

Table 1: Description of Survey Sample

Sector	Representative Institution(s)	Number of Respondents
Government of Kenya	Ministry of Health, National Hospital Insurance Fund	3
Development Partners	World Bank, International Finance Corporation, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Danida, Japan International Cooperation Agency (JICA)	6
NGOs	Save the Children, Amref Health Africa, Health NGOs Network (HENNET), Aga Khan Foundation	4
Total Interviewed		13

was originally formed to guide discussions about finalization of the health financing strategy, some respondents felt the committee’s role was not to decide policy, but rather to provide technical assistance to Kenya’s Health Sector Coordinating Committee.

To increase the technical capacity of the ICC-HCF, some respondents suggested that membership be expanded to include academia or others knowledgeable about healthcare financing matters. Several respondents also expressed the need to involve county governments in the ICC-HCF since, in the context of devolution, county leadership is crucial in the implementation of health financing reforms. Respondents also expressed the need to include the Ministry of Finance as a key government stakeholder and to advise the committee on the fiscal viability of any health financing proposals.

Role in adopting a healthcare financing agenda

ICC-HCF members attended quarterly meetings, workshops/conferences, and technical discussions and meetings of special technical working groups. During these meetings, members discussed evidence on several healthcare financing interventions, implemented in Kenya and elsewhere, which could inform the

“No matter how good a policy is [if] the treasury is not represented when [you] are discussing finance and allocations, you will not have their buy-in. If you do not have their buy-in and their input, they would not be able to guide you and tell you this does not work. In my mind the team was good, but the key representatives were lacking at that table to complete the discussion...”

—Survey respondent

development of the country’s health financing strategy and its progress toward universal healthcare. Although Kenya’s health financing strategy is yet to be completed, the key informants concurred that the process was at an advanced stage and that HPP’s support was

instrumental in revitalizing the ICC-HCF, ensuring regular meetings were held, and expanding previously closed discussions about health financing to include other stakeholders who brought critical input and dimensions to the debate.

“HPP support has been substantive in helping health financing strategy development and my view is that we are almost getting there.”

— Survey respondent

Despite this progress, respondents also noted that strong leadership from the MOH is required to maintain the momentum and see the finalization of the health financing strategy through. Respondents also suggested that the information and data gathered during the ICC-HCF forums should be translated into technical policy briefs that could be shared outside of the committee.

Ability to influence the health finance policy agenda and complete a health financing strategy

The MOH was supposed to coordinate and lead all of Kenya’s interagency coordinating committees in the health sector, including the ICC-HCF. However, as devolution got underway, the committees began to suffer. According to respondents, the merging of the Ministry of Medical Services and Ministry of Public Health and Sanitation to form the unified MOH interfered with the coordination and leadership of the ICC-HCF. The change introduced new people in the MOH who needed time to orient themselves, which stalled the ICC-HCF process. Respondents noted that during this merger, before HPP began providing support, the leadership interruption meant that ICC-HCF was unable to convene meetings.

Respondents had disparate views about the regularity of ICC-HCF meetings, but the majority thought that the competing priorities of MOH senior executives interfered with regular scheduling. Some respondents indicated that meeting agendas and invitations were not sent out in a timely manner, so members were often unable to attend the meetings. Eventually, development partners and HPP/Kenya took over the role of organizing the ICC-HCF meetings.

How sustainable will the ICC-HCF be now that HPP’s support has ended?

All respondents expressed the need to maintain the ICC-HCF to complete the health financing strategy and support the country’s newly devolved health sector in formulating strategies to roll out universal healthcare. The goals of HPP’s engagement with the ICC-HCF were to contribute to the completion of Kenya’s healthcare financing strategy and to support the development of a roadmap for universal healthcare. The entrenchment of the devolved health system is likely to complicate health financing mechanisms. Consequently, respondents expressed the need to strengthen the ICC-HCF so it can continue to address health financing challenges in Kenya. As part of this effort, the MOH has reconstituted a team to spearhead the finalization of the healthcare financing strategy within the ICC-HCF framework. However, to ensure this effort moves forward, respondents expressed the need for continued technical assistance to the ICC-HCF, similar to the support provided by HPP from 2012 to 2015.

Did the ICC-HCF offer Kenyan stakeholders an effective platform to debate health financing issues in a constructive way?

All respondents concurred that the ICC-HCF forum provided an opportunity for health sector stakeholders to share diverse ideas and knowledge on health financing and reported that this sharing of information was extremely useful. Through the ICC-HCF, members received updates on the international health financing debate and current thinking around health financing

issues that could influence the finalization of Kenya's health financing strategy.

Respondents also noted that some members of ICC-HCF had fixed positions on health financing and were not open to considering other policy options. In particular, the use of health insurance for financing healthcare was considered to be the dominant view and was supported by the National Hospital Insurance Fund and some development partners. The ICC-HCF members who advocated mixed health financing models felt that their views were not supported. Consequently, the lack of consensus on this and other issues delayed decisions about and finalization of a health financing strategy.

Conclusion and Recommendation

The ICC-HCF's role is important. Not only can the committee help Kenya develop and adopt a sustainable health financing strategy, the diverse participation and debate the forum encourages is necessary to create and implement broad health policies. It is a forum that can bring together the full range of stakeholders involved in implementing healthcare policy and delivering services in Kenya, including government ministries and departments, development partners, civil society organizations, and local and international NGOs.

While the ICC-HCF stalled as the process of devolution got underway, HPP's support and technical assistance were successful in revitalizing the forum. With regular meetings and strengthened leadership, the ICC-HCF is again making progress. Yet, to maintain the momentum that has been gained and to ensure the development and timely implementation of a health financing strategy, the ICC-HCF will require further support from an external partner. This support should include the following components:

Continue support to the ICC-HCF to complete the healthcare financing strategy and its implementation plan, but with a specific timeline to ensure it is successfully completed within a stipulated time.

Establish a permanent and resourced secretariat at the MOH to ensure effective coordination of the ICC-HCF. This would ensure that ICC-HCF meetings are well coordinated, that the processes and proceedings are well documented, and that follow-up actions are communicated clearly. The secretariat staff should be introduced to the ICC-HCF members, including their functions and roles, and the secretariat should be in charge of all communications with ICC-HCF members to help enforce its coordinating role.

Ensure continuity by establishing engagement between the ICC-HCF and the office of the MOH, rather than a specific office holder. To do this, the MOH should develop protocols and guidelines for engaging the ICC-HCF in policy debates. This will ensure that changes in office holders do not interrupt the activities of the ICC-HCF.

Expand the ICC-HCF membership to include representatives of county governments, academia, the private sector, and the National Treasury. Senior officials from the county health and finance departments, such as the chief officers or directors, should be targeted for membership. Adding members from academia would allow the committee to draw on expert knowledge, ongoing research, and innovative activities. The inclusion of academia would also involve their students, the future leaders and implementers of the health policies being developed.

Strengthen the Ministry of Health's leadership of the ICC-HCF. More engaged leadership from the MOH would drive the process, rather than letting it be donor driven.

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