health departments in 2013/14 and 2014/15, in all counties except Bomet, where there was a reduction. In eight of the 12 counties—Kisumu, Makueni, Tharaka Nithi, Kakamega, Isiolo, Nyeri, Siaya, and Turkana—the proportion of health funds managed by county health departments was above 34 percent of THE in 2013/14. In 2014/15, seven counties managed a proportion of THE higher than 36 percent.

The role of formal health insurance—including both social health insurance (NHIF) and private health insurance—in managing health funds is minimal across all 12 counties. On average, NHIF controlled 3 percent and 4 percent of THE in 2013/14 and 2014/15, respectively, while private health insurance managed 6 percent and 7 percent during the same periods. However, private health insurance was dominant in urban-based and wealthy counties like Nairobi, Nyeri, Kisumu, and Mombasa.

Although NGOs are not dominant financing agents in many of the 12 counties, they still play a critical role in managing health funds, especially in counties where HIV and AIDs prevalence is high and where donors have prioritised their support in reducing HIV prevalence. These counties include Kakamega, Kisumu, Migori, Mombasa, Siaya, and Turkana.

Uses of Healthcare Funds

Healthcare funds are used to pay for various goods, services, and functions. This section presents findings on the use of health funds by type of healthcare provider, provider ownership, and health function.

Uses of healthcare funds by health providers

Figures 6 and 7 show county distribution of total health spending by type of health providers for the two financial years under review. The two figures show that multiple actors are involved in health service delivery in all 12 counties. This signifies the pluralistic nature of the county health service delivery system, which mirrors the former national health service delivery system from before devolution in 2010.

The main health providers that use health funds in the 12 counties, by type, include county public hospitals, county government health centres and dispensaries, providers of healthcare system administration, and providers of preventive care. Public hospitals received, on average, the highest proportion of THE, at 25 percent and 29 percent in 2013/14 and 2014/15, respectively. The other major health providers were government health centres and dispensaries, at 19 percent of THE in both financial years; and providers of health system administration, at 17 percent and 16 percent in both years. Providers of preventive care used 17 percent and 15 percent of THE in 2013/14 and 2014/15, respectively.

Public hospitals were the dominant users of health funds in Kisumu, Makueni, Nyeri, Tharaka Nithi, and Turkana in 2013/14. In 2014/15, public hospitals were the dominant users in Kakamega, Kisumu, Makueni, Mombasa, Nairobi, Nyeri, Tharaka Nithi, and Turkana. Public health centres and dispensaries were the highest users of health funds in Bomet, Isiolo, Migori, and Siaya in the financial years under review. In both financial years, private hospitals were dominant in the former cities/municipalities where private health facilities are well-developed—namely, Nairobi and Mombasa.

