



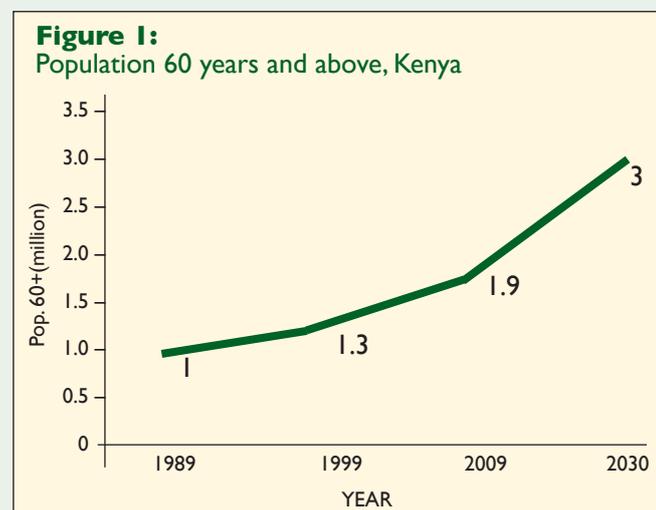
Collaborating Organizations: Division of Reproductive Health,
Ministry of Gender and Social Services.

Are Health Care Services Prepared to Serve Older Persons In Kenya?

Population ageing in Kenya

Kenya has adopted the United Nations and African Union definitions of older people as those aged 60 years and above, which is also the official retirement age for employees in the public sector.

Kenya's population, as that of all other Sub-Saharan African countries, is rapidly ageing. The population of persons aged 60 years and above increased steadily from 1 million in 1989 to 1.9 million by 2009 and is projected to reach about 3 million people by year 2030. From 2015 to the end of the century their number is projected to rise a further 15-fold to 32 million, while their share of the total population is expected to more than quadruple to 20 percent.¹



Source: Population & Housing Census, 1989, 1999 & 2009 Reports

As in most countries, women predominate in Kenya's older population, with older women currently outnumbering older men by a factor of 1.08.

This Policy brief provides evidence on the health status of older persons, highlights the lack of preparedness of Kenya's health services to respond to their health needs, and identifies opportunities for government action within the context of existing policy developments.

Health status of older persons

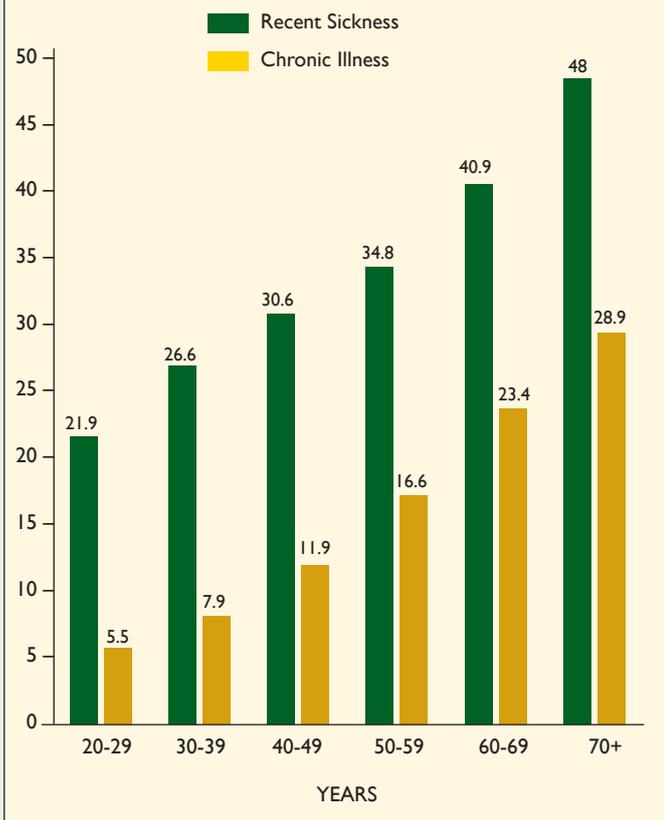
The Non-communicable Diseases (NCD) such as cardiovascular diseases, diabetes, cancers and chronic lung diseases are now common causes of death in most regions of the world. Tobacco use, unhealthy diet, insufficient physical activity, and harmful use of alcohol are the key behaviour risk factors which account for most NCD. About 4 out of 5 deaths from NCD occurred in low and middle-level income countries in year 2008, and the greatest future increase in NCD are expected in low-income countries. It is projected that Sub-Saharan Africa, Kenya included, will experience the largest increases, and almost half of all deaths will be from NCD by year 2030.²

Results in figure 2 show that the incidence of recent sickness and chronic illness increases with age. About half of those aged 70 years and above reported a recent sickness compared to one-fifth of those aged 20 – 29 years. At the same time about 6 percent of those in the 20-29 years age cohort reported having a chronic disease while among those aged 70 years and above the proportion was 29 percent.



