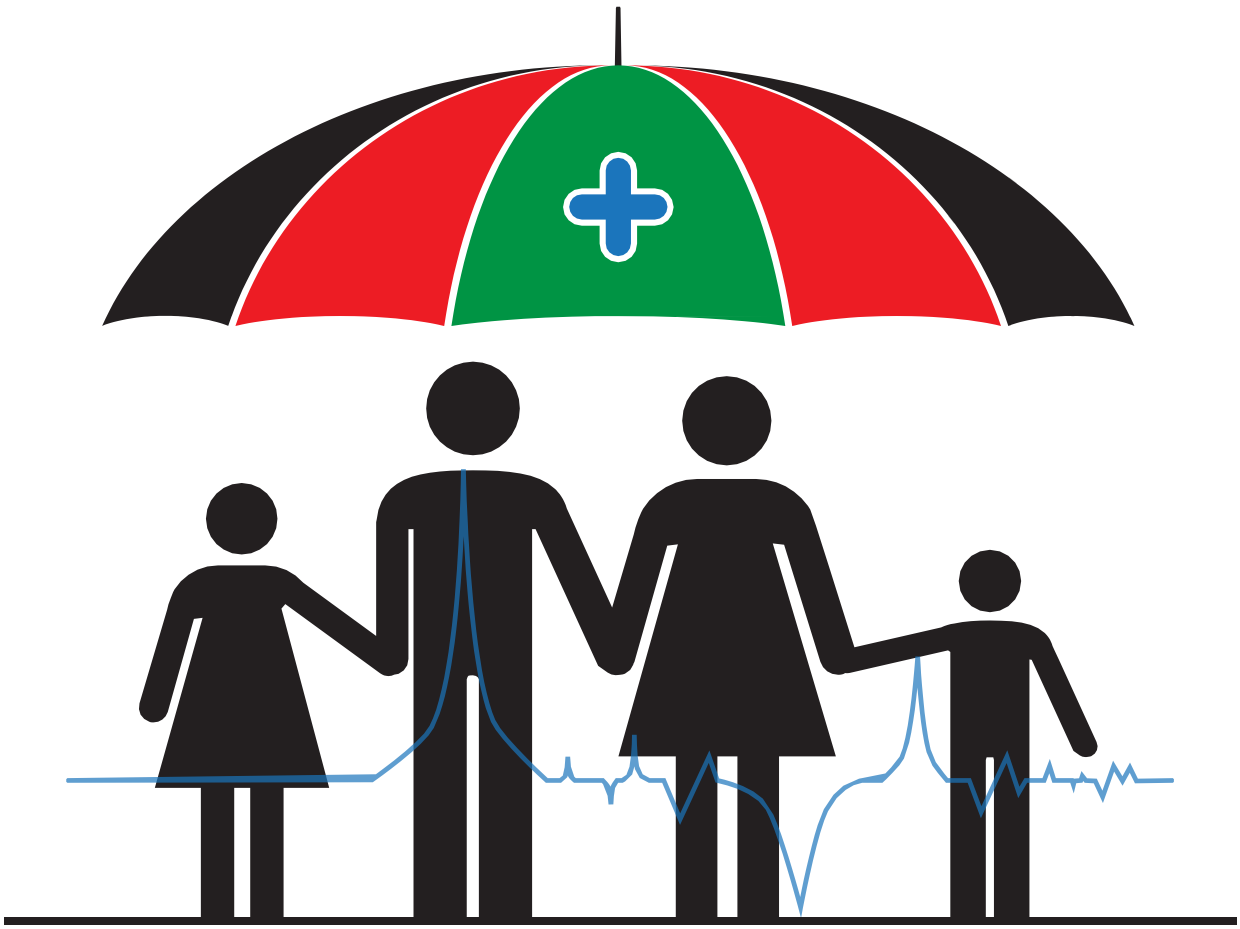
REPUBLIC OF KENYA

POSITION PAPER

Issue 1 June 2019

"LEAVE NO ONE BEHIND" IN THE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE.



