



Celebrating Civil Society Advocacy for PHC in Kenya



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AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CHW	Community Health Worker
CSEM	Civil Society Engagement Mechanism
CSOs	Civil Society Organizations
GFF	Global Financing Facility
KEPH	Kenya Essentials Package for Health
KES	Kenyan Shilling
NCDs	Non-Communicable Diseases
NHIF	National Hospital Insurance Fund
PHC	Primary Health Care
RMNCAH-N	Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
USD	United States Dollar
WHO	World Health Organization



Foreword

Enhancing primary health care (PHC) is considered a policy priority for health systems strengthening due to its ability to provide accessible and continuous care and reduce mortality. Through its commitment to achieve Universal Health Coverage (UHC), Kenya has achieved significant progress in strengthening health systems to align with the principles of PHC. UHC means that all people obtain the health services they need without suffering financial hardship, and universal access to PHC is an integral part of this. Kenya has committed to enhancing PHC, and the fight against COVID-19 has further underlined the crucial part played by PHC in meeting community needs in both calm and crisis situations.

Despite PHC being a critical part of the healthcare system, provision of this level of care faces a number of challenges that curtail its quality and potential benefits to the people. These challenges include, but are not limited to: increased inequalities in access to affordable health care; fragmentation of services and lack of comprehensive approaches to key interventions; inadequate commitment to integration of PHC in the system; lack of adequate personnel and expertise to address the medical needs; poor infrastructure where most facilities do not have the proper facilities to handle the medical challenges; and demographic shifts such as an increasing youthful population at risk of communicable diseases and injuries and an increasing aging population at risk of non-communicable diseases.

At WACI Health, we understand that providing UHC to everyone is not an easy task. We also acknowledge that PHC is rooted in a commitment to social justice, equity, solidarity and participation. To get to UHC, there are many important steps to make. The global health community must find a way to package UHC into accessible and viable elements. Our work seeks to ensure that healthcare programming addresses the fundamentals of UHC such as access, quality of health services, and protection against financial hardships. Our PHC work is framed on the premise that UHC requires a strong primary health care foundation.

WACI Health aims advocate for continuous improvement our accountability for results, especially around the goal of ending life-threatening epidemics; and health for all in Africa by influencing political priorities. Through ensuring accountability, we are able to generate trust on the part of those we serve and those who support us. Together with our partners, we have shown progress in acting as a champion for patients, and health care providers, in our joint efforts to transform services delivery across Kenya and the greater African region.

We thank everyone who contributed to the successes described in this report. We look forward to these continued efforts in improving PHC in Kenya and the greater African region.

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Signature

Ms. Rosemary Mburu
Executive Director
WACI HEALTH

1. Background to Primary Health Care in Kenya



Global health commitments on primary health care

The goal of attaining Primary Health Care (PHC) for all has been at the center of the health development agenda for many decades, originally inspired by the 1948 World Health Organization (WHO) constitution.¹ The WHO constitution envisages the attainment of the highest standard of health as a fundamental human right. The Sustainable Development Goals (SDG), especially SDG 3 on health and wellbeing, goes further to anchor the attainment of Universal Health Coverage (UHC) as one of the 17 global goals. UHC contemplates that all people and communities can access and use quality, promotive, preventive, curative, rehabilitative and palliative health services whenever they need them without being exposed to any financial hardship.² PHC is indispensable towards achieving UHC. PHC is increasingly viewed as the best way to reduce waste and improve efficiencies in service delivery, get the incentives for quality performance right, and implement cost-effective interventions in low-resource settings.³



“PHC is a whole of society approach to healthy well-being, focused on needs and priorities of individuals, families and communities. It is developed with the concept that people are able receive at least the basic minimum health services that are essential for their good health and care. PHC extends far beyond just managing illness to include disease prevention (e.g., immunization) and health promotion (e.g., education) as well.”

World Health Organization⁴

1 WHO. Primary healthcare and sustainable development goals. 2020. <https://www.who.int/bulletin/volumes/98/11/19-245613/en/>

2 WHO. Universal Health Coverage. [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

3 WHO. From primary health care to universal coverage. 2017. <https://www.who.int/publications/10-year-review/chapter-uhc.pdf?ua=1>

4 WHO. Primary health care. <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>



Governance of PHC

As a signatory to the SDGs, Kenya adopted the global goals and has since then made reforms to the health system. On health and well-being, milestones have been made to ensure access to medical facilities and affordable treatment to citizens through the government-led UHC which was declared in December 2018 as part of the government's big-four agenda. While global and regional regulations and agreements exist, PHC in Kenya is primarily guided by national level policies and legislation which range from the country's constitution to specific acts of parliament. The main policy document guiding PHC is the Kenya Essential Package for Health (KEPH) concept which was adopted in 2005.⁶ KEPH outlines high-impact, cost-efficient interventions for different age cohorts, and defines the service package to be provided at each level.

