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ACHIEVING UNIVERSAL HEALTH COVERAGE IN KENYA: Is the Human Resource for Health the Missing Link?

Introduction

Kenya Health Sector Strategy is guided by the overall Vision 2030 that aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030. Healthcare, with all its socio-economic implications, remains one of the major global challenges and a big obstacle to human capital development. Health care is a key driver for reducing poverty and improving the wellbeing of the people. Worldwide, countries are experiencing changing patterns of diseases. The 2010 Constitution guarantees the highest attainable standards of health as a right.[1] Kenya faces a number of health challenges especially among children, including high mortality from diseases that can be prevented through immunization. The country also reports high maternal mortality arising from pre-partum, child birth and post-partum conditions.

To address the healthcare challenges, His Excellency the President in his inaugural speech in 2017 declared Universal Health Coverage (UHC) as one of the Big Four Agenda that the country will be putting efforts to achieve by 2022. This policy brief will look at the human resource for health as a key ingredient in achieving the Universal health coverage in Kenya.

World Health Organization defines Universal health coverage as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship.

In Kenya UHC is well engrained in the policy and legal frameworks. Article 43 of the Constitution of Kenya, 2010 prescribes thus:

(1) Every person has the right;
   a. To the highest attainable standard of health, which includes the right to health care services, including reproductive health care
(2) A person shall not be denied emergency medical treatment
(3) The State shall provide appropriate social security to persons who are unable to support themselves and their dependants[2]

In the same vein, The Kenya Health Policy (2014-2030) goal is "to attain the highest possible standard of health in a responsive manner." In line with the Constitution and the Vision 2030, the sector aims to achieve this goal by supporting equitable, affordable, and high-quality health and related services at the highest attainable standards for all Kenyans. These are the aspirations of the UHC. In addition, the policy aims at achieving three fundamental targets by 2030: increase life expectancy at birth to 72 years from 60 years in 2010; cut by half the annual deaths (54/1000 live births) and improve years lived with disability by 25 per cent.[3]

The Health Act 2017 places the duty of health care in the hands of the State. The State has the responsibility to "observe, respect, protect, promote and fulfill the right to the highest attainable standard of health including reproductive health care and emergency medical treatment"[4].

Global Perspective

"UHC is the single most powerful concept that public health has to offer."—Margaret Chan, Director-General, WHO, 21 May 2012

Despite the 2012 United Nations' landmark resolution endorsing UHC, its further prioritization for the

attainment of sustainable development by World Health Organization (WHO) and World Bank and the 2015 commitments by WHO member States to implement UHC, country-led uptake and prioritization has remained slow due to the requisite huge investments to operationalize the system. Admittedly, there have been no real role models as the system does not render itself to one size fits all. However, WHO has cited the BRICS (Brazil, Russia, India, China and South Africa) among the countries taking steps towards UHC. BRICS accounts for almost half of the world's population. According to WHO, more than 80 countries have requested technical support for UHC since 2010 and as Africa gears toward UHC there is need to re-evaluate the technical assistance required.

Most African countries have integrated UHC as a goal in their national health strategies[5]. However, the progress in translating these commitments into expanded domestic resource allocation for health, and ultimately, equitable, quality health services and increased financial protection has been far too slow (AMREF)[6]. According to WHO, while there has been improved health expenditure, government spending on health had reduced in half of the countries in Africa. Indeed, by 2014 only four countries met the Abuja target of 15 per cent of general government spending on health.[7] In Kenya, the total allocation to health sector by both National and County governments was 6.8% of the total budget in 2018/19[8]. In regard to Human Resource for Health (HRH), global shortages have been highlighted. For example, WHO (2006) report noted a shortage of about 4.3 million doctors, midwives, nurses and support workers worldwide. Recent HRH baseline assessments conducted in Mombasa and Kilifi counties identified health workforce gaps occasioned by low investment and unsustained strategies for retention.[9]

Human Resource for Health in Kenya

WHO defines human resources for health as "the health workforce, defined as "all people engaged in actions whose primary intent is to enhance health". These human resources include clinical staff such as physicians, nurses, pharmacists and dentists, as well as management and support staff – those who do not deliver services directly but are essential to the performance of health systems, such as managers, ambulance drivers and accountants"

