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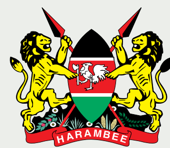


Collaborating Organizations: Population Studies and Research Institute, National Council for Population and Development, UNFPA

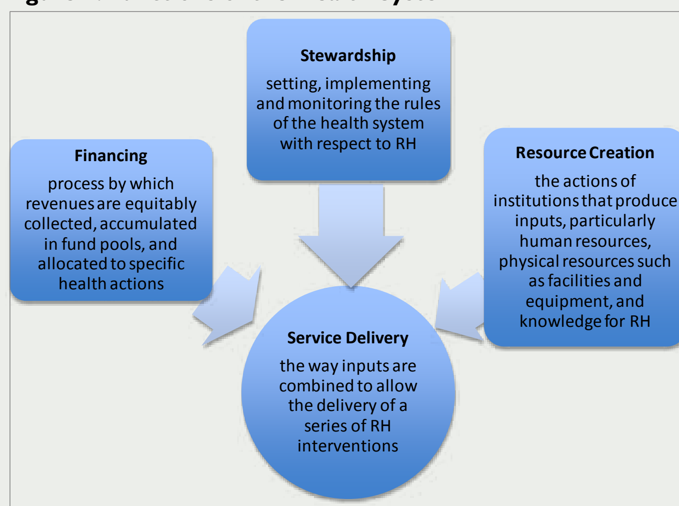
Strengthening Kenya's Health System for Better Reproductive Health

The role of a health system is to improve health status of the population by providing quality and comprehensive health care for all people while ensuring that the poor and other disadvantaged people have fair access to essential health services. Kenya's health system, though improving, has been weak due to inadequate financing, lack of enough human and non-human resources, and poor access to services. As a result of this, Kenya will not meet the health MDG targets including the reproductive health targets. Kenya Vision 2030 envisages a population that is leading a high quality of life by the year 2030. However, for this to be achieved, the persistent poor reproductive health indicators will need to be improved alongside other development indicators. To ensure success in improving these indicators, the country's health system will have to first be strengthened. This brief identifies aspects of Kenya's health system that need strengthening. It also proposes measures that need to be taken to improve reproductive health and consequently the quality of life for all citizens.

Background

A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain good health[1]. Any health system has four basic functions of 1) financing; 2) service provision; 3) resource generation and; 4) stewardship as outlined in Figure 1[2]. It is widely accepted that health is a key component of sustainable development. This therefore implies that a country can only progress if it has a well functioning health system.

Figure 1: Functions of the Health System



Source: World Health Organization, 2000

The goal/outcomes of the health system – improved health status and equity; responsiveness; financial risk protection; and improved efficiency – can be used to gauge overall health system performance. An equitable health care policy should therefore seek to reduce the inequality in health (life expectation, self-reported morbidity, quality of life in terms of personal and social functioning) at every stage of the life cycle.

Kenya's development blueprint, the Kenya Vision 2030, is based on three key pillars; political, economic and social pillars. Health, which is expected to contribute to a high quality of life for all citizens as is anticipated by the Vision, falls in the social pillar[3]. Unfortunately Kenya's health care system lacks adequate local financial and technical resources that are needed to ensure good health for all. As a result, the country's health system is highly inequitable and policies aimed at promoting equity and addressing the needs of the poor and vulnerable have not been successful[4]. At the same time, the country's health system depends substantially on external resources thus making it unsustainable in the long run.

Generally, reproductive health policies are based on two obligations of health: promoting human rights and health contributing to development. In this regard, the Millennium Development Goals (MDG) make reference to reproductive health under the goals to reduce child mortality (MDG-4) and to improve maternal health (MDG-5)[5]. In Kenya, reproductive health (RH) is deemed an essential priority under the Kenya Essential Package of Health (KEPH). Out of 363 interventions listed in the KEPH, 104 – about 29 percent – are on reproductive health[6]. Among the reproductive health interventions identified in the KEPH are antenatal and obstetric care and family planning which are directly linked to maternal and child mortality. Given the aspirations of Kenya Vision 2030 to ensure a high quality of life for all, this can only be achieved if the reproductive health interventions are accessible and effectively implemented.

Reproductive Health Services and Outcomes

As in many other developing countries, RH services in Kenya are delivered through a multi-sectoral approach involving many implementing partners with oversight being provided by the Ministry of Health. There are two major RH delivery mechanisms, the clinic and non-clinic

based systems. In 2012, there were 8,326 health facilities offering RH services compared to 4,742 in 2004. This was a substantial increase in the number of health facilities providing these services. Unfortunately this has not translated into the universal access of the services and high quality of life for all as shown below by the examples of family planning and maternal and newborn care services.

