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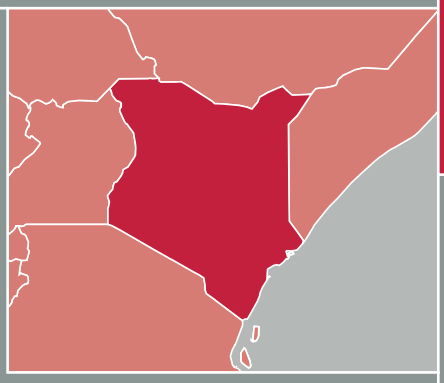
TAKING THE PULSE: WHAT KENYAN PRESIDENTIAL CANDIDATES PROMISED ON HEALTH AND WHY IT MATTERS



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Taking the Pulse: What Kenyan Presidential Candidates Promised on Health and Why It Matters

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ABBREVIATIONS

ARC	Alliance for Real Change
CORD	Coalition for Reform and Democracy
KEMSA	Kenya Medical Supplies Agency
KHSSP Kenya	Health Sector Strategic Paper
KNC	Kenya National Congress
KShs	Kenya Shillings
NHIF	National Health Insurance Fund
ODM	Orange Democratic Movement
RBK	Restore and Build Kenya (Party)
TNA	The National Alliance
UDF	United Democratic Front

INTRODUCTION

The 2013 general election in Kenya took place on 4 March 2013, giving citizens a chance to elect new leaders for a five-year term. The elections were the first to be held under the new Constitution passed in 2010, which introduced a devolved system of government that operates on two tiers: the national and the county. For the first time, Kenyans had to pick candidates for six different types of leader on their ballots: the president, county governors, senators, members of Parliament, women representatives to Parliament, and civic ward representatives.

The run-up to the elections saw major realignments in the political landscape of the country, including the formation of coalitions of parties to increase their respective candidates' influence and odds of winning. The leading parties and coalitions fielded eight presidential candidates, the largest field Kenya has ever recorded.

Candidate	Running Mate	Coalition	Party
1. Mohammed Abduba Dida	Joshua Odongo	–	Alliance for Real Change (ARC)
2. Raila Odinga	Kalonzo Musyoka	Coalition for Reform and Democracy (CORD)	Orange Democratic Movement (ODM)
3. Uhuru Kenyatta	William Ruto	Jubilee Coalition	The National Alliance (TNA)
4. Musalia Mudavadi	Jeremiah Ngayu Kioni	Amani Coalition	United Democratic Front (UDF)
5. Martha Karua	Augustine Lotodo	–	NARC-Kenya
6. Peter Kenneth	Ronald Osumba	Eagle Alliance	Kenya National Congress (KNC)
7. James ole Kiyiapi	Winnie Kaburu	–	Restore and Build Kenya (RBK)
8. Paul Muite	Shem Ochudho	–	Safina

During the campaign period, the leading contenders and their parties took positions on various issues of national interest. A prominent feature of the campaigns was the launch of party manifestos or other policy statements on different voter concerns. In some cases, these launches were high-profile public events, while some parties simply included statements about their priorities in public speeches and discussions and on websites.

Party manifestos and other public declarations are key instruments that reflect what a party and its candidates' policy and programmatic priorities would be if elected. However, in a bid to win voters, position papers, manifestos, and related documents as well as candidates' public utterances can sometimes be embellished with unrealistic promises. Some manifestos may also be too vaguely worded to be binding.

This brief looks at the pledges, commitments, and promises made by the 2013 presidential candidates about the health sector in Kenya. It examines what the candidates and their parties promised to do about different health issues, and how these promises align with current health sector aspirations outlined in the government's existing short- and long-term policy and planning documents. The goal is to provide stakeholders in the health sector with a reference point from which to hold the incoming government accountable on its public promises, and a tool for advocacy in pursuing further commitments that can improve the public health sector.