By 2017, Kenya had 24 doctors per 100,000 population and 172 nursing officers per 100,000 population. This is against WHO's requisite standard of 21.7 doctors and 228 nursing officers per 100,000 population, respectively. The country reported a shortfall in nursing personnel. Still, the distribution of healthcare workforce remains skewed in favour of urban and more developed areas yet 70 per cent of the population lives in rural areas where majority of the poor and marginalized reside.[10] According to a CDC investigation (2008), almost 3000 people were served by a nursing officer in North Eastern compared to only 521 in Central region. Currently, the population growth of Kenya increases by more than 3,200 every day. However, the number of doctors added to the market annually does not meet the threshold of care.[11]
It is important to note that distribution of health workforce is not equitable. For example, most doctors are based in Nairobi and other big urban areas yet a higher proportion of the population lives in the rural areas. Nairobi, with just eight per cent of the population, has the highest number of health workers per population with 32 per cent of the doctors compared to Nyanza region with 14 per cent population and only nine per cent of doctors[12], respectively. To address the challenge of staff attrition and equitable distribution, the HRH Strategy 2014-2018 recommended strategies that require extra resources. For example, making rural and hard to reach areas more attractive by providing competitive and attractive retention package and use of innovative communication approaches.[13]

Table 1 : Registered Health Personnel by Cadre, 2014-2018[14]

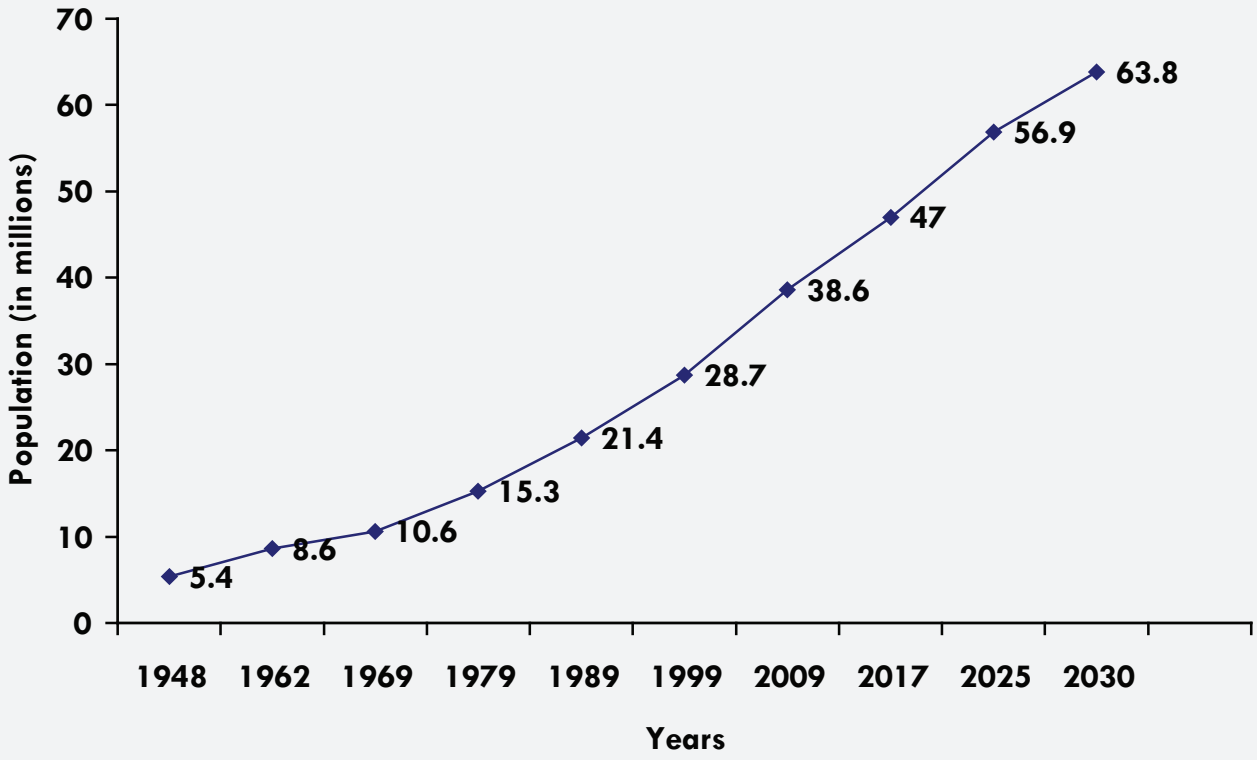
	2014		2015		2016		2017		2018*	
Cadre	Number	No. Per 100,000 Population	Number	No. Per 100,000 Population	Number	No. Per 100,000 Population	Number	No. Per 100,000 Population	Number	No. Per 100,000 Population
Medical officers	9,149	21	9,605	22	10,376	23	10,921	23	11,667	24
Dentists	1,090	3	1,094	2	1,149	3	1,206	3	1,270	3
Pharmacists	2,355	5	2,994	7	3,169	7	3,373	7	3,582	7
Pharmaceutical technologists	7,041	16	7,895	18	8,673	19	9,358	20	10,126	21
(BSc) Nurses	2,406	6	2,904	7	4,002	9	4,819	10	4,974	10
Registered nurses	38,802	90	41,178	93	47,480	105	51,420	110	52,587	110
Enrolled nurses	22,101	51	22,305	50	22,820	50	23,068	50	23,112	48
Clinical officers	15,960	37	15,443	35	18,674	41	20,680	44	22,626	47
Public health officers	9,039	21	10,110	23	12,564	28	13,895	30	14,879	31
Public health technicians	… 5,969	14	5,969	14	6,752	15	7,078	15	7,239	15
Laboratory technologists..	..	..	4,230	10	6,651	15	10,603	23	11,688	24
Laboratory technicians…	..	..	1,363	3	1,734	4	3,065	7	3,622	8
Nutritionists & dieticians	… 1,471	3	1,691	4	1,853	4	2,106	5	3,066	6
Nutrition & dietetic technologists	1,499	3	2,066	5	2,608	6	3,122	7	4,430	9
Total	**117,159**	**272**	**129,225**	**292**	**149,005**	**328**	**165,333**	**355**	**175,681**	**368**