Tiered service delivery model to advance PHC

Kenya's health sector is pluralistic. It consists of public, private, and non-governmental providers who collectively create a tiered health delivery system.⁵ The Kenyan health system defines six levels of the hierarchy, with community and PHC services at the bottom while tertiary referral health services at the top. These tiers differ based on resource availability and capacity to handle complex cases.

PHC services include disease prevention and health promotion services, outpatient services, ambulatory services, and inpatient services for patients awaiting referral. These services are available at the over 8,000 dispensaries and health centers spread across the country.⁶ This number increased in the recent past, largely driven by the increase in healthcare demand which was made possible by positive policy interventions such as the lifting of user fees, introduction of free maternal health care, and subsidized health insurance for the vulnerable groups.

Funding landscape for PHC

Funding for PHC services comes from: (1) the national government, though conditional grants advanced to counties; (2) county government allocations to the health sector; and (3) NHIF remittance in compensation for service delivered at the points of care. Additional funds are sourced from development partners and donors who either channel funds through the government or directly into beneficiary organizations.⁷

In the fiscal year 2021/22, Kenya's health budget was KES 121.1 billion (USD 1.09 Billion), which was a 3.4 percent share of the total government budget. This is

5 East, L. A., Arudo, J., Loeffler, M., and Evans, C. M. (2014). Exploring the potential for advanced nursing practice role development in Kenya: a qualitative study. *BMC nursing*, 13(1), 33. <https://doi.org/10.1186/s12912-014-0033-y>

6 WHO, "Primary Health Care Systems (PRIMASYS)". Case study from Kenya, abridged version. Geneva, (2017). <https://apps.who.int/iris/rest/bitstreams/1344469/retrieve>

7 Ministry of Health. Kenya Primary Health Care Strategic Framework 2019 – 2024. <https://www.health.go.ke/wp-content/uploads/2020/07/Kenya-Primary-Healthcare-Strategic-Framework13-signed.pdf>



way below the 15 percent agreed upon by African leaders at the Abuja Declaration conference to improve their health sectors.⁸ Notably, there is an increase from the budget policy statement ceiling mainly due to increased allocations for preventive and promotive health care due to the COVID-19 pandemic. COVID-19 interventions were allocated 12.7 percent of the total funds; with 25.3 percent of these COVID-19 funds being allocated to the procurement of vaccines.⁸

The impact of COVID-19 on PHC

The COVID-19 pandemic has been the fastest-moving global public health crisis in a century, causing significant mortality and morbidity and giving rise to daunting health and socioeconomic challenges. Pandemic control measures had a significant impact on the utilization of PHC services. Movement was restricted at night, reducing access to emergency health services during night hours.⁹ Public and private facilities were forced to close as a result of inadequate PPE in some cases and the designation of some as COVID-19 isolation units in other cases.⁹ Additionally, there was a lack of public awareness that services were still offered, and for those who were aware, the exorbitant expense of using the limited public transportation options also reduced the number of individuals able to obtain health services.⁹

As the course of the pandemic progressed, the Ministry of Health (MoH) made it a top priority to maintain access to essential health services. The Technical Working Group (TWG) to Maintain Essential Services - a newly-formed subcommittee of the COVID-19 taskforce at the Ministry of Health - focused on identifying solutions to ensure people could continue to access the health care they needed by resuming some elective procedures and highlighting certain services to prioritize, such as antenatal care, immunizations, and child health services.¹⁰ Health facilities were reconfigured by the TWG to ensure that there was enough room for effective service delivery in accordance with pandemic protocols. Further there was greater supply of PPE to facilities and community health volunteers to ensure the continuity of services.¹¹

8 WHO, Health Systems Financing, Page 5, (2008), www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Financing.pdf

9 Dr. Agatha Olago, Mason Chowdhury. Keeping up in Kenya: Maintaining Essential Services in Crisis and Calm. 2021. <https://improvingphc.org/blog/2021/03/17/keeping-kenya-maintaining-essential-health-services-crisis-and-calm>

10 Ministry of Health. Interim Guidance on Continuity of Essential Health Services During the COVID-19 Pandemic. 2020. <https://www.health.go.ke/wp-content/uploads/2020/05/KENYAN-GUIDANCE-ON-CONTINUITY-OF-ESSENTIAL-HEALTH-SERVICES-DURING-THE-COVID-OUTBREAK-20MAY-2020-complete.docx.pdf>

11 UNICEF. (UNICEF)2021. <https://data.unicef.org/resources/continuity-of-essential-health-services-kenya-malawi-mozambique/>