CURRENT HEALTH SECTOR POLICY PRIORITIES IN KENYA

To help achieve the overall goal of "attaining the highest possible standard of health in a manner responsive to the needs of the population," the *Kenya Health Policy 2012–2030* (Ministry of Medical Services and Ministry of Public Health and Sanitation, 2012) has the following objectives:

- Eliminate communicable diseases
- Halt and reverse the rising burden of noncommunicable diseases
- Reduce the burden of violence and injuries
- Provide essential healthcare
- Minimise exposure to health risk factors
- Strengthen collaboration with other sectors that have an impact on health

The policy further outlines seven policy orientations, which define how the objectives will be met and where investments will be made in the 2012–2030 period. These are

- An efficient service delivery system that maximises health outcomes
- Comprehensive leadership that delivers on the health agenda
- Adequate and equitable distribution of human resources for health
- Adequate finances mobilised, efficiently allocated, and used
- Adequate health information, for evidence-based decision making
- Universal access to essential health products and technologies
- Adequate and appropriate health infrastructure

These seven policy orientations are further elaborated in the draft *Kenya Health Sector Strategic Plan 2013–2017* (KHSSP) (Government of the Republic of Kenya, 2013a).

Kenya's priorities in health are also informed by the country's development blueprint, *Kenya Vision 2030* (Government of the Republic of Kenya, 2007). The strategy identifies three pillars that form the foundation of Kenya's development: the economic pillar, the political pillar, and the social pillar, under which health falls. Strategies to improve healthcare under the social pillar include providing a robust health infrastructure network countrywide, improving the quality of health service delivery to meet the highest standards, and providing an equitable health financing mechanism to give access to those who have been excluded from healthcare for financial or other reasons.

Kenya Vision 2030 also identifies specific projects (flagship projects) that are expected to lead to rapid transformation in the health sector. These projects are

- Rehabilitating health facilities, including rural facilities, to offer integrated and comprehensive healthcare
- Strengthening the Kenya Medical Supplies Agency (KEMSA)

- Developing a human resource strategy
- Developing an equitable financing mechanism
- Implementing community-based information systems
- De-linking the Ministry of Health from service delivery
- Fast-tracking implementation of the community health strategy by training community health workers
- Channeling funds directly to health facilities
- Implementing the environment and hygiene policy strategy
- Implementing the output-based approach in reproductive health
- Restructuring the ministries of health
- Revitalising the efficacy of the health management information system

2013 PRESIDENTIAL CANDIDATES: PLANS AND PLEDGES FOR THE HEALTH SECTOR

In the following sections, this document examines what the 2013 presidential candidates promised to do within the health sector, as expressed in their party and coalition manifestos and in their public utterances. The analysis is organised around the seven areas of priority, as outlined in the *Kenya Health Policy 2012–2030* (Ministry of Medical Services and Ministry of Public Health and Sanitation, 2012) and the *Kenya Health Sector Strategic Plan 2013–2017* (draft) (Government of the Republic of Kenya, 2013a):

1. Organisation of service delivery system to maximise health outcomes
2. Leadership and governance to deliver on the health agenda
3. Human resources for health to achieve adequate and equitable coverage
4. Health financing: efficient mobilisation, allocation, and utilisation
5. Health information, for evidence-based decision making
6. Universal access to essential health products and technologies
7. Adequate and appropriate health infrastructure

This analysis considers what each of the 2013 presidential candidates and their parties and coalitions said about the health sector in their published documents and policy statements, and in public declarations by the candidates at public rallies and other public events, and in press interviews, party campaign advertisements, and media reports. Candidates' discussions were also followed online through social media (Facebook, Twitter, personal websites, and YouTube).

Overview of Results

Overall, the analysis shows that all eight 2013 presidential candidates and their parties were largely aware of the most pressing issues in the health sector, and were keen to implement a raft of actions to improve healthcare services. Most of the parties and their candidates made efforts to align the promises they made in their respective manifestos and public declarations with priorities already identified in the health sector policy and strategic plans, and with *Kenya Vision 2030*.

Two of the eight candidates (Odinga and Kenyatta) had the most elaborate plans and pledges for the health sector. Both candidates made pledges across several of the policy areas examined, most of them about efficient service delivery systems (see Appendix II for a complete list of Kenyatta's Jubilee Coalition's promises on the health sector). Mudavadi made the fewest commitments to the health sector,

limiting his pledges to only two concerns: implementing a two-tier management of health services under devolution (see Appendix III for details) and establishing a national health insurance program.