Figure 6: Use of THE by Provider, FY 2013/14

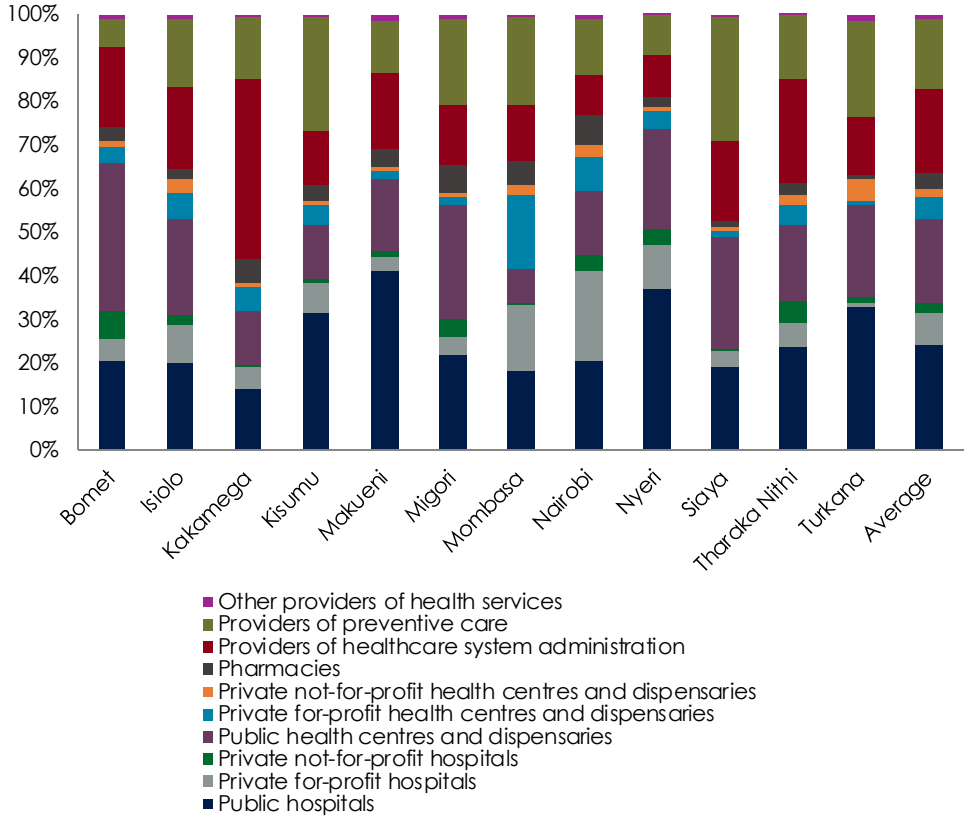
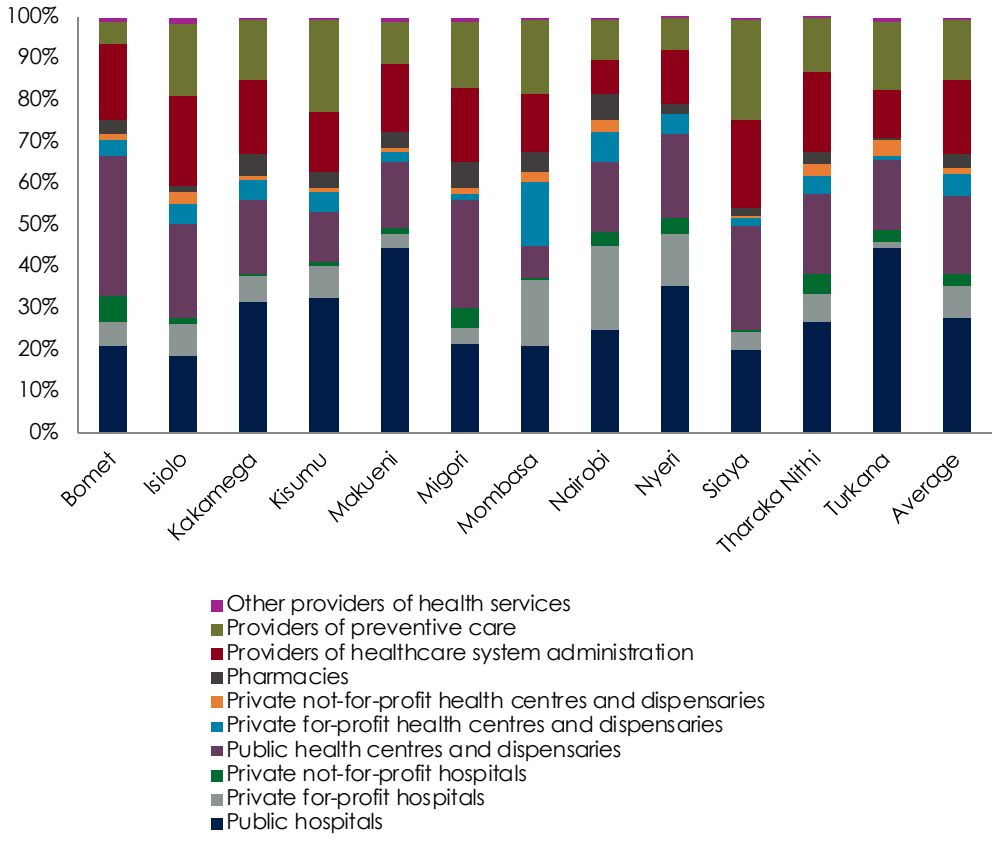