By 2050 20% of the people in developing countries will be over 60 years

Figure 2: Percent Reporting Recent Sickness and Chronic Illness by Age



Source: KHBS 2005/6

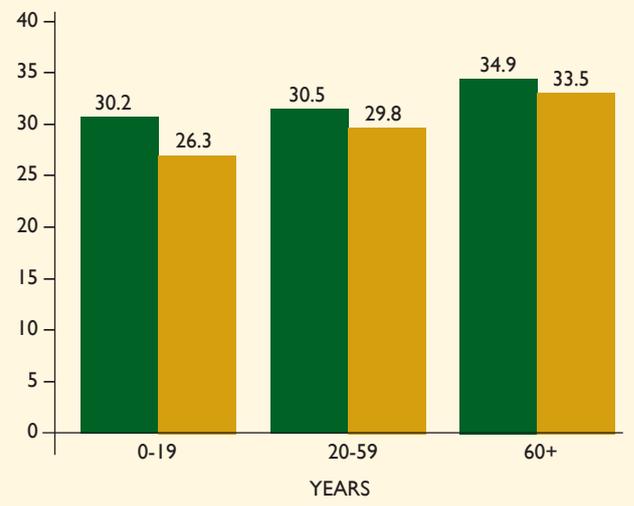
More than a third (34.9 -percent) of older persons who report sickness episode do not consult a health provider. The non-utilization of health services is significantly higher among older persons than among younger adults and children in both urban and rural areas. This can be attributed to particular access barriers and exclusion from services faced by older persons⁴ (Figure 3). The barriers are mainly financial in nature. They typically relate to transport costs and fees for private sector care, which is favoured over the perceived lack of quality services in government facilities.⁵

Preparedness of Kenya’s Public Health services to respond to the Health needs of older persons

A dearth of requisite care in the public sector is underscored by findings from the Kenya Service Provision Assessment Survey (KSPA), 2010.⁶ KSPA Survey collected information on the extent to which Kenya’s health services are prepared to provide basic care services. The evidence shows a lack of preparedness especially in government facilities on three key levels: availability of medicines, delivery of services and trained personnel.



Figure 3: Proportion not consulting health provider for recent sickness/injury by broad age groups, Kenya



Source: Aboderin and Kizito, 2011

Trained Personnel

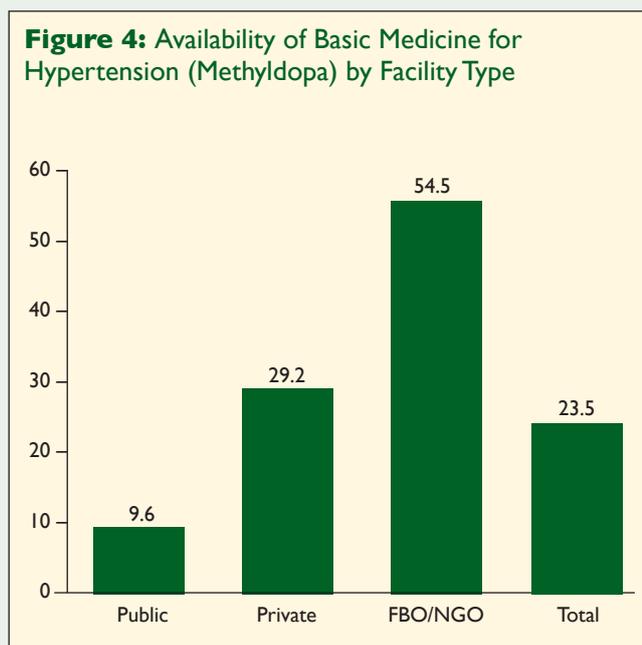
Health care workers who are trained in aspects of geriatric care are necessary to effectively assess and enhance the health and quality of life of older patients. Overall, only 9 percent of Kenyan health workers have any geriatric care training - markedly fewer than those trained in other specialist areas such as sexually transmitted infections, malaria, TB and youth friendly services. A comparison of facility types shows public facilities to have the least proportion of staff with relevant training (5.6 percent) – considerably less than in private (14.5 percent) or faith based/ nongovernmental (12.5 percent) facilities. Government commitment to promoting health worker training in aspects of geriatric care is yet to be realized.