Family Planning: Differences in provision of FP services exist depending on facility ownership with 95 percent of public health facilities, 84 percent of private, and 44 percent of the faith-based facilities offering modern FP services. In 2008-9, about 57 percent of current family planning (FP) users obtained their methods from public facilities, while 36 percent were supplied by private facilities and 6 percent obtained supplies from other sources, such as shops[7].

Despite the high number of facilities offering FP services and the universal contraceptive knowledge (97%), only 39 percent of married women in Kenya use modern contraception. About 26 percent of these women have an unmet need for FP. Worse still, slightly over half of the women who are HIV positive have an unmet need for FP. The unmet need for FP in the country hardly changed between 2003 and 2009[8]. This has contributed to the more than one million unplanned pregnancies that occur in Kenya every year. Health system failure largely due to inadequate service provision, poor access to FP commodities and the lack of support for contraceptive security are the major causes of unmet need and low utilization of FP methods. Further there is considerable inequity in service provision with the poor, the informal sector, and certain geographical areas affected more than others.

Maternal and Newborn Care: Whereas the majority of health facilities in Kenya offer antenatal care, 79 percent of dispensaries and 17 percent of health centres do not offer normal delivery services. Hospitals (95 percent) remain the facilities best equipped to offer normal delivery services across the country. Even then, caesarean section services are available in only half of Kenyan hospitals and just 30 percent of maternity designated facilities. Geographically there is considerable disparity in availability of maternal health care services as shown in Table 1. Nairobi has the highest proportion of facilities capable of providing caesarean section deliveries at 13 percent. All the other provinces range from 3 to 6 percent of the facilities being able to conduct caesarean sections.

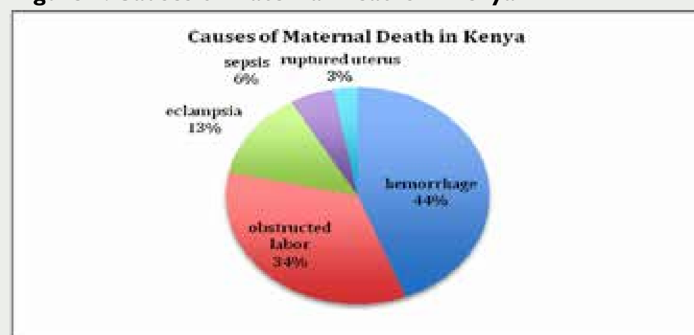
Table 1: Availability of Maternal Health Services by Province

Province	ANC	Normal Delivery Service	Caesarean
Nairobi	79	32	13
Central	56	13	4
Coast	70	27	4
Eastern	71	30	3
North-eastern	69	44	4
Nyanza	94	52	5
Rift Valley	74	27	4
Western	94	47	6
National	74	30	5

***Source**: Kenya Service Provision Assessment, 2010*

The majority of pregnancies, both wanted and unwanted, inevitably lead to childbirth. Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among Kenyan women. Figure 2 shows that the main causes of maternal deaths in Kenya are bleeding (Haemorrhage), obstructed labour, and high blood pressure (Eclampsia). Recent estimates show that there are 488 maternal deaths per 100,000 live births. Between 1990 and 2010 there has been no change in the maternal mortality figures with actual number of deaths increasing due to rising population. Most of these deaths can be prevented by ensuring the availability of good emergency obstetric care.

Figure 2: Causes of Maternal Deaths in Kenya



Source: 'KNBS and ICF Macro (2010)'

In 2008-9, it was estimated that about 43 per cent of births in Kenya occur in a health facility, a rate no different from the 40 percent recorded in 2003. Women in North Eastern and Western provinces were least likely to deliver in a health facility (25% and less) compared to more than 70 percent in Central and Nairobi provinces. The most common reason women gave for delivering at home was long distance to the facility or the lack of transport. Overall in 2008, just 44 percent of the births were delivered with the assistance of a skilled provider. This situation increases the risk of morbidity and mortality among pregnant women.

Health System Resource Constraints

While all the components of the health system require improvement in effectiveness and efficiency, two components, financing and human resource, contribute significantly to the relatively low levels of RH services as is shown below.

Financing: RH services within Kenya's health system are financed through a mix of public, private, and donor resources. Donors fund most of the procurement costs of all contraceptive commodities except condoms. This includes contraceptives provided by NGOs. However, 75 to 80 percent of the total FP service delivery-related costs are met by the government through provision of personnel, facilities, and other support activities. The country's spending on health is still inadequate at less than half of the recommended Abuja Declaration goal of ring-fencing 15 percent of all public spending for health[9]. This implies that the current funding levels are inadequate in terms of helping the country to accelerate the achievement of the set health targets including RH targets. Further, despite the Ministry of Health (MoH) guidelines that RH services

be provided free, in practice only about 20 percent of women who use modern contraceptive methods receive the method free of charge. Given the high poverty levels in the country, it is probable that many people are unable to access FP services due to the cost involved.