Figure 7: Use of THE by Provider, FY 2014/15



Uses of health expenditures by provider ownership

Figures 8 and 9 show the distribution of use of health funds by health provider ownership for the 12 counties in FY 2013/14 and FY 2014/15. The figures show that public health facilities (public hospitals, and public health centres and dispensaries) were the primary users of health funds at 43 percent and 48 percent of THE in 2013/14 and 2014/15, respectively. Public facilities were followed by providers of health system administration at 19 percent and 18 percent of THE in 2013/14 and 2014/15, respectively, and by private health facilities (both for-profit and nonprofit hospitals and health centres and dispensaries) at 17 percent of THE for both financial years.

The use of health funds by provider ownership varied across all 12 counties. In 2013/14, 10 of 12 counties reported use of health funds that was more than one-third of THE by public health facilities. In Bomet, Makueni, Nyeri, and Turkana, public health facilities reported use of health funds at more than 50 percent of THE during the same periods. In 2014/15, all counties reported use of funds by public health facilities at more than one-third of THE, while four counties (Bomet, Makueni, Nyeri, and Turkana) reported use of health funds at more than 50 percent of THE by public health facilities over the same period.

Private health providers are dominant users of health funds in counties that were previously big cities/municipalities before devolution. In both financial years, private health providers in Nairobi and Mombasa used 34 percent of THE. The distribution of the use of health funds by health provider ownership also varied across all 12 counties. In 2013/14, more than one-third of THE was used by public health facilities in 10 of 12 counties. In Bomet, Makueni, Nyeri, and Turkana, public health facilities used more than 50 percent of THE during the same periods. In 2014/15, only one county (Kisumu) reported use of funds by public health facilities at less than one-third, while four counties (Bomet, Makueni, Nyeri, and Turkana) had more than 50 percent of THE used by public health facilities over the same period.

Figure 8: THE by Type of Health Provider, 2013/14

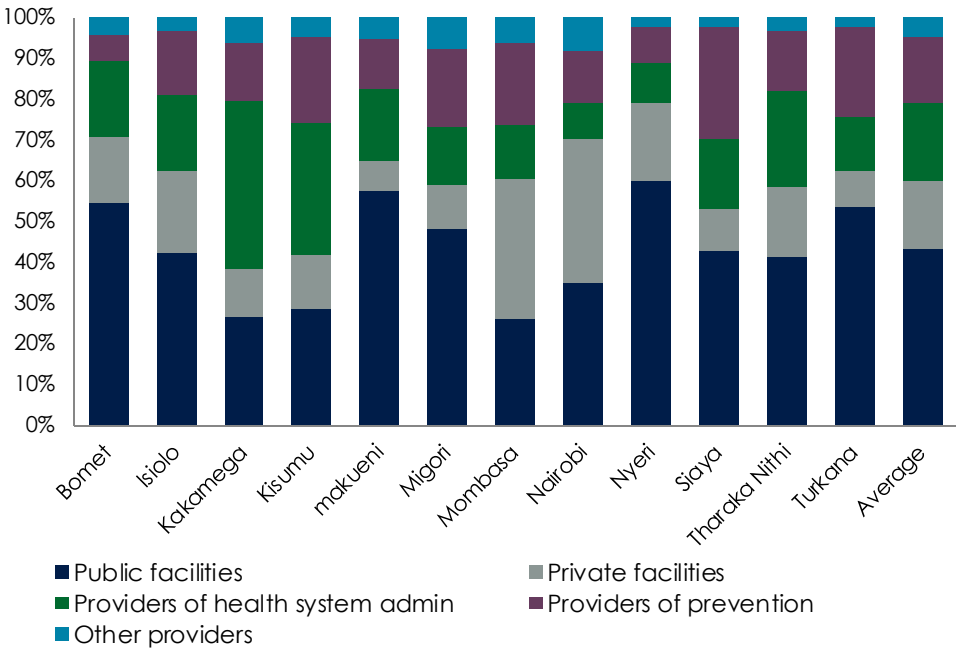
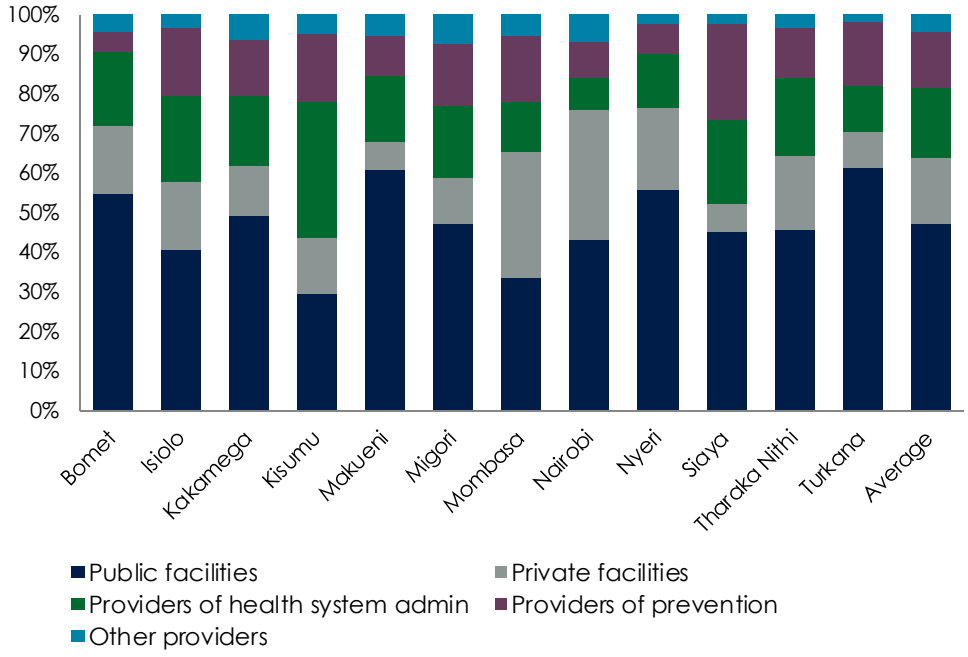