Table 1 shows that the country has made positive strides towards meeting the WHO required ratio. However, in reality not all registered health workforce is practicing the provision of health care. The HRH Strategy 2014-2018 identified gaps across the health sector through to 2030. In fact, the Strategy noted that only clinical officers' engagement target would be achieved.

Kenya's Health Workers Challenges

Kenya's population has been growing rapidly since 1999. According to the Kenya National Bureau of Statistics (KNBS), Kenya's population was projected at 47,006,641 in 2017[15] and will be over 63 million by 2030.[16] This means that the country needs to develop strategies to not only train more health professionals but retain them in service. To achieve the Universal Health Coverage the country should strive to achieve WHO recommended minimum workforce density of 250 health workers (doctors, nurses, clinical officers, pharmacists) per 100,000 population. According to a GoK/USAID report, Kenya had only 146 health care workers per 100,000 population by 2013.[17] The total population of Kenya has been on an upward trajectory since 1969 and is projected to continue in the same path.[18] The figure below attests to this.

Figure 1: Kenya's Population Growth 1948-2030



Source: 2009 Kenya Population and Housing Census: Analytical report on Population Projections Volume XIV 2012

A high population growth rate already presents a challenge for implementation and achievement of UHC given the number of working age population that remains unemployed (1.4million)[19], unengaged, and generally lack social protection[20]. Second, rapid population growth translates to reduced investments in healthcare given that the country will be struggling to meet basic needs of the population. This rapidly growing population presents a challenge for the implementation of the Vision 2030.[21] The Kenya Health Sector Policy 2014-2030 prioritizes among others, prevention, diagnosis and treatment leading to universal health care. This can only be achieved if everyone everywhere can access healthcare professionals.

Kenya still faces huge challenges to achieve the UHC milestone taking into account the basic requirements in terms of financing, workforce, products and equipment, service delivery and safety measures, information management systems and governance structures. To start with, Kenya has not yet attained the recommended 15 per cent investment in Health as envisaged by the Abuja Declaration. By the end of 2017, only seven per cent of the total budget had been allocated to health leaving a bigger burden to individuals seeking healthcare services.

Singling out the Human Resources for Health (HRH) aspect, WHO points out that for countries to meet their health goals, including UHC, it is critical that those responsible for organization and delivery of health services have the right knowledge, skills and motivation in addition to right placements.[22] Indeed human resource is a critical asset and component of quality healthcare. The success of UHC depends on the continuous political commitment and leadership especially in HRH distribution within the tenets of efficiency, equity and sustainability. For an efficient and functional health system, considerations must be made on the right numbers and mix of human resources with right competencies and motivation[23] equitably distributed as per the spirit and letter of Global Health Workforce Alliance (GHWA) of "All people everywhere will have access to a skilled, motivated and supported health worker, within a robust health system"[24]. This is the healthcare ideal.