Human Resource: The patterns of recruitment, training, deployment, and retention of qualified human resources such as doctors are major factors that can explain the unavailability of emergency obstetric care around the country. Certain cadres of health personnel are hardly found in the public sector which serves the whole country. For example only 25 percent of all doctors (slightly over 1,500 doctors) are found in the public sector. In 2007, Nairobi, where 8.2 percent of the total national population lives, had about 25 percent of the doctors who are employed in the public sector leaving the rest of the population (over 90%) to share the services of about 1,100 doctors in the health sector. In the same period, nearly 1 in every 3 health facilities in North Eastern Province remained closed due to lack of health personnel occasioned by poor distribution.

Table 2: Number of registered medical personnel and personnel in training, 2008 and 2009

	2008	2008	2009	2009
Type of personnel	No.	No. per 100,000 population	No.	No. per 100,000 population
Doctors	6,693	17	6,897	17
Dentists	974	3	1,004	3
Pharmacists	2,860	7	2,921	7
Pharmaceutical Technologists	1,815	5	1,950	5
B.Sc. Nurses	657	2	778	2
Registered Nurses	14,073	37	15,948	40
Enrolled Nurses	31,817	83	31,917	81
Clinical Officers	5,035	13	5,888	15
Public Health officers	6,960	18	7,192	18
Public Health Technician	5,969	16	5,969	15
Total	76,883		80,464	

Source: NCAPD et al 2010.

Table 2 shows that Kenya still has a long way to go in terms of recruiting enough health personnel. In 2009, there were only 17 doctors, 40 registered nurses, and 15 clinical officers for every 100,000 people. This already implies that there are even fewer health personnel available to meet the public's demand for reproductive health services. The geographical disparity in the distribution of the health personnel only serves to aggravate the situation.

Policy Implications

From the foregoing it is clear that Kenya's health system requires strengthening so as to enable the health sector to contribute effectively to the achievement of the Vision 2030 goal of ensuring a high quality of life for all citizens. Therefore, for the country's health system to be strengthened, deliberate policy measures will need to be taken in the following areas;

- Financing is a critical component of the health care system and therefore more resources will need to be sought for the purpose of financing the other components of the system. Without availing adequate resources the country's health system will remain ineffective, inefficient, and inequitable.
- Human resource issues will have to be addressed urgently especially in terms of the number of health personnel and their distribution. This has been identified as one of the key reasons why access to and utilization of health services, including reproductive health, has remained poor.
- Health infrastructure and non-human resources required for the provision of reproductive health services will need to be increased so as to enhance access to these services.

For all the above measures to be implemented effectively, a strong and focused stewardship should be exercised by all the key actors at the policy level.

Recommendations

Here below are the recommendations for strengthening the country's health system and improving the provision of reproductive health services;

- **Financing**: The Government of Kenya through the Ministry of Finance should progressively work towards increasing the allocation to the health sector over the next 5 years to 15 percent of the Government's annual expenditure as recommended by the *Abuja Declaration*. By doing this, while at the same time encouraging other stakeholders to invest in the sector, will contribute immensely to accelerating the achievement of the country's RH targets. At the same time all efforts should be made to ensure that the poor and vulnerable are not hindered by user fees from accessing RH services.
- **Human Resource**: The Ministry of Health (MoH) should over the next 10 years focus on engaging more health personnel and ensuring that they are equitably distributed countrywide. Incentives should also be provided for those who are posted to work in rural or hardship areas so that they can remain in public sector employment. This action will have the effect of enhancing access and contributing to the equitability of the country's health system as health personnel will be available in all parts of the country to provide health services including RH services.

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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- **Health Infrastructure and non-human resources** required for the delivery of RH services should be increased countrywide by MoH over the next decade. The services that need to be targeted are FP, ANC, normal delivery, and caesarean section delivery. By increasing the equipment and supplies needed to provide these services, the country's RH indicators are bound to improve as a result of improved availability of RH services.

In implementing the above recommendations, MoH will need to exercise good stewardship with the aim of rallying all stakeholders in the health sector to contribute to the strengthening of the country's health system. This will entail persuading the non-governmental actors to expand their investments and service provision to all parts of the country for the benefit of the public.

Conclusion

Kenya's health system needs to be strengthened. By strengthening this system, health services will be improved and the country's targets, including the RH targets will be met thereby contributing to the aspirations of Vision 2030 that aims to ensure a better life for all.

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