Figure 9: THE by Type of Health Provider, 2014/15



Use of health expenditure by health functions

In terms of goods and services produced by health providers, outpatient curative care consumed the highest proportion of THE, at 41 percent and 42 percent in 2013/14 and 2014/15, respectively (figures 10 and 11). Inpatient curative care consumed the second-highest portion of THE, at 19 percent and 21 percent in 2013/14 and 2014/15, respectively. In both financial years, all counties spent more on inpatient and outpatient curative care combined than all other services. On average, preventive care consumed 15 percent of THE in 2013/14, which reduced to 13 percent in 2014/15. On average, all counties spent 12 percent of THE on governance and health system administration in both financial years.

Figure 10: THE by Function, 2013/14

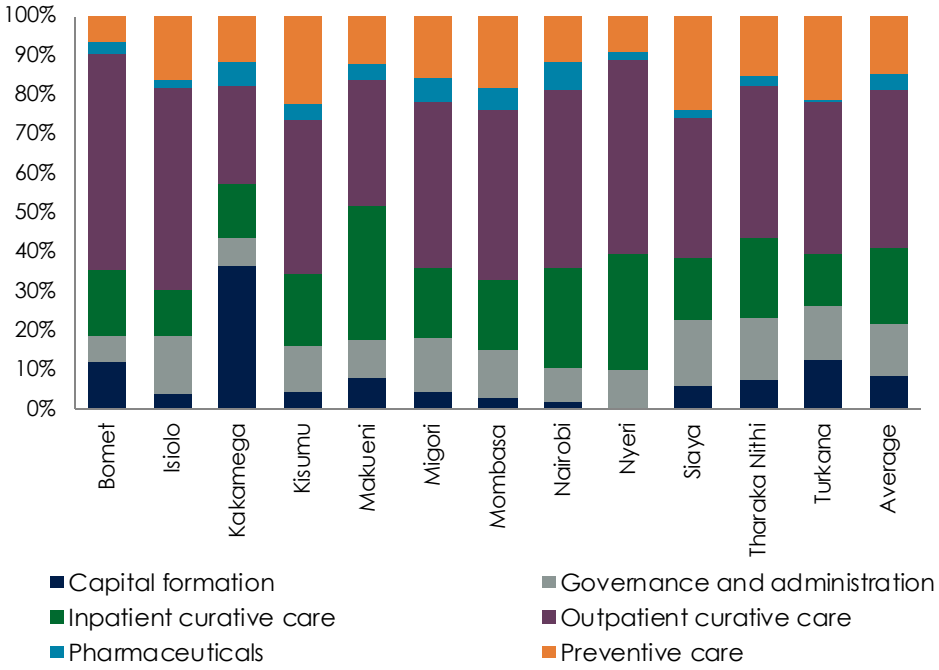
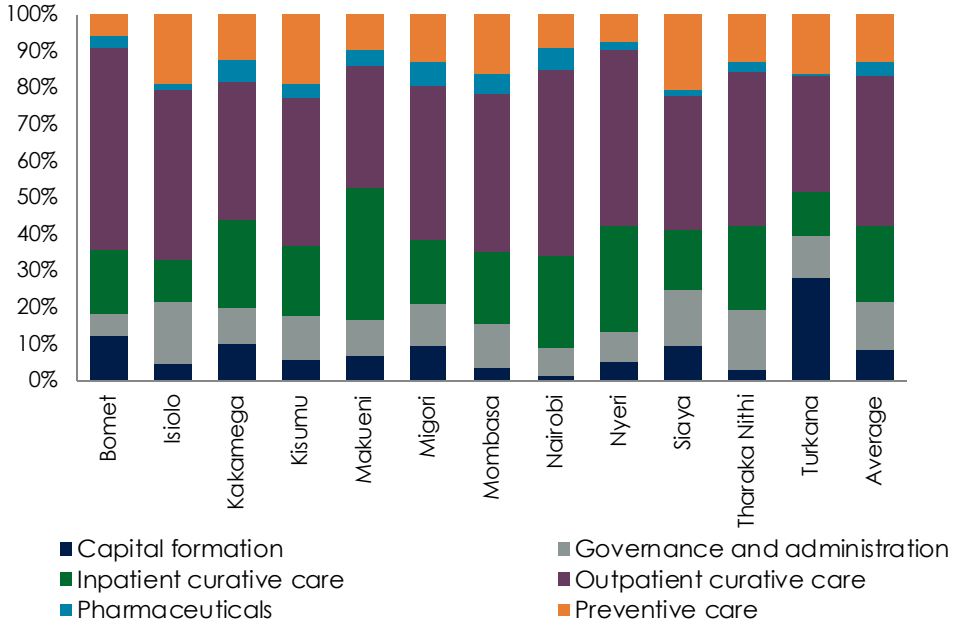


Figure 11: THE by Function, 2014/15



SUMMARY

The following are key observations made from the synthesis of the 12 county health accounts studies:

- **Health funds originate primarily from two main sources:** households and county governments. However, the proportion of household versus county government funding varied across all 12 counties.
- **Donors do not play a major role in financing healthcare in the 12 counties**, with the exception of counties with high HIV and AIDS prevalence: Migori, Kisumu, Kakamega, Siaya, Mombasa, and Turkana. Contributions from donors also reduced during the two periods.
- **In all 12 counties, the main financing agents are county departments of health, NGOs, and households.**
- **Households, through OOP spending, are major health financing agents.** In five of the 12 counties, households' OOP spending on health was above 40 percent of THE; it was over 30 percent of THE in nine counties.
- **There is a limited role for pre-payment schemes in managing healthcare funds.** NHIF controlled, on average, only 3 percent and 4 percent of THE in 2013/14 and 2014/15, respectively, while private health insurance managed 6 percent and 7 percent of THE during the same periods.
- **Public health providers are the major recipients of county health expenditures.** These providers are dominant users of THE in counties that were big cities/municipalities prior to devolution: Nairobi, Kisumu, and Mombasa.
- **In most counties, health funds were spent primarily on expensive curative care** (inpatient and outpatient), with very limited funding going towards preventive care. This is not a cost-effective trend because the cost per life saved is relatively inexpensive for preventive healthcare.

