MODULE 1
THE HEALTHCARE SYSTEM IN KENYA

Unit 1.1: The Healthcare System in Kenya
Unit 1.1: Objectives

By the end of the unit, the participant will be able to:

• Describe the Kenya healthcare system and its components
• Outline the components of the healthcare system and their outcomes
• Describe the Kenya Essential Package for Health (KEPH)
• Describe the key healthcare system actors & their roles
Unit 1.1 (contd.)

• Describe the role of national teams in quality improvement policies, strategies and regulations in addressing population health needs

• Outline the role of county teams in coordinating the application of quality improvement policies, strategies and regulations
Unit 1.1: Contents

Overview of the Kenya healthcare system:
– Kenya Health Policy 2012–2030: Key policy directions
– Building blocks and outcomes of the healthcare system
– Kenya Essential Package for Health (KEPH)
– Key health system actors and their roles
– National strategy and action plan for Quality Improvement (QI)
Learning Activity

Participants brainstorm or discuss in groups on:

- Kenya Health Policy 2012–2030: Key policy directions
- Building blocks & outcomes of the Kenya healthcare system
- Kenya Essential Package for Health
- Key health system actors and their roles
- National strategy and action plan for quality improvement (QI)
History of healthcare in Kenya

At independence, Kenya inherited a three-tier health system

- The central government at the district, provincial and national levels
- Missionaries at sub-district levels
- Local government in the urban areas.

In 1965

- NHIF was introduced
In 1970 GOK established a comprehensive rural health service system in which health centers became the crucial points for preventive, promotive and limited curative services.

In 1989—User fees introduced (cost sharing or Facility Improvement Fund)

In 2004—10/20 rule in dispensaries and health centres

In 2002, Minister of Health Hon. Charity Ngilu said:

“The maintenance and promotion of good health is one of the primary responsibilities of a modern state and cannot be left to market forces.”
Why does the health sector exist?

- Quality
- Efficiency
- Access
- Equity
- Social and Financial Protection

Ultimate goal of the Health Sector:

- Improved Health Status
  - Reduced Mortality
  - Reduced Morbidity

Improved Health Status:

- Quality
- Efficiency
- Access

Equity

Social and Financial Protection
Background to the Kenya Health Policy Framework 2012–2013

- Its development was based on:
  - The 2010 Constitution of Kenya
  - The Kenya Vision 2030 economic blueprint
  - The KHPF 1994–2010 end-term review report
Role of the Ministry of Health

- Planning
- Coordination: service delivery, programmes
- Organizing
- Implementing
- Health Information System
- Monitoring & evaluation - supportive supervision
Kenya Health Policy 2012–2030: Key Policy Directions

**POLICY ORIENTATIONS & Principles**
- Health Financing
- Health Leadership
- Health Products & Technologies
- Health Information
- Health Workforce
- Service Delivery Systems
- Health Infrastructure

**Equity**

**Efficiency & Multi-sectoral accountability**

**People centred**

**Health Infrastructure**

**Quality and safe services**
- Eliminate communicable conditions
- Halt and reverse rising burden of NCDs
- Reduce the burden of violence & injuries
- Provide essential health care
- Minimize exposure to health risk factors
- Strengthen collaboration with health-related sectors

**POLICY GOAL**
Better Health, in a Responsive Manner

**Physical and financial access**
Building Blocks in Healthcare System and Outcomes

Building Blocks
- Leadership and Governance
- Service Delivery
- Medical Products
- Financing
- Health Workforce
- Information

Intermediate Outcomes
- Quality
- Access
- Efficiency
- Equity
- Social and Financial Protection

Ultimate Goal
- Improved Health Status

Improved Health Status

Quality
Access
Efficiency
Equity
Social and Financial Protection

Intermediate Outcomes

Ultimate Goal

Building Blocks

Leadership and Governance
Service Delivery
Medical Products
Financing
Health Workforce
Information

Quality
Access
Efficiency
Equity
Social and Financial Protection

Improved Health Status

Building Blocks

Leadership and Governance
Service Delivery
Medical Products
Financing
Health Workforce
Information

Quality
Access
Efficiency
Equity
Social and Financial Protection

Ultimate Goal

Improved Health Status

Building Blocks

Leadership and Governance
Service Delivery
Medical Products
Financing
Health Workforce
Information

Quality
Access
Efficiency
Equity
Social and Financial Protection

Ultimate Goal

Improved Health Status
MoH: Levels of Service Delivery

National Health Sector Strategic Plan II (2005–2010)

- Level 1 – Community
- Level 2 – Dispensaries
- Level 3 – Health centers
- Level 4 – District referral hospitals (47)
- Level 5 – Provincial referral hospitals (10)
- Level 6 – National referral hospitals (2)

Kenya Health Sector Strategic Plan III (2012–2017)

- Tier 1: Community
- Tier 2: Primary Care level – Previous KEPH levels 2 and 3
- Tier 3: County level – Previous KEPH level 4
- Tier 4: National level – Previous KEPH levels 5 and 6

MTP 2008/12
## Role of MoH in service delivery

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<tr>
<th>Curative Services</th>
<th>Health Promotion &amp; Prevention</th>
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<td><strong>Responsible for service delivery at:</strong></td>
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<td>Level 6 – National referral hospital</td>
<td>Level 3 – Health centre</td>
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<td>Level 5 – Provincial referral hospital</td>
<td>Level 2 – Dispensary</td>
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<td>Level 4 – District &amp; Sub-district referral hospitals</td>
<td>Level 1 – Community</td>
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Key Health System Actors

• The public sector represented by MoH and other government institutions
• The private health sector (being private for-profit and private not-for-profit)
• Alternative medicine practitioners
• Individuals and households that ensure care and support for their families and the communities they live in
• Development Partners
Roles of Kenya Health System Actors

- MoH national level: formulate health policy; develop health strategic plan; coordinate partners, mobilize resources and build capacity
- Public sector facilities: provide health services to the population
- Private and faith-based institutions: deliver services and build capacity to complement GoK
- Alternative medicine practitioners: offer alternative medicine services
- Facility leadership, governance and advocacy
- Development partners: mobilize resources and provide technical assistance
Role of national health QI teams in regulation (Joint Inspection)

• Members of the National QI team form part of the Joint Inspection team
• National QI teams validate practice licenses of qualified persons
• Check for minimum quality standards of practice
Role of National Health Teams in QI

- Participate in the development of health standards and implementation guidelines
- Build capacity of county health teams
- Collaborate with county in the adoption and implementation of Quality Improvement policy
- Monitor and evaluate Health Quality Indicators
- Mobilize resources for QI interventions
Role of County Health Teams in QI

- **Main role** — coordinate planning and implementation of quality improvement activities
- Document all KQMH activities in the counties
- Review progress and action plans
- Provide necessary input for KQMH activities
- Provide quarterly feedback to hospital / health facility management teams
- Advocate the use of the electronic KQMH checklist in DHIS2 and update it accordingly
- Validate the Quality Improvement reports generated by the health system software
Role of County Health Teams in QI (cont.)

• Conduct periodical monitoring, evaluate and provide technical advice to Quality Teams:
  – Sets overall goals and objectives for quality teams
  – Sets policies and procedures for quality teams operation
  – Promotes activities of quality teams
  – Selects and appoints facilitators for quality teams
  – Evaluates activities and rewards quality teams
  – Allocates resources for quality teams to operate
  – Manages work improvement team program and takes
• Thank you