2. Overview of WACI Health PHC work

Access to PHC is crucial for the delivery of Kenya's UHC policy. However, challenges such as regulatory fragmentation and policy enforcement issues are significant within Kenya, leading to delayed treatment initiation, incomplete treatments and treatment interruptions across health interventions.¹² These challenges call for increased local advocacy works, strategic collaborations, and better engagement between the health policy makers and the health policy implementers. In order to address these challenges and accelerate Kenya's transition to UHC, WACI Health continues to support the health system in Kenya in different ways including through the following initiatives:

1. Advocacy for PHC in Kenya;
2. Global Financing Facility (The GFF we want campaign);
3. Advocacy campaign towards improved financing for the Global Fund;
4. With-me in-me campaign on SRHR and HIV prevention options for adolescent girls and young women
5. CSO guide on Addis Declaration on Immunization
6. Access to COVID-19 Tools (ACT) Accelerator CSO platform

Advocacy for PHC in Kenya

As COVID-19 strains our health systems, PHC is a key part of pandemic preparedness and response and is a critical part of recovery. The PHC systems in Kenya needs further reinforcements to ensure the best health outcomes using the available resources. Through the PHC policy documents, advocates have an opportunity to find innovative ways of supporting county peer-to-peer learning coupled with policy dissemination for in-depth interaction with the content of the policy documents; and accountability for policy implementation.¹³

In light of this, WACI Health carried out a situational analysis as a way of ensuring advocacy for continuity of essential health services such as sexual and reproductive health and rights (SRHR) is evidenced-informed. Given Kenya's decentralized structures, the focus was on three counties: Mombasa, Siaya and Kajiado. The counties were chosen based on their COVID-19 and HIV prevalence. The project was done through the PHC strategy group that is hosted at PAI. The PHC strategy group seeks to shape the global advocacy agenda and country-level policies with 18 members representing 11 organizations in ten different countries.¹⁴ As a member of the PHC strategy group, WACI Health has worked on advocacy and accountability work aimed at (i) ensuring access to essential health services in the current COVID-19 crisis period with a particular focus on SRHR services in Kenya; and (ii) advocacy for increased investments to strengthen PHC systems in Kenya.

¹² Barton.I. et al Unintended consequences and hidden obstacles in medicine access in Sub-Saharan Africa. <https://www.frontiersin.org/articles/10.3389/fpubh.2019.00342/ful>

¹³ PHCPI. Advocating for stronger primary health care systems in Kenya. <https://improvingphc.org/blog/2022/04/24/advocating-stronger-primary-health-care-systems-kenya>

¹⁴ PAI. Primary Health Care Initiative. <https://pai.org/projects/primary-health-care-initiative/>



“The advocacy for PHC in Kenya project was done through the PHC strategy group that is hosted by PAI. As a member of the PHC strategy group, WACI Health has been driving progress towards improved global and domestic policy and financing for strong primary health care systems as a means toward achieving UHC and health equity.”

Joyce Ng'ang'a, WACI Health

Impact of the advocacy for PHC project

Improved access to essential health services in the current COVID-19 crisis period

During the pandemic, it was imperative that Kenya ensures optimal balance between fighting the COVID-19 pandemic and maintaining essential health services such as sexual reproductive health. WACI Health commissioned situational analysis reports to assess and document continuity of SRHR services with a focus on Mombasa, Siaya and Kajiado. This resulted in an overview of the achievements, lessons learned and challenges on SRHR; as well as key recommendations to policy makers on what needed to be done to ensure continued access of SRHR services during the COVID-19 pandemic. The engagement was key in promoting advocacy, and disseminating information on continuity of PHC services.

Advocacy for increased investments to strengthen PHC

WACI Health conducted a budget analysis for three counties to determine the levels of funding for PHC for evidence-based advocacy for improved budget allocation. The advocacy forums brought together participants from the MoH, Council of Governors (COG), Health CSOs, chief officers and county assembly members, Development Partners for Health (DPHK), private sector representatives, National and Senate-Assemblies, and the County Executive Committees (CECs). Through the advocacy, WACI Health and its partners worked with the key stakeholders to reinforce PHC resources and advocate for increased budgetary allocation. The advocacy was able to bridge the knowledge gap that key policy makers had in regards to PHC; and resulted in the commitment by policy makers to increase funding of PHC programming.



“The Ministry of Health collaborated with WACI Health to promote PHC, particularly in conducting sessions with the parliamentary health and finance committees to provide an agenda for prioritizing PHC financing and to provide information on what PHC is and why it should be a major budgetary item.”