Areas of shared concern

The analysis found several issues where most of the candidates shared the same concerns:

- *Providing a basic package of health services:* Five candidates (Karua, Kenyatta, Odinga, Muite, and Dida) made commitments to ensure that certain basic services are provided in most health facilities. These services include maternal and child health, infectious diseases, and promotion of preventive health and nutrition.
- *The need for a comprehensive referral system:* Five of the eight candidates (Odinga, Kenyatta, ole Kiyiapi, Kenneth, and Dida) made pledges to build or ensure the presence of regional and county referral centres in each county.
- *Establishing a national health insurance program and other social protection mechanisms:* Seven of the eight candidates (all except ole Kiyiapi) made pledges to put in place a health insurance scheme. Kenyatta, Mudavadi, and Odinga promised to abolish any fees charged for services. Mudavadi also promised a social protection scheme for all elderly citizens and people with disabilities.
- *Increasing financing for health services to meet agreed benchmarks:* Six candidates (Odinga, Karua, Kenyatta, ole Kiyiapi, Kenneth, and Muite) specifically promised to increase the national budgetary allocation to health services from the current levels. Odinga, Kenyatta, and Muite promised to increase the allocation to 15 percent but did not specify the time period during which this would occur. Ole Kiyiapi was more specific, pledging to gradually increase the allocation to 12 percent in five years. Karua did not indicate how much the increase would be, or over what period of time.
    - Kenneth was the only candidate to set aside a specific figure for his pledge: KShs 1 billion from the national budget in the first year to build fully equipped referral hospitals in 45 counties, and a subsequent KShs 1 billion per year to equip them in the second year. He also promised to set aside KShs 1 billion per county per year for drugs to ensure that every dispensary, health centre, and hospital has an adequate supply.
- *Improving health infrastructure to increase access to healthcare:* All of the candidates except Mudavadi made pledges to either increase the number of health facilities or renovate, upgrade, and equip existing ones so that they can provide the required services. Two candidates (Odinga and Kenyatta) promised to establish full-fledged diagnostic centres in every county and provide screening and treatment facilities for chronic diseases.

Gaps/areas not addressed

Despite their importance in supporting evidence-based decision making, health management information systems were not addressed by any of the candidates. Only Odinga and Kenyatta promised to increase access to essential health products and technologies: Odinga pledged to ensure availability of specialised diagnostic services, while Kenyatta promised to ensure effective distribution of mosquito nets. Areas where no candidate made any promises include providing emergency health services, ensuring the quality of services and regulation of standards, and promoting evidence-based master planning for the health workforce and infrastructure.

None of the candidates suggested that he or she would explore alternative financing approaches, such as community-based mechanisms. Besides raising the national budgetary allocation for health, none of the

candidates gave any indication about whether or how they would raise alternative funding to support the initiatives they promised. The following sections look at the pledges made on each specific area. Appendix I presents a detailed summary of the candidates' promises on each of these areas.

Organisation of Service Delivery System to Maximise Health Outcomes

The draft *Kenya Health Policy 2013–2030* identified efficient and effective service delivery as one of the key building blocks towards achieving Kenya's health goals, using the following strategies: organisation of service delivery around four tiers, linkages for referral across service delivery units, integrated systems for clinical management, emergency preparedness and response systems, demand creation for service delivery, specialised systems for taking health services to marginalised populations, and high-quality service delivery.

Four Tiers of Service Delivery

Health service delivery in Kenya is organised around four levels, as defined in the national health policy:

Community level: This level implements health promotion services and some basic supply services in the community. In the essential package of health services, all non-facility-based health and related services are classified as community services.

Primary care level: The first physical level of the health system, comprising all dispensaries, health centres, maternity facilities, and nursing homes in the country. This is the first level of care, where most health needs should be addressed.

County level: This level includes all Level 4 hospitals, including those managed for non-state actors, whose services include patient diagnostic, medical, surgical, and rehabilitative care; reproductive health services; and specialised outpatient services. These facilities facilitate and manage referrals from lower levels, and to other referrals.

National level: At this level are national referral hospitals, whose services are highly specialised and complete the set of care available to persons in Kenya.

(Source: Ministry of Medical Services and Ministry of Public Health and Sanitation, 2012)

The results of the analysis show that only Kenyatta and Odinga made promises to implement aspects of the four-tier organisation of services; each made a commitment to improve community health strategy implementation and to increase outreach services through mobile clinics. Both candidates also pledged to implement preventive health promotion initiatives, including health education and preventive healthcare (Odinga), and improved community-level services, health promotion and education, and nutrition (Kenyatta). In both cases, the party manifestos echo some of what is already contained in the Kenya Health Policy 2013–2030 and the KHSSP 2013–2017. Five of the eight candidates—Kenyatta, Odinga, Muite, Dida, and Kenneth—promised to improve or put in place a comprehensive referral system to ensure that each county has a referral centre.