POLICY RECOMMENDATIONS

This section summarises key policy recommendations based on this report:

- County governments should prioritise the health sector and allocate more resources to the health department.
- County governments should aim to reduce the burden on households' OOP spending.
- In counties where there is high private sector investment in provision of health services, county governments must cultivate better links with the private sector and develop public-private partnerships to increase access to health services.
- County governments should explore alternate financing mechanisms to increase resources for the health sector.
- County departments of health should prioritise preventive healthcare because it is more cost-effective to manage ill health at this level of the health system.
- Counties should support national-level initiatives to move towards universal health coverage and embrace the health financing strategy under development. This larger strategy will define strategies for raising revenues to finance healthcare in a sustainable way and will shield households from catastrophic health spending.

ANNEX A: FINANCING SOURCES (KSh MILLIONS)

County	Corporations		County Government		Households		Rest of the World		Grand Total	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Bomet	152	204	675	720	1,476	1,635	228	204	**2,531**	**2,762**
Isiolo	64	88	337	508	356	394	137	241	**895**	**1,231**
Kakamega	514	634	2,082	2,466	1,141	1,269	754	795	**4,491**	**5,163**
Kisumu	777	969	2,028	2,306	1,279	1,424	1,432	1,382	**5,517**	**6,080**
Makueni	96	143	1,382	1,666	1,022	1,132	354	271	**2,853**	**3,212**
Migori	128	140	825	875	1,653	1,831	760	711	**3,366**	**3,557**
Mombasa	1,207	1,569	1,023	1,538	2,843	3,159	1,501	1,468	**6,575**	**7,734**
Nairobi	3,570	4,408	2,095	4,961	13,522	15,016	3,324	3,039	**22,512**	**27,423**
Nyeri	608	855	2,169	1,938	2,220	2,466	374	358	**5,371**	**5,616**
Siaya	125	169	1,014	1,197	599	665	991	908	**2,729**	**2,939**
Tharaka Nithi	138	183	680	737	637	708	287	241	**1,742**	**1,869**
Turkana	58	74	969	1,587	565	625	531	625	**2,122**	**2,910**
Grand Total	**7,439**	**9,435**	**15,279**	**20,496**	**27,312**	**30,324**	**10,673**	**10,242**	**60,703**	**70,497**

ANNEX B: FINANCING AGENTS (KSh MILLIONS)

County	Commercial Insurance Companies		County Health Departments		Households		NGOs		Parastatals		Private Employers		NHIF		Grand Total	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Bomet	105	152	675	720	1,402	1,550	228	204	11	11	3	4	107	122	**2,531**	**2,762**
Isiolo	52	76	337	508	346	382	137	241	17	17	0	0	5	6	**895**	**1,231**
Kakamega	314	455	2,081	2,464	1,020	1,128	760	801	102	103	81	58	133	153	**4,491**	**5,163**
Kisumu	435	632	2,026	2,304	1,083	1,198	1,444	1,393	293	283	5	8	230	264	**5,517**	**6,080**
Makueni	73	106	1,382	1,666	997	1,102	354	271	20	35	0	0	28	32	**2,853**	**3,212**
Migori	36	52	823	873	1,556	1,720	764	715	26	13	0	0	160	184	**3,366**	**3,557**
Mombasa	785	1,139	1,022	1,536	2,631	2,909	1,503	1,470	421	433	21	28	192	220	**6,575**	**7,734**
Nairobi	1,597	2,318	2,092	4,957	12,261	13,554	3,349	3,068	968	1,036	402	378	1,843	2,111	**22,512**	**27,423**
Nyeri	564	819	2,169	1,937	2,050	2,266	376	361	45	41	1	2	166	190	**5,371**	**5,616**
Siaya	87	127	1,013	1,196	536	592	997	914	11	13	1	1	85	97	**2,729**	**2,939**
Tharaka Nithi	96	139	680	737	569	629	287	241	9	9	3	1	99	113	**1,742**	**1,869**
Turkana	35	51	968	1,586	558	617	531	625	27	27	0	0	3	3	**2,122**	**2,910**
Grand Total	**4,179**	**6,064**	**15,267**	**20,485**	**25,009**	**27,648**	**10,731**	**10,303**	**1,950**	**2,022**	**517**	**480**	**3,050**	**3,495**	**60,703**	**70,497**