Dr. Agatha Olago, Ministry of Health

The GFF we want campaign

The Global Financing Facility in support of Every Woman Every Child (GFF) is a key platform for governments to increase investments in the building blocks for healthy development and progress on reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) by directing domestic, World Bank, and donor resources to the highest-impact programs.¹⁵ The mechanism, established in 2015, aims to harmonize the fragmented RMNCAH-N financing initiatives, under the leadership of the governments of participating countries, to close the annual financing gap of USD 33 billion needed to eliminate preventable maternal, child, and adolescent deaths, achieving sustainable development.¹⁶

WACI Health has been an active champion of the GFF, engaging at the country, regional, and global level since GFF was launched, and is in a strong position to scale-up strategic advocacy and coordinate peer-to-peer knowledge sharing. WACI Health facilitated the GFF we want campaign to elevate the voice of civil society from implementing countries. The campaign facilitates civil society engagement with a wide range of stakeholders including GFF leadership, existing and potential GFF donors, GFF implementing governments, and the private sector.



“WACI is a good partner and is unique in that it straddles with the national and regional level and is also able to connect with the global to bring to the forefront issues such as RMNCAH, which not many organizations can do.”

Rosemarie Muganda, HENNET

¹⁵ Global Financing Facility. About us. <https://www.globalfinancingfacility.org/introduction>

¹⁶ GFF. Where we work. <https://www.globalfinancingfacility.org/where-we-work>



Impact of the campaign

In order to deliver on the promise and reach the level of ambition set for closing the annual financing gap for RMNCAH, a concerted and amplified advocacy effort from civil society across countries at all stages of the GFF lifecycle is needed to move closer to securing commitments to the GFF resource mobilization and maintaining interest and engagement in funding country investment cases in 2018 and 2021/22. The GFF we want campaign was able to leverage the knowledge and capacity of GFF leadership, funders and other civil society coalitions working on the GFF to capture lessons learned, identify best practices and strengthen cross-learning by leveraging key relationships and moments including the GFF Resource Mobilization Campaign to drive country level work and global commitments to mobilize resources and ensure the success of the GFF.

Leveraging on key moments such as the Generation Equality Forum, the UNGA 76 or the international women's day, WACI Health collaborated with CSOs to craft important advocacy messages calling African government leaders and potential international donors to pay attention to the growing crisis resulting from the COVID-19 pandemic and to contribute resources to the GFF to preserve the pre-pandemic health gains for vulnerable populations and facilitate access to RMNCAH-N for women, children and adolescents. These advocacy messages were diffused via social media through twitter storm campaigns each addressing a specific theme.

Advocacy campaign towards improved financing for the Global Fund

The reduction of the burden of HIV, TB and malaria is contingent on adequate funding for diagnosis, treatment and prevention. A major financier of these three diseases globally is the Global Fund, which invests about 67 percent of its funding in SSA.¹⁷ Global Fund is the second largest donor to global health programs (after USA). In Kenya, Global Fund has contributed more than USD 1.8 billion since 2003.¹⁸ Alongside the Global Fund, other multilateral institutions, bilateral programs, national governments, private charities and companies have spent large amounts of financial resources over the years fighting TB. These key players include: TB Alliance and Gates Foundation.

Domestic funding represents roughly 33 percent of the annual budget for HIV, TB and malaria in Kenya, another 38 percent of the budget remains unfunded.¹⁹ There is an urgent need to close this gap. In the short term, development partners' funding must be sustained in order to maintain present levels of TB response. Increased domestic finance is also necessary to fulfil unmet needs, strengthen country ownership, and ensure long-term results sustainability. In response to the funding

17 The Global Fund, Results Report 2018. https://www.theglobalfund.org/media/7741/corporate_2018resultsreport_report_en.pdf.

18 Global Fund. Global Fund Grants in the Republic of Kenya. https://www.theglobalfund.org/media/11839/oig_gf-oig-22-005_report_en.pdf

19 Aidspan. Domestic financial contributions to HIV, TB and malaria. 2019. <https://newsite.aidspan.org/wp-content/uploads/2022/03/Domestic-financing-for-HIV-TB-and-malaria-1.pdf>



gap, WACI health has been on the forefront in advocating for increased funding towards HIV, malaria and TB funding for the Global fund.

Impact of the campaign

Hosted by WACI Health, the Global Fund Advocates Network (GFAN) Africa has built a continent – wide social movement that demands health for all by recruiting, connecting and mobilizing advocates to communicate the urgent need for successful replenishments of the Global Fund. Informed by the Global Fund investment cases, GFAN Africa membership solicits contributions from implementing nations, donors, the private sector, and foundations for the Global Fund so that funds raised can be applied to improving health systems, and preventing the spread of diseases like HIV, TB, and malaria, and saving lives.