Essential Medicines

Basic essential medicines, such as for hypertension control, are indispensable for preventing and

controlling serious chronic non-communicable diseases (NCD) as well as functional limitations in the older population.

The KSPA results show that about 1 in 4 health facilities have the basic medicine (Methyldopa) for the treatment of hypertension. Over half of the FBO/NGO facilities have this medicine compared to 1 in 10 public facilities and about one-third of the private facilities. Generally, Methyldopa is more available in health facilities located in urban areas compared to those in the rural areas.



Source: KSPA, 2010

Existing policy developments in Kenya: opportunities for government Action

Existing Policy Developments

In recent years, Kenya has made promising strides in the development of policy responses to issues of ageing and older persons. As signatory to the 2002 United Nations Madrid International Plan of Action Ageing (MIPAA) and the African Union Policy Framework and Plan of Action on Ageing, Kenya has formally expressed its commitment to addressing challenges of ageing and enhancing the quality of life of its older citizens and has taken several steps to this end.

- Provisions on older persons have been included in the National Policy on Older Persons and Ageing (NPOPA) adopted by parliament in 2009; Population

Policy for National Development, and in the Vision 2030 strategy.

- In 2007, the Kenyan government introduced a pilot social protection cash transfer scheme, providing 1,500 Kenyan shillings (US\$ 18) monthly, to vulnerable older persons aged 65 years and over in three of the poorest districts. The scheme was subsequently scaled up and currently, in 2012, operates in 72 districts.
- The Second National Health Sector Strategic plan (NHSSP 2005-2010 extended to 2012) includes measures to provide health care to older persons and enhance their access to health services by reducing cost barriers⁷
- Finally, the Kenya Constitution 2010 enshrines the right of older persons to full participation in the affairs of the society; pursuit of their personal development; freedom from all forms of discrimination, exploitation and abuse; live with dignity and respect; as well as their entitlement to reasonable care and assistance from family and state. It is further provided that older members of society have the duty to plan for their retirement, to share their knowledge and skills with others and to remain active in society.

However, little further comprehensive action to enhance the well-being and specifically the health of older Kenyans has ensued. Public health services remain largely unprepared to respond to the health needs of this population.

What needs to be done: adapting Kenya's health systems to population ageing

Underpinned by the existing policy commitments there is a need for efforts to adapt Kenya's public health care system to serve the chronic health needs of the growing number of older citizens – in parallel with continued provision for children, reproductive age adults and acute infectious diseases.

Kenya is already taking important steps towards an inclusion of care for chronic, such as heart disease, cancer and diabetes, in health sector planning and budgeting. This must be extended to develop comprehensive, evidence based plans to ensure essential, accessible care for the prevention and control of non-communicable diseases, as well as the management of their consequences across all stages of the life course, including old age.

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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Such action, as this year's World Health Day theme 'Good health adds life to years' and other analyses underscore, is critical if Kenya is to harness the development opportunities carried by a healthy, productive older population and to address the challenges of population ageing in coming decades.

Recommendations

Advancing an evidence-based adjustment, Kenya's public health services to ageing require the following:

- Generation of robust, nationally representative evidence on the scope, patterns, determinants and impacts of ill-health and care access barriers in the older population.
- Consultations to elicit the voices and experiences of older women and men and their organisations on issues of ageing and health and active efforts to include them in strategy and programme design.
- Comprehensive evaluation of the impacts of the social protection cash transfer scheme on health care access of older beneficiaries.
- Consultations to consolidate evidence and identify approaches for effectively integrating an ageing perspective into current plans on NCD.
- Incorporation of evidence based age-inclusive and age-specific recommendations on older persons' health within frameworks for a post-2015 development agenda to ensure that action on ageing and health is mainstreamed and outcomes monitored.

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