ANNEX C: HEALTHCARE PROVIDERS (KSh MILLIONS)

Provider	Financial Year	Bomet	Isiolo	Kakamega	Kisumu	Makueni	Migori	Mombasa	Nairobi	Nyeri	Siaya	Tharaka Nithi	Turkana	Grand Total
Community health workers	**2013/14**	13	10	23	26	7	20	34	96	12	6	7	15	**269**
	2014/15	11	17	26	27	4	19	33	89	10	6	5	19	**267**
General hospitals: government	**2013/14**	523	177	637	1,741	1,175	747	1,167	4,449	1,986	520	412	694	**14,228**
	2014/15	581	226	1,630	1,973	1,425	756	1,581	6,671	1,979	591	500	1,301	**19,213**
General hospitals: private for-profit	**2013/14**	126	78	212	382	92	131	989	4,710	544	97	97	24	**7,483**
	2014/15	156	94	326	474	113	151	1,220	5,566	688	121	123	41	**9,073**
General hospitals: private nonprofit	**2013/14**	155	18	21	53	38	144	36	776	194	19	84	33	**1,574**
	2014/15	172	20	23	59	42	160	40	867	214	21	93	75	**1,788**
Government health centres and dispensaries	**2013/14**	857	199	552	678	467	877	523	3,300	1,236	698	305	441	**10,132**
	2014/15	933	272	914	721	513	918	613	4,558	1,118	735	355	490	**12,141**
Medical and diagnostic labs	**2013/14**	0	0	2	2	0	1	3	44	1	1	0	0	**55**
	2014/15	0	0	2	2	0	1	3	27	2	1	0	0	**39**
Other healthcare practitioners	**2013/14**	0	0	1	8	24	12	4	53	0	9	0	7	**118**
	2014/15	0	0	1	9	27	13	4	58	1	10	0	8	**131**
Pharmacies	**2013/14**	81	18	262	220	115	207	359	1,555	110	47	51	16	**3,040**
	2014/15	90	20	289	238	127	229	396	1,710	122	52	57	18	**3,347**
Private for-profit health centres and dispensaries	**2013/14**	97	54	255	253	56	57	1,093	1,784	222	44	77	23	**4,014**
	2014/15	108	64	241	301	79	64	1,195	2,056	268	51	86	30	**4,543**

Provider	Financial Year	Bomet	Isiolo	Kakamega	Kisumu	Makueni	Migori	Mombasa	Nairobi	Nyeri	Siaya	Tharaka Nithi	Turkana	Grand Total
Private nonprofit health centres and dispensaries	**2013/14**	35	29	35	35	20	36	150	661	50	16	42	103	**1,213**
	2014/15	39	32	39	39	22	39	165	730	55	17	47	114	**1,339**
Providers of ambulatory healthcare	**2013/14**	-	-	0	0	-	0	0	0	-	-	-	0	**1**
	2014/15	-	-	0	0	-	0	0	0	-	-	-	0	**1**
Providers of healthcare system administration	**2013/14**	465	168	1,848	667	505	473	848	2,015	528	491	409	288	**8,706**
	2014/15	505	266	912	875	530	641	1,049	2,212	737	620	365	329	**9,043**
Providers of preventive care	**2013/14**	162	139	636	1,442	339	652	1,343	2,880	485	780	255	468	**9,581**
	2014/15	149	215	751	1,354	314	555	1,403	2,670	419	711	235	476	**9,252**
Specialised hospitals (other than mental health)	**2013/14**	2	4	6	2	2	-	28	142	-	0	1	-	**187**
	2014/15	2	4	7	2	3	-	30	157	-	0	1	-	**206**
Traditional healers	**2013/14**	15	1	1	7	12	10	-	46	3	2	1	7	**104**
	2014/15	16	1	1	7	13	11	-	51	4	2	1	8	**115**