Karua, Odinga, Kenyatta, Muite, and Dida also proposed elements that could be included in the essential package of services, but did not indicate how these services would be funded. The elements addressed include maternal and child health (Odinga, Karua, and Muite), infectious disease prevention (Karua), and

health and nutrition promotion (Kenyatta and Dida). Odinga, Kenyatta, and Muite promised to improve or initiate services for marginalised and vulnerable groups.

However, none of the candidates pledged to improve emergency services or provide ambulatory services. Furthermore, none has put forward targets for any of the pledges made or even the timeframes for implementing these initiatives. For instance, none of the candidates has explained how he or she intends to increase the number of community units to extend the reach of services to more people.

Leadership and Governance to Deliver on the Health Agenda

Leadership and governance have been identified as cornerstones for health sector success, and these will be achieved through improved management of government functions, including devolution of services, implementation of appropriate legal and regulatory systems to enable health institutions to function, and strengthened relationships and coordination among the different actors in the sector. Under the new devolved system, a two-tier governance structure has been put in place, where the national and county governments have distinct but complementary responsibilities in health service management.

The analysis results show that three candidates—Odinga, Dida, and Mudavadi—made a specific commitment to support the two-tier health services management system, making explicit promises to implement devolution and decentralisation of health services. Odinga was more specific: In the ODM Manifesto, he pledged to support the establishment of county-level health management boards and health management teams to manage facility operations in their localities, echoing what is stated in the KHSSP. Odinga also promised to strengthen oversight and improve governance and coordination by creating a single Ministry of Health, one of the flagship projects under *Kenya Vision 2030*. For his part, Mudavadi pledged that the Amani Coalition would have fully functional county governments in place by April 2013. No other candidate directly addressed devolution in the health sector.

Kenyatta promised to reform the National Health Insurance Fund (NHIF) to make it more efficient and independent, while Muite vowed to uphold the Bill of Rights as stated in the Constitution. The proposal to restructure the NHIF was not directly addressed in *Kenya Vision 2030*, the *Kenya Health Policy 2012–2030*, or the KHSSP. None of the eight candidates addressed the regulation of standards and quality of services. Although enhancing the efficiency and operations of KEMSA is a flagship project under *Kenya Vision 2030*, none of the eight candidates made any pledges to do this.

Human Resources for Health

The current policy has prioritised the following human resources issues: ensuring the availability of appropriate and equitably distributed health workers, attracting and retaining health workers, improving institutional and health worker performance, and training, capacity building, and development of the health workforce.

It is clear that most of the 2013 presidential candidates were aware of the human resources issues affecting the health sector in Kenya and pledged to address them. Odinga and ole Kiyiapi both addressed staffing norms, Odinga pledged to enforce minimum staffing norms following the suggested standards of the World Health Organisation, and ole Kiyiapi pledged to hire more staff. Kenyatta, Odinga, and Kenneth pledged to review the current pay packages of healthcare staff to make them competitive. Kenyatta and Odinga also pledged to ensure that each county has the necessary number of community health workers.

None of the candidates indicated how he or she would achieve equitable distribution of staff, and none proposed any specific targets to be met in staffing. It was also unclear how their governments would ensure staffing performance, an issue that is a national policy priority. Four candidates (Dida, Karua, Muite, and Mudavadi) did not address human resources directly during their campaigns, and their party manifestos did not contain any promises on the topic.

Health Financing: Efficient Mobilisation, Allocation, and Utilisation

Financing of the health sector is currently done through budgetary allocation by the Treasury and through loans, grants, and donations from development partners. In the devolved setting, counties will be able to fund their health services through their Treasury allocation and through money raised by counties in taxes and licenses. Counties will also have the legal right to secure loans. The national allocation to the health sector has remained low, at 4 to 7 percent, in comparison to the recommended 15 percent[1] of the national budget. Past efforts to increase the allocation have been unsuccessful.

The increasing demand for healthcare calls for diligent and judicious use of existing funds, as well as innovative approaches to mobilising additional resources. The next government will face the need to keep allocations to at least the current level while striving to increase the allocation to 15 percent of the national budget, to meet its commitment to the Abuja Declaration.