A publication of the National Council for Population and Development

Introduction

In 2015, the UN Member States endorsed the 17 Sustainable Development Goals (SDGs) expected to guide the development agenda through to 2030. The SDG 3 is on Good Health and Wellbeing enshrined Universal Health Coverage (UHC) as a development priority for all the Countries. The Agenda 2063 on the 'Africa We Want' aspires a prosperous Africa where people have a high standard of living, and quality of life, sound health and well-being[1]. In response to these international and national commitments, the government of Kenya prioritized UHC in its 'Big Four' Development Agenda. The country started with implementing the UHC in four pilot counties. Lessons learnt in the implementation will inform the roll out in the rest of the counties.

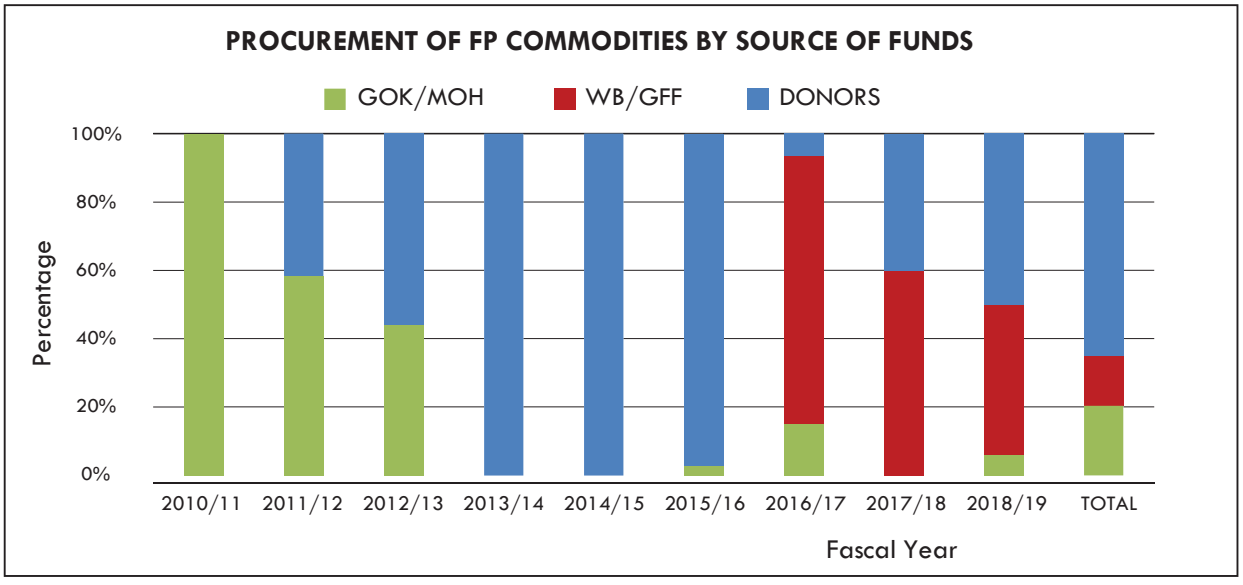
The country aims to achieve 100 percent coverage of the projected population by 2022, for this to happen there is need to put into account factors that contribute to population change such as, population growth rate, adolescent and youth sexual reproductive health issues, unplanned pregnancies and births, and migration. The population growth needs to be in tandem with the available resources.

Population Dynamics and UHC

The population of Kenya is estimated to be growing at 2.7 percent annually. If this growth is maintained the population is estimated to be about 51.6 million people in 2022. The Country is scaling up UHC through increasing the National Hospital Insurance Fund (NHIF) uptake to a 100 percent by 2022. In 2017, 16.5 million people were covered by NHIF and the goal is to have 51.6 million people, which is the projected population in 2022 covered however; this will only be possible if the population growth remains as projected or drops further. The projections have taken into consideration the prevailing number of children per woman. Family planning (FP) programme is important in population management. The FP programme in Kenya has been vibrant and has contributed in lowering the number of children per woman as evidenced in the 2014 Kenya Demographic and Health Survey (KDHS) hence lowering the population growth rate. In addition to this, the proportion of unplanned pregnancies has declined and this is a possible reason for the projected decline in population growth rate. The children per woman have dropped from about five in 2003 to about four in 2014[2]. Modern family planning use has increased from 39 percent in 2003 to 53 percent in 2014. The increase was a result of sufficient commodities, quality service, public education, and sustained advocacy.