ANNEX D: HEALTHCARE FUNCTIONS (KSh MILLIONS)

Function	Financial Year	Bomet	Isiolo	Kakamega	Kisumu	Makueni	Migori	Mombasa	Nairobi	Nyeri	Siaya	Tharaka Nithi	Turkana	Grand Total
Capital formation	**2013/14**	302	38	1,639	242	226	149	186	487	35	162	133	271	**3,871**
	2014/15	347	58	522	360	227	343	261	367	284	284	56	825	**3,934**
General day curative care	**2013/14**	-	-	-	-	-	-	-	-	-	-	-	-	**-**
	2014/15	-	-	-	-	-	-	-	0	-	-	-	0	**1**
Governance, and health system and financing administration	**2013/14**	168	132	321	656	282	459	818	1,876	514	455	276	288	**6,246**
	2014/15	164	209	506	725	307	418	950	2,180	476	449	309	329	**7,020**
Inpatient curative care	**2013/14**	424	103	612	1,004	967	609	1,147	5,688	1,585	432	348	279	**13,197**
	2014/15	472	138	1,258	1,158	1,160	610	1,506	6,864	1,634	477	423	354	**16,056**
Inpatient long-term care (health)	**2013/14**	-	-	-	-	-	-	-	-	-	-	-	-	**-**
	2014/15	-	-	-	-	-	-	-	2	-	-	-	2	**4**
Laboratory services	**2013/14**	0	0	2	2	0	1	3	44	1	1	0	0	**55**
	2014/15	0	0	2	2	0	1	3	27	2	1	0	0	**39**
Outpatient curative care	**2013/14**	1,388	457	1,124	2,168	920	1,408	2,856	10,252	2,651	977	673	818	**25,693**
	2014/15	1,537	577	1,941	2,441	1,076	1,505	3,360	13,865	2,693	1,075	786	916	**31,773**
Pharmaceutic als and other medical non-durable goods	**2013/14**	81	18	262	220	115	207	359	1,555	110	47	51	16	**3,040**
	2014/15	90	20	289	238	127	229	396	1,710	122	52	57	18	**3,347**
Preventive care	**2013/14**	167	147	532	1,225	343	532	1,206	2,609	474	656	260	449	**8,602**
	2014/15	152	229	645	1,156	314	451	1,259	2,407	406	601	238	466	**8,322**
Grand Total	**2013/14**	**2,531**	**895**	**4,491**	**5,517**	**2,853**	**3,366**	**6,575**	**22,512**	**5,371**	**2,729**	**1,742**	**2,122**	**60,703**
	2014/15	**2,762**	**1,231**	**5,163**	**6,080**	**3,212**	**3,557**	**7,734**	**27,423**	**5,616**	**2,939**	**1,869**	**2,910**	**70,497**

REFERENCES

Commission on Macroeconomics and Health (CMH). 2001. *Macroeconomics and Health: Investing in Health for Economic Development*. Geneva: WHO.

County Government of Bomet. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Nyeri. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Isiolo. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Nairobi. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Mombasa. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Tharaka-Nithi. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Turkana. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Makueni. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Kisumu. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Kakamega. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Migori. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

County Government of Siaya. 2015. *2013/14 and 2014/15 County Health Accounts*. Nairobi: Government of Kenya.

High-Level Taskforce on Innovative International Financing for Health Systems (HLTF). 2009. *Constraints to Scaling Up and Costs, Working Group 1 Technical Report*. Geneva: WHO.

McIntyre, D. and F. Meheus. 2014. *Fiscal Space for Domestic Funding of Health and Other Social Services* (Working Group on Financing, Paper 5). London: Centre on Global Health Security, Chatham House.

Ministry of Health. 2015. *Kenya National Health Accounts 2012/13*. Nairobi: Ministry of Health.

World Bank, WHO, and USAID. 2003. *Guide to Producing National Health Accounts with Special Applications for Low-income and Middle–income Countries*. Geneva: WHO.

For more information, contact:

Health Policy Project
Futures Group
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com