The results of the analysis show that some of the most elaborate plans and pledges made by the 2013 presidential candidates were for health financing. Access to health insurance was a key concern for most of the candidates, and seven promised to implement a universal health insurance program. One candidate (Odinga) promised to review the proposed National Social Health Insurance Scheme, bring it in line with the Constitution and the social protection policy, and put implementation measures in place. This scheme was proposed in current health policy documents, with the goal of providing social protection and universal access to healthcare for all, and of reducing out-of-pocket expenditures for poor clients. Kenyatta and Odinga also promised to enforce current fee waiver policies that protect the poor. Kenyatta pledged that within 100 days his government would abolish current fees for Kenyans who go to public dispensaries and health centres for treatment, as well as all charges for women giving birth at public hospitals.

Most of the candidates also shared concerns about the low allocation to the public health sector within the national budget. Six of the candidates promised to increase the budgetary allocation to health in varying degrees. Odinga, Kenyatta, and Muite promised to increase the allocation to 15 percent, but did not specify the time period during which the increases would occur. Ole Kiyiapi pledged to gradually increase the allocation to 12 percent in five years. Kenneth and Karua both committed to promoting judicious use of public funds for health; Karua focused on ensuring efficiency and fighting corruption, while Kenneth promised to cut extravagant government spending.

Besides increasing the national allocation to the health sector, none of the candidates discussed how to raise funds to support their proposed initiatives. Current policy has identified the implementation of community-based financing mechanisms as a key priority, but no candidate mentioned it. Also not mentioned was the implementation of an output-based approach (OBA)[2] for reproductive health services,

[1] In April 2001, African Union countries meeting in Abuja, Nigeria, pledged to increase government funding for health to at least 15 percent.

[2] OBA enables poor clients to access highly subsidised safe motherhood, family planning, and gender-based violence recovery services. Clients receive vouchers from designated voucher distributors, go to their chosen health facility for the desired service, and "pay" for the service with the vouchers. The facilities are reimbursed only for satisfactory services provided to the voucher clients.

which has been pilot-tested in the country and is already included as a flagship project under *Kenya Vision 2030*. However, three candidates (Odinga, Kenyatta, and ole Kiyiapi) pledged to promote public-private partnerships in health service delivery. Kenyatta specifically promised that a Jubilee Coalition government would encourage private sector investment in healthcare.

Adequate and Appropriate Health Infrastructure

Adequate and appropriate physical infrastructure and medical equipment are necessary to deliver health services. In much of the country, physical facilities for service delivery are grossly inadequate. Other infrastructure needs that should be in place include adequate and appropriate communication technologies as well as transportation, including ambulances.

Seven of the eight candidates pledged to strengthen the health service delivery infrastructure in different ways, including establishing new referral centres in counties that have none (Odinga, Kenneth, ole Kiyiapi, and Dida), and renovating or upgrading existing facilities (Kenyatta, Karua, ole Kiyiapi, Odinga, and Muite). Odinga and Kenyatta also pledged to establish special facilities to screen and treat chronic or terminal conditions. These proposals are in line with current policy and with *Kenya Vision 2030*, which emphasises establishing and maintaining adequate facilities for optimum functioning.

However, the current policy on infrastructure prioritises issues that none of the candidates addressed. These include developing master plans for all units, rationalising investments based on evidence and institutional policies, and improving logistical support, including information communication technologies and transport infrastructure. Further, none of the candidates proposed how he or she would regulate donations and the purchase of vehicles and medical equipment, or even how they would regulate health infrastructure standards.

Health Information, for Evidence-Based Decision Making

The management of health information systems is a critical issue in service delivery because it facilitates evidence-based decision making at all levels on all aspects of service delivery, including health commodities and service uptake. However, the results of this analysis show that none of the 2013 presidential candidates made any specific promise or pledge regarding health information systems.

Universal Access to Essential Health Products and Technologies

This policy area targets the management of health commodities and technologies and the regulatory environment and initiatives needed to ensure that they are accessible, affordable, effective, and of good quality, and that they are used appropriately. Most of the 2013 presidential candidates pledged to increase access to health commodities under provision of adequate infrastructure and health services financing. Only Kenyatta explicitly promised to increase household access, pledging that a Jubilee Coalition government would ensure that every family has access to a fully equipped health centre within five miles of home. Again, no candidate made any explicit promise to ensure the safety and quality of health products and technologies. Only Kenyatta promised to implement medical research, under which regulation of pharmaceuticals might fall.