With-me in-me campaign on SRHR and HIV prevention options for adolescent girls and young women

Adolescent girls and young women (AGYW) account for a disproportionate number of new HIV infections and sexually transmitted infections (STIs). Approximately 39 percent of all new HIV infections in Kenya are among adolescents and youth, with AIDS remaining one of the leading causes of death and morbidity among adolescents and young people in Kenya.²⁰ Among the adolescents and youth, the odds of being infected are higher in young women than young men. Despite making up just 10 percent of the population, 33 percent of new HIV infections occur among AGYW of ages 15-24.²¹ Adolescents have unique needs and, thus, interventions should be designed to most effectively reach this population with information and services that will be relevant to them. In this light, WACI Health led a dialogue with young women in Kenya on women-initiated HIV prevention options and SRHR, giving rise to the campaign ‘with – me in -me campaign’.

With-me, in- me is an AGYW led campaign demanding expanded choice for HIV prevention for AGYW and Sexual Reproductive health and Right (SRHR), multipurpose HIV prevention tools, protection against gender-based violence (GBV), and inclusivity of women in all their diversities. The campaign highlights challenges as faced by AGYW living with and impacted by HIV and enhance the awareness among health providers, policymakers, and youth-serving organizations about the existing disparities.

20 KENHIA. KENHIA preliminary report. 2018. <https://www.health.go.ke/wp-content/uploads/2020/02/KENPHIA-2018-PREL-REP-2020-HR3-final.pdf>

21 (NACC. Kenya HIV estimates. 2018. <https://nacc.or.ke/wp-content/uploads/2018/12/HIV-estimates-report-Kenya-20182.pdf>



Impact of the campaign

The campaign was able to highlight challenges faced by AGYW living with and impacted by HIV; and enhanced awareness among health providers, policymakers and youth-serving organizations about the existing disparities. Key demands from the campaign included:

1. Expanded choice for HIV prevention for young women and SRHR;
2. Multipurpose HIV prevention;
3. Protection of AGYW against GBV; and
4. Inclusivity of women in all their diversities including advocacy for youth-friendly services to address the specific needs of young people

The campaign also provided discussion platforms for awareness raising for the Dapivirine Vaginal Ring (DPV-VR) which was included in WHO's prequalification for medicine in November 2020. The DPV-VR is intended for prevention of new HIV infection via vaginal sex in HIV negative women 18 years and older. The DPV-VR ring contains an antiretroviral drug called Dapivirine which is released slowly over the course of one month directly to vaginal tissues to help protect against HIV at the site of potential infection.²²



“The greatest aspect about the DPV-VR is its bodily autonomy. Nobody needs to know you are using it hence giving women the power to be in charge of their own protection.”

Joyce Ng'ang'a, WACI Health

²² WACI Health. A dialogue with young women in Kenya on women-initiated HIV prevention options and Sexual Reproductive Health and Rights. <https://wacihealth.org/a-dialogue-with-young-women-in-kenya-on-women-initiated-hiv-prevention-options-and-sexual-reproductive-health-and-rights/>



CSO guide on Addis declaration on immunization

Immunization is one of the most cost-effective investments in global health, saving USD 54 for every USD 1 spent and protecting millions of lives by preventing the spread of many of the world's most deadly diseases.²³ In Kenya, the coverage of initial core vaccines (Bacille Calmette -Guerin (BCG), Diphtheria-Tetanus-Pertussis (DTP), Polio, and measles vaccine) increased from 5 percent in 1974 to over 86 percent in 2018.²⁴ Despite years of progress in improving immunization coverage nationwide, Kenya still faces enduring subnational disparities. Children in the Coast, Western, Central, and Eastern regions had at least 74 percent higher odds of being fully immunized compared to children in the North Eastern region, while children in urban areas had 26 percent lower odds of full immunization compared to children in rural areas.²⁵

Political commitment is essential to ensure quality, affordable health services that leave no one behind. In 2017, Heads of state from across Africa endorsed the Addis Declaration on Immunization (ADI) at the 28th African Union summit. The ADI reaffirmed Africa's commitment to reach all children with life-saving vaccines and to keep universal access to immunization at the forefront of efforts to reduce child mortality. Whilst CSOs and communities have a significant role to play in facilitating the realization of the ADI commitments, it is important for them to be knowledgeable of the various spaces where they can be most effective. In this light, WACI Health developed a guide on the ADI to help CSOs working in immunization to meaningfully engage on the ADI roadmap.

Impact of the CSO guide

CSOs play an important part in advancing immunization, and thus have a lot to contribute to immunization strategy development, implementation, and accountability for results. The ADI CSO guide has provided critical support to CSOs to play this role. The improved knowledge on ADI has enabled CSOs to engage from an empowered perspective and helped demystify ADI and its commitments at community level.