In 2005/06 financial year, the government allocated a budget line for FP commodities, which was increased gradually until 2010/11 when the government was able to procure all the FP commodities. In the following year the government contribution started declining. In 2013/214 health services were devolved and this also impacted on commodity security. The development partners supplemented the government's efforts to keep the country well stocked with FP commodities (See Fig 2). However, Kenya is now a lower middle-income country and development partners who have been supporting the country with FP commodities have shifted their focus to other priorities. Therefore there is need to enhance a budget for FP commodities to meet the current requirements of FP demand.

Figure 1: FP Commodity Financing



Source: Ministry of Health

Poverty, Population and Universal Health Coverage

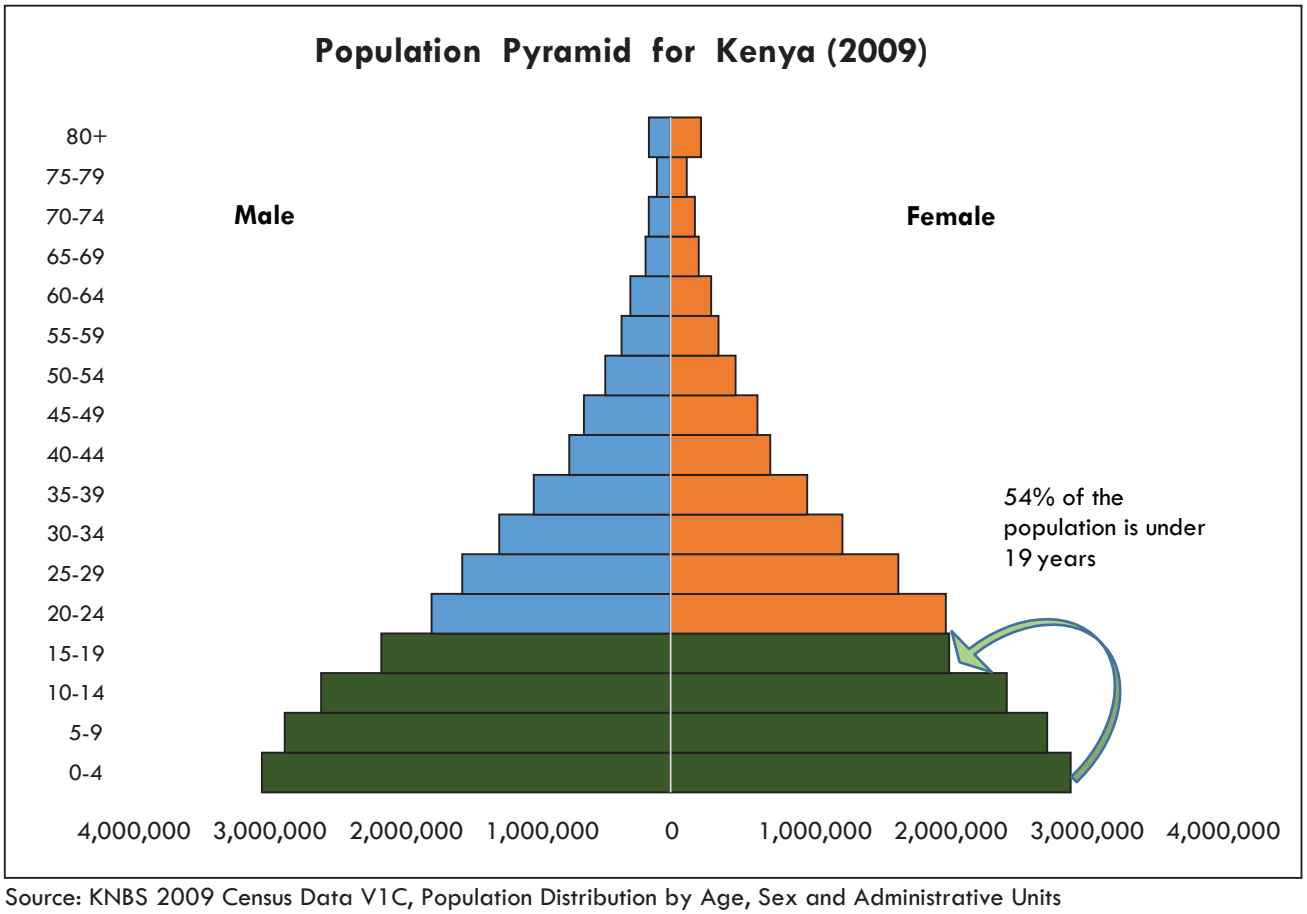
Implementation of UHC results to better health that contributes to economic progress and growth, whereby healthy populations live longer, are more productive, and save more[3]. Health is essential for human welfare and sustained economic and social development. However, Poverty has been one of the impediments to good health since it exposes people's vulnerability to poor health. Universal health coverage is one of the tools that foster healthy populations to participate in socio-economic development. Kenya has reduced the percentage and the absolute numbers of people living in poverty from 46.8 percent (16.6 million people) in 2005/6 to 36.1percent (16.4 million people) in 2015/16[4]. Poverty is one of the barriers in achieving the UHC[5].