In Kenya, however, HRH gaps are still experienced due to limited resources to employ, high unemployment among nurses and clinical officers and frequent government freeze on hiring.[25] Conflicts have arisen in areas of promotions, remunerations, skills development and continuous learning. Devolution has also increased staff attrition in the counties with some leaving the country altogether. Industrial actions have in recent times paralyzed service provision while putting its quality in jeopardy. "In terms of funding healthcare, Kenya seems to be putting a lot of effort, however the health indicators still remain poor.

Why is this the case?" Maybe most of the answer to this question lies in the inadequacy of human capital to deliver healthcare. Almost all counties report shortage of healthcare personnel yet HRH is the cornerstone for quality health care services delivery[26].

The government has set up various strategies to achieve UHC. However, unless the issue of the healthcare professionals is critically addressed vis-à-vis the population in need of services, Kenyans will continue having challenges accessing health care. Low staffing levels results in one health worker manning a facility especially at level 2. When the health worker is away the community will be forced to seek services elsewhere. Health workers are the missing link that needs to be addressed in the realization of UHC as well as addressing the financial protection of the people accessing health care. As noted by WHO, while government spending on health dwindled, increases in health expenditure could be traced to household spending and development partner support.[27]

Retaining Health Professionals

Healthcare in Kenya is expensive yet 45.2 per cent of the population lives below the poverty line[28]. This means almost half of Kenya's population cannot afford healthcare. Therefore, as part of addressing healthcare financing, those who live below the poverty line need to have social protection to cover their medical bills. Ensuring everyone accessing health services is able to pay irrespective of their social status, is a mechanism that provides another stream of financing for the health services as well as the much needed funds to support better pay and employment of more health workers. With reduced workload and improved pay the strikes and the exodus of health workers will be minimized.

Human Resources for Health is one of the critical building blocks of health systems that attracts a substantial amount of total health system funding. Poor pay and workload have been cited as some of the issues that drive the health workers to resign, look for work elsewhere or generally lead to industrial action

To address the challenge of staff attrition and equitable distribution, the HRH Strategy 2014-2018 recommended strategies that require extra resources. For example, making rural and hard to reach areas more attractive by providing competitive and attractive retention package and use of innovative communication approaches.[29] It is worthwhile to evaluate the achievements of the HRH Strategy of 2014-2018 and address the gaps. At the same time, there is need to undertake a pay and workload analysis and come up with workable solutions.

Health Systems Strengthening for the Realization of UHC

Africa has made some progress with regard to health coverage, especially in improving antenatal care and skilled deliveries indicators. However, the overall basic essential health coverage remains low casting doubts in meeting the 80 per cent SDG target. Most health systems in Africa are struggling with epidemics and an increased burden of chronic diseases.[30]

A "health system" is described as all the organizations, institutions, resources, and people whose primary purpose is to improve health (WHO, 2010). WHO has placed additional emphasis on health systems as the means to deliver effective and affordable care and to achieve increased health equity, especially for the poor. Health care System Strengthening (HSS) comprises of six core components as follows: Leadership and governance and health information systems as cross-cutting components that provide the basis for the overall policy and regulation of the other system blocks. Financing and the workforce are key input components, while medical products/technologies and service delivery reflect immediate system outputs[31]. Health care system strengthening remains at the core of Kenya Government's reform agenda. The quality and density of the health workforce or Human Resources for Health (HRH) to a large extent determine a population's health outcomes.[32]

Realizing Quality Health Care Services

The staff gaps, especially with regard to nursing officers need to be addressed. Despite their numbers, nursing officers are often overworked especially in the hard to reach areas. It is common practice to find one nurse manning a health facility. This means that she will clock patients, give diagnosis, dispense medicaments, conduct deliveries, counsel those in need, provide family planning services and also keep records. When they take leave or are unwell the health facility may remain closed as it is not always possible to get an alternative. In such scenarios, which are quite common in developing countries, the quality of health services will be jeopardized.

"Health workers are the cornerstone of a resilient health system, and their demand is set to increase as the global economy expands and the world's population grows and ages. Beyond its effects on UHC and public health, health employment fosters inclusive growth and social cohesion, as demonstrated by the High Level Commission on Health Employment and Economic Growth. In order to make progress towards UHC, it is critical to address the global shortage of health skills and scale up quality education and lifelong learning, so

that adequate numbers of health workers who have skills that match health needs and are motivated, are available in the right quantity at the right places."[33] It is critical, therefore, for concerted efforts towards addressing and investing in healthcare.