23 CSIS. Immunization system in the post COVID-19 World. <https://www.csis.org/features/kenyas-immunization-system-post-covid-world>

24 Ogero, M., Orwa, J., Odhiambo, R. et al. Pentavalent vaccination in Kenya: coverage and geographical accessibility to health facilities using data from a community demographic and health surveillance system in Kilifi County. *BMC Public Health* 22, 826 (2022). <https://doi.org/10.1186/s12889-022-12570-w>

25 Allan, S., Adetifa, I.M.O. & Abbas, K. Inequities in childhood immunisation coverage associated with socioeconomic, geographic, maternal, child, and place of birth characteristics in Kenya. *BMC Infect Dis* 21, 553 (2021). <https://doi.org/10.1186/s12879-021-06271-9>



Access to COVID-19 Tools (ACT) Accelerator CSO platform

The ACT-Accelerator (ACT-A) brings together institutions and expertise from the public and private sectors to hasten the development and equitable dissemination of COVID-19 diagnostics, treatments, and vaccinations. ACT-A has the following four pillars of action:²⁶

1. **Diagnostics:** train healthcare professions, develop and deliver high-quality rapid tests and carry out testing particularly in low and middle-income countries;
2. **Therapeutics:** develop and distribute treatment and prevention tools;
3. **Vaccines (COVAX):** speed up the search for an effective vaccine as well as build robust manufacturing, supply and distribution capabilities; and
4. **Health Systems:** strengthen systems to ensure that vital tools reach people who need them

WACI Health, GFAN and STOPAIDS co-lead the Platform for ACT-A civil society and community representatives. The platform aims to ensure every aspect of the ACT-A has reserved space for communities and CSOs to bring their expertise, and voices to the COVID-19 response.

Impact of the ACT-A CSO platform

ACT-A's Platform for civil society and community representatives has been convening CSO representatives to provide input into the strategy and review processes. Through the Platform's leadership, civil society recently issued a letter to the co-chairs and main agencies of the ACT-A facilitation council, identifying important problems in the ACT-A strategy and a statement in response to the strategic review. Representatives of the civil society from each ACT-A pillar continue to monitor developments carefully and push for an equitable and responsive response to COVID-19.

26 United Nations. ACT Together to End COVID-19. <https://www.un.org/en/coronavirus/act-accelerator>



3. Success stories

Prioritization of PHC within country agenda

WACI Health, through the advocacy for PHC (A 4 PHC) initiative mobilized the MoH, CSOs and county government officials towards prioritizing PHC. The initiative objectives aimed at: aimed at (i) ensuring access to essential health services in the current COVID-19 crisis period with a particular focus on SRHR services in Kenya; and (ii) advocacy for increased investments to strengthen PHC systems in Kenya.

This initiative included holding roundtable meetings that brought together MoH officials, members of parliament and CSO partners. These meetings sought to present a business case for PHC, increase knowledge of PHC policies among civil society; and build momentum for county implementation of policies. Through the initiative, WACI Health supported the MoH in the development and launching of key policy documents around PHC including:

- Kenya Health Financing Strategy (2020 -2030)
- Kenya Primary Healthcare Strategic Framework (2019 – 2024)
- Kenya Health Care Network Guidelines
- Community Health Volunteers Training and Certification Guidelines
- Guidance on Continuity of Essential Health Services During the Covid 19 Pandemic: July 2020
- Kenya Community Scorecard and Guidelines for Social Accountability in Primary Health Care
- Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health
- Community Health Roadmap, 2021 Update

The initiative included parliamentary engagement on PHC which brought together parliament, Council of Governors, MoH and CSOs in one room and was able to bring about several discussions on investments and PHC being a priority. Parliament committed to increasing resource allocation, and improving health financing accountability including holding accountable the leaking system. These conversations were also able to bridge the knowledge gap that key policy makers had in regards to PHC.



“The parliamentary health committee is ready to learn more on PHC and strengthen this sector. This is because of the benefits noted in PHC. For instance, Linda Mama cover should continue as it offers many expectant mothers access to maternal health services. In addition, the Linda Mama package resources go to health facilities, which then go back to the counties that decide what to do with the funds. Counties should prioritize using these funds to improve the PHC infrastructure.”

Hon. Sabina Chege, Parliamentary Health Committee Chairperson

These meetings resulted in policy makers having increased awareness of the PHC issues in the country. This in turn has led to a targeted approach to identify high impact areas that need to be addressed. Through these meetings, WACI Health and partners (MoH and CSOs) have been working towards influencing PHC priorities through targeted advocacy with the national assembly (i) Increased PHC budget allocation and ring-fenced budget allocation to PHC (iii) creation of parliamentary PHC caucus.



“WACI Health has been instrumental in the publication of policy papers around financing for PHC. These policy papers are key in that they show a critical analysis of problems in PHC and workable strategies to solve these problems.”

