

POSITION PAPER FROM THE KENYA CIVIL SOCIETY ORGANIZATIONS (CSOs) ON DOMESTIC RESOURCE MOBILIZATION FOR SUSTAINABLE HEALTH FINANCING

Preamble

Civil Society Organizations (CSOs) have been instrumental in advocating for increased financing towards health in Kenya, playing a crucial role in shaping policies, monitoring their implementation, and providing evidence-based recommendations for improving health outcomes. CSOs have championed the allocation, prioritization, and utilization of resources for essential health programs, ranging from community health to primary healthcare, maternal and child health, TB, HIV/AIDS, and malaria. Through their efforts, CSOs have facilitated public participation, conducted research, monitored and evaluated health programs, and promoted social accountability, resulting in more effective health resource allocation and utilization.

However, despite their significant contributions, the health financing landscape in Kenya still faces challenges. These challenges include duplication of health system coordination structures, poor policy development and implementation, over-reliance on donor funding, and misappropriation of health resources. In response to these obstacles, CSOs have, through this position paper, put forth a set of recommendations to overcome these challenges and ensure sustainable health financing.

One key recommendation is the ring-fencing of revenues generated by health facilities to improve health infrastructure and essential services. To achieve this, CSOs propose for their involvement in advocacy efforts with county assemblies and the management of these funds to ensure transparency and accountability. Secondly, the CSOs emphasize the importance of achieving more health for money, addressing health inefficiencies, reducing wastage, and avoiding duplication of efforts in the health sector. Civil Society Organizations have demonstrated efficient resource utilization and recommend that the government learn from their innovative practices such as the Peer Educators Model.

CSOs further emphasize the need for equity in health service delivery by adopting the concept of not leaving anyone behind. They propose measures such as the registration of indigents by the National Health Insurance Fund (NHIF) and addressing inequities in access to healthcare services for vulnerable populations, including persons with disabilities, migrants, mobile communities, and cross-border populations. To implement this, the CSOs call on the government to closely collaborate with them through their strong and extensive grassroots networks in conducting targeted awareness campaigns, educating communities on the benefits of health insurance, and improving access to healthcare services.

To enhance transparency and accountability in the health sector, CSOs recommend the inclusion of CSO representatives on public boards such as the NHIF board. They also emphasize the importance of implementing performance contracting and scorecards e.g. ALM

Tracker. The CSOs stress the need for transparency in financial reporting and conflict of interest management. They further propose the implementation of clear service charters with punitive measures to ensure accountability.

Finally, call for expediting KEMSA reforms and strengthening its accountability mechanisms for improved commodity security. By implementing these recommendations, Kenya can strive towards a more sustainable and effective health financing system that improves health outcomes for all its citizens.

CSOs PROPOSALS FOR CONSIDERATION FOR SUSTAINABLE HEALTH FINANCING

1. Mobilize more money for health

We commend Kenya for signing on to the ALM Declaration for investing in Health. Specifically the commitment to 1. Increase Domestic Investment in health and for heads of state to review country performance annually – against the benchmarks of the Africa Scorecard on Domestic Financing for Health. And 2. Convene AU Ministers of Finance and Health every two years to discuss the implementation of these health financing reforms and to review progress against benchmarks. We pledge to support H.E. the President in honoring this commitment. However, in light of dwindling donor funding and Kenya's current shortfall of 15% of budget spending allocation to Health (currently at 11%), we as Civil Society call for:

- **The government to explore innovative revenue generation strategies in bridging the funding gap and reducing dependence on constrained public resources and out-of-pocket spending**, such as expanding NHIF coverage by registering more indigents and exploring alternative financing mechanisms such as public-private partnerships. CSOs call to be meaningfully involved in national policy-making and budget-making processes, conducting research on revenue generation models, and engaging in public awareness campaigns to promote enrollment in NHIF.
- **Counties that have not ring-fenced revenues generated by health facilities for use in improving health infrastructure and other essential services to fast-track the legislation process.** CSOs should be involved and granted access to advocacy with county assemblies and management of the fund to ensure proper utilization and accountability.

2. More Health for Money

In Kenya, several inefficiency challenges in health expenditure hinder the effective utilization of healthcare resources. The challenges include misallocation of health funds, inadequate financial management systems, duplication of effort, including weak budgeting and expenditure tracking mechanisms, lack of transparency and corruption within the procurement and supply chain processes, insufficient coordination and collaboration between different sectors and levels of government and inadequate monitoring and evaluation systems that impede the assessment of

health financing performance and the identification of areas for improvement. To address these inefficiencies, the Civil Society calls for:

- **The government, in close consultations with the CSOs, fast-track reforms and streamlined procurement processes at KEMSA by enforcing transparency measures as per PPRA as well as promoting fair bidding and competitive pricing.** As CSOs, we believe this will reduce perennial corruption risks, prevent inflated prices, minimize stockouts, reduce wastage, and ensure value for money. Additionally, we call for decentralization and the establishment of regional KEMSA for convenience in serving the people at the grassroots. We also appreciate and call for the actualization of the President's efforts toward ensuring commodity security through local production.
- **Strengthened relationship, engagement, and establishment of a 2-way feedback mechanism between CSOs and the two levels of government in ensuring they adequately play their accountability and oversight role in the implementation and delivery of health-related programs.** Through these engagements, the government can borrow lessons from the CSOs on efficient management and utilization of resources.
- **Strengthened transparency in financial reporting by publishing regular financial reports that provide detailed information on health expenditures.** These reports should be easily accessible for public scrutiny and should include expenditure breakdowns, budget utilization, and outcomes achieved. We call for CSOs to be meaningfully involved in developing standardized reporting frameworks on financials.

3. Equity in health financing and service distribution

We applaud Kenya for committing to "Leaving No One Behind" through the government making NHIF contributions to Indigents Registration. However, gaps remain in the identification and registration of the indigents to ensure no one truly gets left behind. Inequities in access to health services also need to be addressed especially for PWDs, Migrants, and Mobile Communities (Cross Border Populations). Against this background we as Civil Society:

- **Implore the government to expedite the timely disbursement of funds for Edu-Afya & Linda-mama health insurance subsidy programs** to avoid disruption of quality health service delivery and offer subsidized premiums for those unable to pay the full price. Partnering with the private health sector to improve the use of vouchers can further increase the uptake of essential services.
- **Call on the government to address missed opportunities by expanding access to high-impact preventive interventions through increased investment in preventive and promotive health** interventions including family planning education, vaccination, antenatal and postnatal care. We call for strengthened collaboration with CSOs working on health promotion and community-based initiatives in mobilizing communities,

delivering health education and awareness programs, and supporting advocacy efforts to secure more funding and resources for preventive interventions.

- **To prioritize investments in health, particularly among neglected areas** by addressing gaps in human resources for health, quality of community-level health services, and other components of the health care delivery systems, to ensure an increase in availability and affordability of services. We call on the government to widen the scope of training provided to CHVs, as essential frontline healthcare workers who provide vital services at the community level, to enhance their skills and knowledge in supporting the delivery of primary healthcare and UHC. Additionally, we call for expedited actualization of a system for the provision of stipends for CHVs, as was committed in the Kenya Kwanza Manifesto, for their valuable contributions to the delivery of primary health care.
- **Strengthen referral services across levels of care**, with special emphasis on Level I, II, and III health facilities that serve the larger part of communities in the counties.

4. Leadership, governance, and coordination of health financing

Good leadership, governance, and coordination of health service delivery play crucial roles in effective health financing. Strong leadership at both national and county levels is required to set clear strategic directions, prioritize health investments, and ensure accountability. This involves developing comprehensive health financing policies and frameworks that align with national development goals e.g. Vision 2030 and international commitments like Abuja Declaration and ALM Commitments. Effective governance mechanisms should be established to oversee health financing activities, promote transparency, and prevent corruption. To achieve this, the Civil Society calls for:

- **The government, through social contracting, to engage and enter into agreements with CSOs and other community-based organizations**, in the planning, implementation, and monitoring of health activities. By embracing social contracting, the government can tap into CSO expertise, local knowledge, and community networks to improve health service delivery. This approach will promote transparency, accountability, and citizen participation in decision-making processes.
- **Nomination of CSO representatives on public boards such as NHIF and KEMSA to promote transparency, accountability, inclusivity, and public trust** in the management of health funds and resources. CSOs have a strong understanding of community needs, advocacy skills, and experience in promoting accountability and the government can benefit from their contributions to decision-making processes, policy formulation, and oversight.
- **The government to embrace and create avenues for meaningful public consultations and citizen engagement**, where individuals, CSOs, and communities can voice their opinions, contribute to decision-making processes, and hold leaders

accountable. This participatory approach will strengthen governance, increase transparency, and foster partnership and buy-in of health initiatives.

- **The government put in place mechanisms that will promote collaboration between the health sector and other relevant sectors**, such as education, finance, and social welfare, to leverage resources, address social determinants of health, and promote coordinated service delivery. We believe the strengthened multi-sectoral collaboration will help address the root causes of health financing challenges, maximizes resource utilization, and avoids duplication of efforts. By working together, sectors can develop comprehensive strategies to improve population health outcomes and optimize health expenditure.
- **Strict implementation of Service Charters with clear punitive measures.** This will ensure that healthcare facilities adhere to defined standards of service delivery. This will in the long run promote accountability at the facility level, quality improvement, and patient satisfaction, ultimately contributing to effective governance of health delivery.
- **Implementation of performance contracting with specific goals and deliverables that are established and regularly assessed through performance trackers.** This mechanism will promote accountability, motivate efficient resource utilization, and improve the quality of healthcare services.

Signatories

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NOPE