There is need to implement the Public Private Partnership (PPP) policy for health to increase financing but also improve quality of health services. UHC cannot be sustained on a single source of financing nor through heavy reliance on donor support hence the need to bring on board more people to NHIF as well as private sector support.

Community Health Strategy has worked elsewhere and involving Community Health Volunteers (CHVs) to support UHC can contribute especially to the preventive aspect of health.[34] The health volunteers can also be used to fast track registration as well as expansion of NHIF benefits and reach to other members of the society[35.] CHVs are also useful in sensitizing the public on the benefits of UHC.

Recommendations

- Implement the HRH strategy to attract and retain health workers in service especially in the hard to reach areas.
- Conduct a pay and workload rationalization study for evidence to advocate for increased health workforce and other resources
- Strengthen recruitment of adequate numbers of health workers to ensure adequate numbers of health workers for equitable deployment.
- Scale up the implementation of the Community Health strategy.

Conclusion

Given the major gaps highlighted in healthcare workforce, it remains critical for the government at both national and county levels to take urgent action in plugging the health workforce gaps in order to fast track the realization of UHC and indeed the Big Four Agenda. The health workforce is critical in delivery of services and maybe the missing link in ensuring Kenya achieves the Universal Health Coverage by 2022.

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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References

1. Ministry of Health 2014. Ministerial Strategic and Investment Plan 2014-2018. MOH Nairobi
2. http://www.kenyalaw.org/lex/actview.xql?actid=Const2010#KE/CON/Const2010/chap_4 accessed on 11.12.2018
3. GoK, 2014: Kenya Health Policy 2014-2030
4. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf accessed on 11.12.2018
5. https://www.who.int/health_financing/documents/uhc-in-africa-a-framework-for-action.pdf accessed on 29.05.2019
6. https://amref.org/news/community-health-workers-critical-achieving-universal-health-coverage/ accessed on 16.11.2018
7. https://www.who.int/health_financing/documents/uhc-in-africa-a-framework-for-action.pdf accessed on 29.05.2019
8. KNBS. 2019. Economic Survey
9. http://www.mombasa.go.ke/wp-content/uploads/2018/07/Mombasa-County.pdf accessed on 15.12.2018
10. GoK, 2014: Kenya Health Policy 2014-2030
11. http://universalhealth2030.org/2017/05/15/kenya-report-lays-bare-kenyas-frail-health-sector/
12. : Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya, 2015 accessed at https://www.taskforce.org on 20th December 2018
13. MoH, 2013. Kenya HRH Strategy, 2014-2018
14. KNBS. 2019. Economic Survey, 2019
15. KNBS, 2018: Statistical Abstract 2018
16. KNBS, 2014: Population Projections
17. GoK/USAID, 2013. HRH Assessment Report for Northern Kenya: Overview of Health Workforce Distribution across 10 Counties
18. ditto
19. KNBS, 2018. The 2015/2016 Kenya Integrated Household Budget Survey: Labour Force Basic Report
20. GoK, 2017: Third Annual Report 2015-16 on the Implementation of Second Medium Term Plan (MTP) (2013-17) of Kenya V2030
21. ditto
22. https://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_HumanResources_oct08.pdf accessed on 14.12.2018
23. https://www.who.int/bulletin/volumes/91/11/13-118729/en/ accessed on 14.12.2018
24. http://pacifichealthsummit.org/downloads/UHC/Health%20workforce%20the%20critical%20pathway%20to%20uhc.PDF accessed on 14.12.2018
25. GoK/USAID, 2013, Human Resources for Health: An Assessment Report for Northern Kenya
26. MoH, 2013. Kenya HRH Strategy, 2014-2018
27. https://www.who.int/health_financing/documents/uhc-in-africa-a-framework-for-action.pdf accessed on 29.05.2019
28. KNBS 2018.2015/16 Kenya Integrated Household Budget Survey, Basic Report
29. MoH, 2013. Kenya HRH Strategy, 2014-2018
30. https://www.who.int/health_financing/documents/uhc-in-africa-a-framework-for-action.pdf accessed on 29.05.2019
31. https://www.measureevaluation.org/prh/rh_indicators/health-systems/hss
32. GoK/USAID, 2013, Human Resources for Health: An Assessment Report for Northern Kenya
33. https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_Official_documents/UHC2030_vision_paper_WEB2.pdf accessed on 15.12.2018
34. https://amref.org/news/community-health-workers-critical-achieving-universal-health-coverage/ accessed on 16.11.2018
35. URL: http://dx.doi.org/10.5539/gjhs.v8n7p218 accessed on 06.11.2018