Age Structure and Universal Health Coverage

Age and sex are important factors in the risk of illness and death therefore planning for health care services is critical. Death is usually higher in the first year of a child's life and frequency of illness more during early childhood. The frequency of illness drops sharply in the late childhood and youth but rises again in the middle and old age[6]. This variation in age structure implies various age groups require different health services and interventions.

As the country moves towards building a healthy population, it means ensuring families get access to health services and proper nutrition. Improved nutritional status could help achieve UHC and decrease deaths among children under 5 years, therefore increasing socio-economic development. In the older ages, the prevalence of non-communicable diseases increases and in the adolescent and youth the reproductive health services, drug and substance abuse prevention and social protection for the vulnerable population in these cohorts is important in the realization of UHC.

Figure 2:



Source: KNBS 2009 Census Data V1C, Population Distribution by Age, Sex and Administrative Units

Children and UHC

The realization of UHC for children is important for a healthy future population. The right to health care services for every child is enshrined in the United Nations Convention on the Rights of the Child. However sometimes health systems fail to respond to the specific needs of the poorest and most marginalized children and families, in effect excluding them from essential interventions that can save or improve their lives[7]. In Kenya only 75% of children were fully vaccinated[4]. This means these children are exposed to getting sick as they are not fully vaccinated. To realize the UHC the government must ensure that health interventions reach all the population including the poor and the hard to reach.

Planning for children health services will require estimating the number of children being born and where they are to ensure no child is left behind.

Adolescent and Youth Sexual Reproductive Health

Teenage pregnancy remains a challenge in the country with one in every five girls getting pregnant before attaining 19 years. Early childbearing has an impact on pregnancy outcomes and child survival, health of teenage mothers and their infants, as well as social and economic effects at the individual level, and societal level[8]. Children born to adolescent mothers are at greater health and mortality risks than those born to older women[10]. In 2015, the Ministry of Health developed the Adolescent Sexual Reproductive Health (ASRH) Policy to guide the provision of services and information to the adolescent. Addressing the reproductive health of the adolescent and the youth will ensure they are able to complete school and hence increase the chances of engaging in gainful source of livelihood. The realization of UHC will require segmenting the population and addressing the need of every cohort to ensure leaving no one behind.

Reproductive Age and UHC

While antenatal and maternity care is included in most insurance coverage, FP is usually not included[9].

The return on the investment of including Sexual Reproductive health (SRH) services and supplies in the packages of services offered under a UHC strategy results in benefiting women, their families, communities, and entire country[10].

Old Age and UHC

Population ageing will have an impact on the realization of universal health coverage, as without considering the health and social care needs of the ever-increasing numbers of older people, UHC remain out of reach[11]. This cohort of the population face non-communicable diseases and though people age 65 and above remain 5 percent their absolute numbers keep increasing as people live longer.

Persons with Disabilities, Homeless and UHC

Despite experiencing a disproportionate burden of acute and chronic health issues, many persons with disabilities (PWDs) and the homeless face barriers to primary health care. These include difficulty in accessing health care, vulnerable living conditions, and adverse health behaviours[12]. The heart of UHC is that everyone receives the health care they need without suffering financial hardship, yet persons with disabilities have greater unmet needs for health care than the general population and are 50 percent more likely to suffer from catastrophic health expenditures[13]. Therefore UHC will be impossible if PWDs and the homeless are left behind. Many of the barriers faced by persons with disabilities and the homeless in health systems are avoidable with targeted action and attention.