CONCLUSION: KEEPING THE PROMISES

Although party manifestos and the public declarations of individuals running for office may be exaggerated in a bid to win votes, this review of the promises made by the 2013 presidential candidates

about the health sector has established that, for the most part, the pledges align closely with current government plans and policies, and with *Kenya Vision 2030* plans. It appears that current health priorities as contained in the policy and strategic plan and *Kenya Vision 2030* strongly informed the pledges contained in the different manifestos.

For instance, rehabilitation of health facilities is a key project under *Kenya Vision 2030* that is already under way, and by February 2013, 70 percent of the facilities earmarked for rehabilitation had been completed (Government of the Republic of Kenya, 2013b). Under human resources for health, the progress report indicates that hiring more staff is already under way, as is upgrading 100 hospitals to Level 4 status. Further, to extend health insurance coverage to all, in 2012 *Kenya Vision 2030* had initiated the process for the NHIF to roll out its services to cover civil servants and the police force, and had already received Cabinet approval (Government of the Republic of Kenya, 2013b). On the community health strategy, which Odinga and Kenyatta made specific pledges to strengthen, the report says that its implementation is under way: 2,530 community health workers had been hired by February 2013, with 100 community units set up.

Following the elections on 4 March, 2013, Uhuru Kenyatta was declared winner and is set to assume the presidency after he is sworn in on 9 April, 2013. In public meetings after being declared winner, Kenyatta has restated that his government intends to implement fully the promises made in the Jubilee Manifesto, according to press coverage between 17 and 24 March, 2013. It has also been reported that the Minister of Finance, Njeru Githae, confirmed that the promises in the manifesto can be implemented within the government plans: "We are going to implement this [Jubilee] manifesto fully within a five-year period….we have looked at this manifesto together with my technical team and it can be done. We are now working on the figures" (*The Standard*, 2013).

Jubilee Coalition's First 100 Days Pledge

"In the first 100 days of the Jubilee Government we will take measures to make Kenya a fairer, healthier and better educated country.

One: We will release the money that has already been allocated to stock local health centres and dispensaries with the drugs and equipment necessary to treat Kenyans when they fall ill.
Two: We will abolish the fees that are currently charged when Kenyans go to public dispensaries and health centres for treatment.
Three: We will abolish all charges for women giving birth at public hospitals.
Four: We will pass legislation to ensure that no child is out of school or a training institution until they reach the age of 18.
Five: We will provide every child entering standard 1 in primary school with a solar powered laptop. We shall sustain this programme for each succeeding year until the day when every child in the country will walk with a satchel and a laptop."

Source: Uhuru Kenyatta's speech at the launch of the Jubilee Manifesto, 3 February, 2013 (Kenyatta, 2013)

Minister Githae estimated that implementation of the Jubilee Manifesto as is would require less than KShs 100 billion, adding that the pledges that require urgent implementation "would be factored in this year's budget (2013/2014)" (*The Standard*, 2013). This means that it may indeed be possible for Kenyatta's government to implement the first 100-day pledges within that time (see box).

In a media commentary (KTN, 2013), an economist, Kareithi Murimi, pointed out that it will indeed be possible to implement the Jubilee Manifesto, because "it had borrowed directly from *Vision 2030*," and most of the promised actions were therefore already budgeted for, or would be automatically included in the second Medium Term Plan for *Kenya Vision 2030*.

It will be interesting to see in the coming months how the Jubilee Manifesto pledges get absorbed into government plans. If implemented, these actions will lead to a stronger public health program in Kenya. Stakeholders in the health sector can use the manifesto and public declarations recorded in this brief to advocate for the implementation of these promises and other actions that can improve the healthcare services in Kenya.

