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1. Country Overview

Kenya is an East African country that borders the Indian Ocean between Somalia and Tanzania. The population of Kenya currently stands at 47.8 million. ^[1]

The official languages are English and Kiswahili. Nairobi is the capital city; the population stands at 4.735 million.^[2]

Kenya has adopted Universal Health Coverage (UHC) as one of the big four priority agenda by His Excellency the President, Uhuru Kenyatta. His aspiration is that by 2022, all persons in Kenya will have the means to use the essential services they need for their health and well-being. This will be achieved through a single, unified benefit package without the risk of financial catastrophe. [3]

The process of devolution is one of the main pillars of the Kenyan constitution, which

partly means that the public decision-making process and a significant part of implementation falls under regional leadership. The country has been divided into 47 sub-regions also referred to as counties. [4] Consequently, the broader health system adapted to a new reality whereby county leaders control the resources of the county.

Kenya is one of 6 countries that form the East African community (EAC). Other trade agreements are the Common Markets for Eastern and Southern Africa (COMESA), the Intergovernmental Authority on Development (IGAD) and the Indian Ocean Rim Association. Kenya also benefits from trade differences under the US African Growth and Opportunity Act (AGOA). [5]

The transport infrastructure network consists of a single commercial seaport in Mombasa, a new standard gauge railway and a classified road network of about 160,000 kilometers. Kenya has comparatively better infrastructure and services than other countries in the region and ranks 56th (out of 138 countries) in the World Economic Forum's Global Competitiveness Index (GCI). [5]

Currently, Kenya is classified as a lower middle-income country (LMIC). [6]



1.1. Key Country Statistics



3

67 years Life expectancy, 2018 [7]



12.032 Exports of goods and services as a % of GDP, 2019^[8]



Exported products-Tea (\$1.46B), horticultural products **(\$616M)**



5.366 GDP growth (annual %), 2019



21.37 Imports of goods and services as % of GDP, 2019



Balance of trade, 2018 \$11.326.200.59^[9]



Imported products-Refined petroleum (\$3B), cars (\$518M) and packaged medicines (\$454M)



2. COVID-19

As of 31st August, Kenya's COVID-19 cases stood at 34,201, with 19,893 recoveries and 577 related deaths. On 6th April, Pres. Uhuru Kenyatta announced some measures to help with the containment of COVID-19 within the counties that had high numbers. These included a nationwide curfew from 7pm to 5:00am. Some of these stringent measures have been eased, following the reduced number of cases in Kenya. [10]

The World Health Organisation (WHO) has warned Kenya against relaxing COVID-19 regulations. Kenya has been registering low infections since July. The WHO insists that its criteria for health authorities and decision-makers to determine the level of epidemic control should be followed. The parameters are grouped into epidemiology, ability of health systems to cope with resurgence and public health surveillance. [11]

3. Health Overview

The Government of Kenya emphasizes the health of its citizens and improvement of health service delivery. The Ministry of Health (MOH) has a coordinating and capacity-building role that all services are in line with established policies and standards. The government is cognizant of the fact that good health is a pre-requisite to socioeconomic development.

The Kenyan Master Facility List (MFL) includes all officially registered health facilities in Kenya. There are a total of 9,696 health facilities in the country. About 4,616 of these are owned by the public sector, 3,696, fall under ownership of the commercial private sector, and 1,384 is owned by Faith Based Organizations (FBOs), Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs). The distribution of health facilities shows that the Ministry of Health accounts for 42.9 percent of the total health facilities in the country while private sector accounts for 37.8 percent. [12]

In Kenya, approximately 25% of Kenyans have health insurance; they may be covered by public, private or community-based health insurance schemes which means that the majority (75%) end up paying out-of-pocket. [13]

In 2005, following two decades of policy changes and learning, the Kenya Essential Package for Health (KEPH) concept was adopted. KEPH has played a central role as a catalyst in facilitating development of actionable strategies towards Primary Health Care (PHC). Primarily, the KEPH outlines high impact, cost-efficient interventions for different age cohorts and defines which service package is to be provided at each level. Thus, it remains the primary strategy through which PHC services are delivered in Kenya to date. [14]