Disability-inclusive strategies will therefore help the health system to be more responsive to diversity, and so cover a variety of population groups. These changes will improve equity in the health system overall and make sure that we “Leave no one behind” as we move towards UHC.

Migration, Urbanization and Universal Health Coverage

Migration is selective and usually involve the strong and the healthy. However, in cases where the migrants are coming from areas where the public health has collapsed, they may migrate with and transfer diseases like has been witnessed in the country through the outbreak of measles and polio. Migration is a determinant of health and the irregular migrants are more vulnerable to suffering ill health due to their status. People migrate to overcome poverty, escape conflict, or cope with economic and environmental shocks. Migrants can be at higher risk of poor health from infectious diseases, non-communicable diseases and mental health

problems due to a range of factors at different points before, during and after migration[14]. Stressful conditions can heighten tobacco use, alcohol and substance abuse as a form of coping mechanism[16]. The young people are more likely to migrate in search of livelihood and education. Migration exposes the young people to vulnerability especially when they are unaccompanied[15]. The adolescents and youth are more vulnerable to abusing drugs and substances[16].

Kenya is 31 percent urban with 53.1 percent of the urban population employed in the informal sector. Rapidly urbanizing regions are also the home to the highest proportion of slums and this is the scenario in Kenya[19]. The urban slums are characterized with inadequate sanitation and hygiene, crowded living conditions exposing them to higher risk of falling ill. Ensuring that the migrants have social protection including the social health insurance will contribute to the realization of the UHC.

Investing in Population factors is important for UHC

In Kenya, health-related expenses are driving about one million into poverty every year, and health care is second only to food in family budgets[17]. An illness in the family can drive it to bankruptcy and penury through meeting the health services expenses by pay out of pocket. This is an opportunity to identify the vulnerable who cannot afford to pay for social health insurance for subsidy. The impact of user fees on health-care utilization is demonstrated in that the recent move to eliminate user fees charged for maternity and at dispensaries and health centres has resulted in a massive influx of patients seeking health care[18]. Reducing the cost barrier will create an opportunity for UHC.

The transformation of Asian Tigers was largely driven by investments in the health of the citizens, with special focus on sexual and reproductive health. When the health of the mother is provided for, the cyclical benefits in terms of physical and cognitive development of the subsequent generations is assured. Kenya has an opportunity to invest in the reproductive health of adolescents and youth not only to achieve the UHC but also to harness the demographic dividend as the country moves to the realization of the Vision 2030.

Food security and UHC are interrelated. With the rise of lifestyle diseases, one way of prevention is through nutrition addressed by encouraging adopting healthy feeding habits.

Investing universal health coverage will lay the foundation for making progress towards all the other health targets and other related goals like ending poverty, improving gender equality, decent work and economic growth. With Kenya's Vision 2030 ambition of providing a high quality of life to all its citizens, themost urgent need is to ensure that everyone stays healthy to participate in economic development.

Universal Health Coverage for all is possible

The realization of Universal Health Coverage will be beneficial to the wellbeing of the population of Kenya. To ensure that the implementation of UHC is all-inclusive, the government should consider the following:

- Ensure that health planning takes into consideration population age structure to include their different health needs. The vulnerable groups and minorities including young children, adolescents and the elderly will require special attention, as they are usually the hard to reach.
- Ensure the FP programme that is important for population management is funded to sustain and improve the current contraceptive prevalence rate.
- Address poverty impacts on health that has two dimensions as it exposes people to vulnerability of ill health and also impoverishes households when they fall ill.
- Ensure planned urbanization. Taking into account population dynamics in urban planning will address social and related health challenges.

As the country strives towards achieving UHC it is important to look at the success story of Thailand that has achieved the three dimensions of UHC that is coverage for 99.9% of the population, comprehensive coverage represented by a health package which includes curative services, health promotion, disease prevention and rehabilitation, and full protection of households from financial health risk. Universal Health Coverage is possible in Kenya.

NCPD is a semi-autonomous government agency that formulates and Promotes population policy and coordinates related activities for sustainable development in Kenya.

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