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APPENDIX I: SUMMARY OF PLEDGES BY STRATEGIC AREA

Strategic Area as stated in policy	*R. Odinga*	*M. Karua*	*U. Kenyatta*	*M. Mudavadi*	*J. ole Kiyiapi*	*P. Kenneth*	*P. Muite*	*A. Dida*
1. Efficient service delivery system that maximises health outcomes								
• Organising service delivery around four tiers	✓		✓					
• Defining an essential package of services and resources needed	✓	✓						
• Putting in place a comprehensive referral system	✓		✓		✓	✓		✓
• Implementing an integrated, client-focused service delivery approach								
• Providing high-quality emergency health services at point of need, regardless of ability to pay								
• Instituting emergency preparedness and response mechanisms								
• Scaling up demand creation for health services	✓	✓						
• Establishing systems for provision of services for marginalised and vulnerable populations	✓		✓					
• Ensuring patient safety (quality of care) in provision of services								
• Establishing integrated supportive								

Strategic Area as stated in policy	*R. Odinga*	*M. Karua*	*U. Kenyatta*	*M. Mudavadi*	*J. ole Kiyiapi*	*P. Kenneth*	*P. Muite*	*A. Dida*
supervision and mentoring processes								
2. Comprehensive leadership that delivers on the health agenda								
• Operationalising a two-tier management system corresponding to national and county governments	✓			✓				✓
• Ensuring functional health governance and coordination mechanisms at each tier of health system	✓							
• Providing oversight for implementation of functionally integrated, pluralistic health system	✓							
• Putting in place the means for engaging with health related actors					✓			
• Developing and reviewing operational and strategic plans jointly								
• Providing oversight in regulation of standards and quality of services								
• Establishing a comprehensive legal and regulatory framework that guides sector actions			✓				✓	
3. Adequate and equitable distribution of human resources for health								

Strategic Area as stated in policy	*R. Odinga*	*M. Karua*	*U. Kenyatta*	*M. Mudavadi*	*J. ole Kiyiapi*	*P. Kenneth*	*P. Muite*	*A. Dida*
• Reviewing and applying evidence-based health workforce norms and standards for the different tiers of service delivery	✓				✓			
• Facilitating rational capacity development of the health workforce								
• Improving management of existing workforce by putting in place mechanisms to attract, retain, and motivate them	✓		✓			✓		
• Putting in place systems to measure performance and competencies of the health workforce.								
4. Adequate finances mobilised, allocated, and used, with assured social and financial risk protection								
• Establishing a national social health insurance mechanism to attain universal coverage and progressively eliminating payment at the point of service	✓	✓	✓	✓		✓	✓	✓
• Ensuring efficient allocation and use of resources		✓						
• Promoting community-based health financing mechanisms								
• Advocating for increased financing for health and related sectors, to meet agreed benchmarks (national and	✓	✓	✓		✓	✓	✓	

Strategic Area as stated in policy	*R. Odinga*	*M. Karua*	*U. Kenyatta*	*M. Mudavadi*	*J. ole Kiyiapi*	*P. Kenneth*	*P. Muite*	*A. Dida*
international) and to ensure required interventions are implemented								
• Putting in place appropriate financing mechanisms for emergency health services								
• Developing mechanisms that promote public-private partnerships in health financing	✓		✓		✓			
5. Adequate health management information systems								
• Harmonising data collection, analysis, and dissemination mechanisms through a legal framework								
• Strengthening accuracy, timeliness, and completeness of health information from population and health facilities								
• Strengthening mechanisms for health information dissemination								
• Establishing mechanisms to promote, coordinate, regulate, and ensure sustainability of health research and development								
• Putting in place health surveillance and response mechanisms								

Strategic Area as stated in policy	***R. Odinga***	***M. Karua***	***U. Kenyatta***	***M. Mudavadi***	***J. ole Kiyiapi***	***P. Kenneth***	***P. Muite***	***A. Dida***
6. Universal access to essential health products and technologies								
• Defining and applying an evidence-based essential package of health products and technologies								
• Establishing a national appraisal mechanism for health products and technologies								
• Putting in place a harmonised national regulatory framework for health products and technologies								
• Investing in and efficiently managing health products and technologies								
• Having in place effective and reliable procurement and supply systems								
• Promoting local production, research, and innovation in essential health products and technologies			✓					
• Ensuring availability of affordable, good-quality health products and technologies	✓		✓					
7. Adequate and appropriate health infrastructure								
• Adopting evidence-based health infrastructure investments, maintenance, and replacement by using norms and								