The mission of Kenya to achieve UHC is to ensure all people get access to quality and affordable healthcare services that are preventative, promotive, rehabilitative, curative, palliative and effective so they are protected from financial hardship. The government piloted the move to achieve UHC in four counties (Isiolo, Machakos, Nyeri and Kisumu) A review of progress will be made in order to determine how the national UHC package should be updated ahead of the roll out to the remaining counties. [3]

The Kenyan health systems defines 6 levels of the hierarchy, as follows:

Level 1

community services

Level 2

dispensaries and clinics

Level 3

health centers, maternity and nursing homes

Level 4

sub county hospitals and medium sized private hospitals

Level 5

county referral hospital and large private hospitals

Level 6

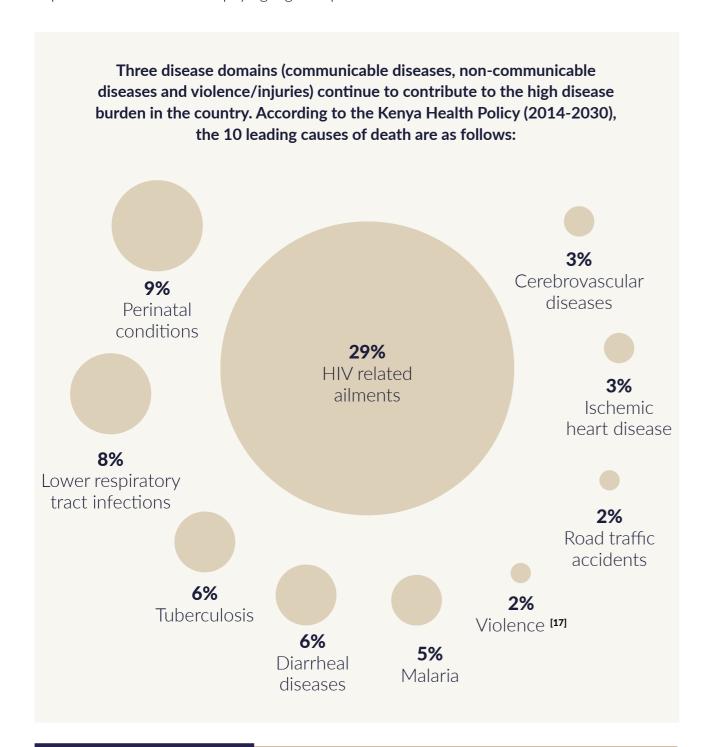
national referral hospitals and large private teaching hospitals. [13]





In Kenya, the government provides public health insurance through a state corporation known as the National Health Insurance Fund (NHIF). The organization manages payroll contributions from the formal sector i.e. salaried individuals and voluntary contributions from the informal sector. These form a funding pool that collects revenue on a monthly basis. The members can then access healthcare from both government and private hospitals. [15]

Health systems in low- and middle-income countries (LMICs) are still heavily dependent on people making out-of-pocket (OOP) payments to cover the costs of healthcare at the time when they are using the services. Despite the abolition of user fees at community level dispensaries and public health centers, OOP payments continue to be a problem in the Kenyan health system. OOP payments deter some Kenyans from seeking care and cause others to become impoverished as a result of paying high hospital bills. [16][17]



3.1. Key Health Statistics

*World Bank data, 2018 [18]





Current health

42.354

expenditure (% of GDP) expenditure (% of CHE)

42.137

Domestic private health Domestic general government expenditure (% of CHE)



23.62 Out-of-pocket expenditure (% of CHE)



Kenya's poverty

line is still high.

342 [19] Maternal mortality rate (national estimate per 100,000 live births), 2017



43.2 [20]

Under 5 mortality rate (per 1,000 live births), 2019

4. Challenges Facing the Private Health Sector



There is inadequate

public financing.







The cost of



There is a constant services is high. shortage of health workers.

5. Opportunities for the Private Health Sector

- The government is committed to fast-track progress towards UHC, in which the private sector can be part of.
- The renewed focus on health and shift of government's role from being a provider of care to financer. The private sector can take advantage and supplement what the public sector cannot offer.
- The Kenyan private health sector continues to grow, commanding 50% of all goods, services, products and technologies.
- Prospects for PPPs are favorable in equipment supply, e-health, training and education, health insurance and establishment of new private hospitals.







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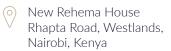
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