Dr. Agatha Olago, Ministry of Health



Increasing coordination efforts for PHC advocacy

CSO organizing and convening has been a key mandate of WACI Health in PHC. WACI Health has been key in bringing together CSOs with shared objectives of realizing improved PHC. This has been achieved through different platforms including: the GFF We Want' campaign facilitated by WACI Health; and Civil Society Engagement Mechanism (CSEM) which WACI Health co-hosts with MSH the UHC2030. CSEM has helped in supporting the efforts of more than 850 organizations in over 100 countries who are leading UHC-focused advocacy.

Through the GFF we want campaign and Global Fund Advocates Network, WACI Health has enhanced civil society alignment and capacity to streamline communications and technical assistance. The CSO coalitions have improved the coordination and communication around issues on the GFF and Global Fund. Through these engagements, CSOs have been able to provide inputs and influence key priorities of the investment case and health financing strategy, such as youth and adolescent health.

The coordinated efforts have been central to increasing information sharing among the CSOs, which made it easier to evaluate the impact of improvements in PHC initiatives. This external knowledge sharing has equally been key in promoting collaboration between organizations, amplifying organizational learning and helping organizations to avoid duplication.

Increased financing of PHC programmes

Through its advocacy, WACI Health has been instrumental in ensuring that PHC policies are resourced in budgets and financial plans, and that the implementors of the policies are educated on their content and empowered to hold their leaders accountable. Establishing the right financing arrangements is one crucially important way to support the development of people-centered PHC. Improving financing arrangements can drive improvements in how PHC is delivered and equip the system to respond effectively to evolving population health needs.²⁷

²⁷ The LANCET Global Health Commission on financing primary health care: putting people at the centre. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00005-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00005-5/fulltext)



“The joint advocacy by key stakeholders such as WACI Health, PATH, and IPFK led to increase in budgetary allocation to immunization which is a key aspect of PHC. The budget for immunization increased from KES 1.7 billion to KES 3.2 billion. This was from COVID and also other immunization programmes. This success was largely due to partnerships and coalition building where multiple allies were speaking of the same thing. These partners were able to leverage on key budget moment when conversations were live and made the policy makers consider the proposals.”

Daniel Ndirangu, The Institute of Public Finance, Kenya

Improved capacity building for CSOs

There has been a coordinated effort to train CSOs to better understand issues on PHC and concept of social accountability while empowering communities they work in to effectively demand for their right to access healthcare. WACI Health is part of a consortium of international organizations including: the GFF, the Global Fund, the Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030, and Impact Santé Afrique (ISA) who are delivering a capacity building program on UHC Budget Advocacy and Accountability in Sub-Sahara Africa. These capacity building efforts have been instrumental in educating and empowering participants on the avenues for participation in the budget process and how to engage with the county governments for increased budgetary allocations.



“WACI Health has been key in capacity enhancement for smaller CSOs and helping them acquire the necessary knowledge and expertise to effectively engage in advocacy efforts for PHC.”

Rosemarie Muganda, HENNET



4. Challenges

Although considerable progress has been made in the implementation of PHC, in Kenya, key challenges are faced in PHC programming. Large gaps may be found in the planning and implementing of PHC. The challenges include:

Limited funding for PHC advocacy

CSOs increasingly find that grants and donations are inadequate to meet current programme needs, much less to expand programme activities. This is compounded by the fact that the health sector is presently facing a serious financial crunch as donors have been forced by the economic conditions in their countries to reduce aid.²⁸ Inadequate financing in WACI Health PHC activities has led to difficulty in coordinating the CSO efforts as much funding is required for the coalitions to convene meetings, run activities, develop monitoring and accountability tools, etc



“The advocacy for PHC project was faced with limited financing challenges. Additional funding was required for the initiative to continue with the parliamentary discussions and establish the PHC caucus.”

Joyce Ng’ang’a, WACI Health

Limited information on PHC budget lines

The majority of county budgets and expenditure records are not made public, creating a challenge in monitoring information on health spending. In cases where the records are made public, there are no dedicated PHC budget lines making it difficult to track PHC financing at county level. The lack of budget lines leads to a lack of focused approach in determining initiatives in supporting the PHC initiatives. Measuring expenditure on PHC in a comparative and standard manner is a critical first step to understanding where extra efforts can be made to gain better performance. It is important for the county government to publish and publicize documents in the format required by the law. The second schedule of the Public Finance Management Act 2012 indicated that counties were to commence implementation of programme-based budgeting format in the fiscal year 2014/15 in accordance with chapter 11 of the constitution.

²⁸ Poverty Eradication Network. State of Civil Society in Kenya: Challenges and Opportunities. <http://penkenya.org/upgrade/wordpress/wp-content/uploads/2018/06/csos-leaders-dialogue-report2015.pdf>



“The county level tracking of PHC expenditure was extremely challenging. Due to the lack of established budget lines, it was difficult to trace what was funded and what was not funded.”