Strategic Area as stated in policy	*R. Odinga*	*M. Karua*	*U. Kenyatta*	*M. Mudavadi*	*J. ole Kiyiapi*	*P. Kenneth*	*P. Muite*	*A. Dida*
standards in line with government and institutional policies								
• Developing health infrastructure and maintenance master plans for all planning units in the sector								
• Investing in health infrastructure to increase access to health services	✓	✓	✓		✓	✓	✓	✓
• Providing the necessary logistical support, including transport, communication and IT, e-health, and medical devices to establish an appropriate and efficiently functioning referral system			✓					
• Promoting and increasing private sector investments in the provision of health services through infrastructure development	✓		✓		✓			
• Developing guidelines for donations and purchase of vehicles, medical equipment, and the disposal of the same								
• Strengthening the regulatory bodies to enforce health infrastructure standards								
• Developing specific policies for buildings, civil works, and medical devices								

APPENDIX II: JUBILEE COALITION PLEDGES ON THE HEALTH SECTOR

1. Achieve free primary healthcare for all Kenyans, starting with women, expectant and breast-feeding mothers, and persons with disabilities by increasing health financing from 6 percent to 15 percent.
2. Increase the number of physical facilities at the community level and increase mobile health clinic services.
3. Reform the NHIF to uproot corruption and bureaucracy, and to ensure accountability and efficiency, by transforming it into an independent outfit run by contributors with a board including government, businesses, and elected contributor representatives.
4. Guarantee that every family has access to a fully equipped health centre within five miles of their home, with a national network of local community health workers promoting preventive health, based at the centres.
5. Upgrade and equip provincial hospitals to become referral hospitals, supported by a network of county referral facilities and community-level public health centres.
6. Encourage private sector investment in healthcare.
7. Establish full-fledged low-cost diagnostic centres and provide adequate screening and treatment facilities for persons with chronic or terminal conditions, including cancer, diabetes, and kidney failure, in every county.
8. Ensure improved pay packages for doctors and other health practitioners.
9. Distribute free mosquito nets to all families who need them. Promote better nutrition by encouraging exclusive breastfeeding, eating traditional foodstuffs, and cultivating kitchen gardens.
10. Promote medical research, including indigenous medicine.
11. Promote e-Health as a strategy to reach remote and marginalized areas with health services.

Source: *Transforming Kenya: Securing Kenya's Prosperity 2013-2017. Manifesto of the Jubilee Coalition* (Jubilee Coalition, 2013: 23)

APPENDIX III: KENYA'S TWO-TIER HEALTH MANAGEMENT SYSTEM

The 2010 Kenya Constitution put in place a two-tier governance structure for management of health services in the country. The principal mandate of the national government, as stipulated in the Constitution and the *Kenya Health Policy 2012–2030*, is as follows (the text is taken verbatim from the Constitution):

1. Establishing a National Health Policy and Legislation, Standard Setting, National reporting, supervision, sector coordination and resource mobilization
2. Offering technical support with emphasis on planning, development and monitoring of Health services and delivery standards throughout the country
3. Monitor quality and standards of performance of the County Governments and community organizations in the provision of Health services
4. Provide guidelines on tariffs chargeable for the provisions of Health services
5. Provide national health referral services
6. Conduct studies required for administrative or management purposes

The county governments will be responsible for the following:

1. Delivering County Health services:
    a. County health facilities and pharmacies
    b. Ambulance services
    c. Promotion of primary healthcare
    d. Licensing and control of undertakings that sell food to the public
    e. Veterinary services (excluding regulation of profession)
    f. Cemeteries, funeral parlours crematoria and refuse removal, refuse dumps and solid waste disposal.
2. Licensing and accrediting Non State Health Service Providers (HSPs).
3. Financing of County level Health services
4. Maintain, enhance and regulate (Asset development) and HSPs (operations);
5. Approve County Special Partnership Agreements (SPAs) for County HSPs.
6. In collaboration with national Government, gazette regulations for community managed health supplies to be implemented at county level
7. Planning, investment and asset ownership function of Public Health Facilities
8. Develop an investment plan to enable fulfillment of the highest attainable right to health and document annually progress on fulfillment as required by the Constitution.
9. Asset financing and ownership;
10. Channeling public and other funds to develop health facilities;
11. Collecting and aggregating information at county level on implementation of projects in order to document value for money and progress of the rights.
12. Providing a legal framework for on-lending arrangements to facilitate loan repayments and fees for use of assets by licensed HSPs

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