Daniel Ndirangu, The Institute of Public Finance, Kenya

Resource allocation is skewed towards curative care

National spending on healthcare in Kenya has traditionally been dominated by curative services despite the policy recommendations to shift the focus to preventive services. Vision 2030 aims to prioritize preventive healthcare while the health sector strategic plan also emphasizes the need to focus on preventive care in order to achieve their national targets. Preventive measures could also considerably reduce costs associated with treating and managing Non-Communicable Diseases (NCDs) and other infectious diseases. The redistribution in budget allocation will consequently result in increased efficiency gains and productivity benefits.

Bureaucratic government processes

In advocating for PHC, CSOs face challenges in the high level of bureaucracy; mainly working through government departments which are slow in responding to demands. This is especially seen in the disbursement of funds, where *the* responsibility for county government development and maintenance is fragmented among different government ministries and departments.²⁹ This fragmentation has led to inadequate coordination among the various players, thereby undermining proper management of the health system.



“Bureaucracy was a key challenge during the engagement with the county government. There was often many rules and procedures put in place when interacting with senior government officials at the county level.”

Dr. Fredrick Otieno, Nyanza Reproductive Health Services Kenya

²⁹ Namaswa.A. et al. Effects of bureaucracy on the disbursement of development funds in county governments in Kenya. 2019. <https://strategicjournals.com/index.php/journal/article/view/1240>



5. Recommendations

Improve the capacity for CSOs to engage in advocacy around PHC financing

A central component of UHC is public health spending. Despite this, funding has not yet reached the required levels to ensure UHC. Multiple strategies, guidelines, and other documents exist that emphasize the critical role that CSOs play in advocacy for improved health financing. To ensure optimal participation of CSOs, there is a need to strengthen the capacity of and support to CSOs to ensure meaningful participation in health programming, financing, budget advocacy and accountability. Building capacity of CSOs will ensure that they are able to hold, in a constructive way, governments and donors accountable for the level and use of funding allocated to health.

A key action to strengthening the capacity of CSOs is through improving their understanding of the budget cycle. Having a deep understanding of the people and processes around the budget cycle will effectively guide in understanding when policy windows may open and also when is the best time to champion for change.



“Timing is important in advocacy. It is important to study the policy environment to ensure the discussion you are bringing to the table is relevant to the decision/ policy makers.”

Daniel Ndirangu, The Institute of Public Finance, Kenya

Use of key opinion leaders in the promotion of health reforms

A crucial factor in the advancement of PHC is the advocacy, passage of legislation, and implementation of health reforms by ministry officials, politicians and other leading figures. To guarantee that gains are maintained beyond political cycles, formal institutional mechanisms like ministerial councils established to oversee PHC are important.

PHC advocacy should consider incorporating key opinion leaders as key contributors to their advocacy mandate, especially in light of the influence these leaders have over the potential donors and stakeholders. For example, leveraging the interest and influence of the First Lady's office to promote and advocate for increased attention on women and children health issues.



Strategic collaborations for advocacy

By prioritizing investing in relationships, advocates are able to: develop trust and increase credibility with stakeholders which may lead to coalitions or alliances; identify prospective policy champions; gather intelligence on policy opportunities and risks plus the values and beliefs of decision-makers and key influencers; and gain an understanding of the arguments of opponents.³⁰



“WACI Health is very collaborative and has established a strong network of CSOs working in PHC. This strong network is especially important when structuring the advocacy for PHC.”

Pauline Irungu, PATH

Resource CSOs for advocacy of PHC

CSOs should be adequately resourced as they play a critical role in improving PHC, by highlighting the gaps in PHC through use of data, pushing for policy and financing reforms, and holding decision-makers accountable to their commitments to achieve health for all.³¹

Increase transparency and accountability of the budgeting process

Monitoring the health budgeting process and determining the areas where policymakers needed to perform better in order to provide the best possible service delivery were among the goals of the advocacy for PHC in Kenya project. The budget analysis was particularly conducted in Siaya, Mombasa and Kajiado counties and aimed to promote the efficient delivery of stated government policies and priorities. Notably, the monitoring showed challenges in the availability of budget information. In view of these shortcomings, there is need for the county government to streamline budgeting, accounting and auditing processes around health financing.

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Annex 1: List of participant organizations in the report

#	Stakeholder	Name of organization
1	Dr Agatha Olago	Ministry of Health
2	Dr Fredrick Otieno	Nyanza Reproductive Health Services
3	Karanja Muraya	Social Welfare Development Programme (SOWED Kenya)
4	Daniel Ndirangu	The Institute of Public Finance Kenya (IPFK)
5	Pauline Irungu	PATH
6	Rachel Ndirangu	PATH
7	Rosemarie Muganda	Health NGOs Network (HENNET)
8	Joyce Ng'ang'a	WACI Health

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- Living Goods
- PATH



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