

PRIMARY HEALTH CARE AS A PATH
UNIVERSAL HEALTH COVERAGE

Orientation Pack for County Leadership



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1. The Right to Health in the Global and Kenyan Constitutions

The enjoyment of the highest attainable standard of health is one of the basic rights of every human being. **The obligation of governments around the world to provide quality health services begins from the premise that everyone has a “Right to Health.”** This is the social, cultural, and economic entitlement to a minimum standard of health, for all. It is not equal to the absence of disease. It means that even if one is not physically sick, their complete mental, social, physical, economic wellbeing should be good. The right to health cannot therefore be said to be enjoyed by someone who has no access to water, hygiene, food, and other basic needs or one undergoing physical or mental anguish, for example. This global agreement was reached in the Universal Declaration of Human Rights, right after the second world war in 1946 and inked by United Nations Member States into the World Health Organization (WHO) constitution. Since then, more than 180 countries have inked the right to health in their constitution. Article 43 (1) (a) of the Constitution of Kenya 2010 provides that **every person** has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Article 43 (2) provides that a person shall not be denied emergency medical treatment. The right to health must be enjoyed without discrimination on any grounds and states must redress any discriminatory law, practice, or policy.

2. Primary Health Care (PHC)

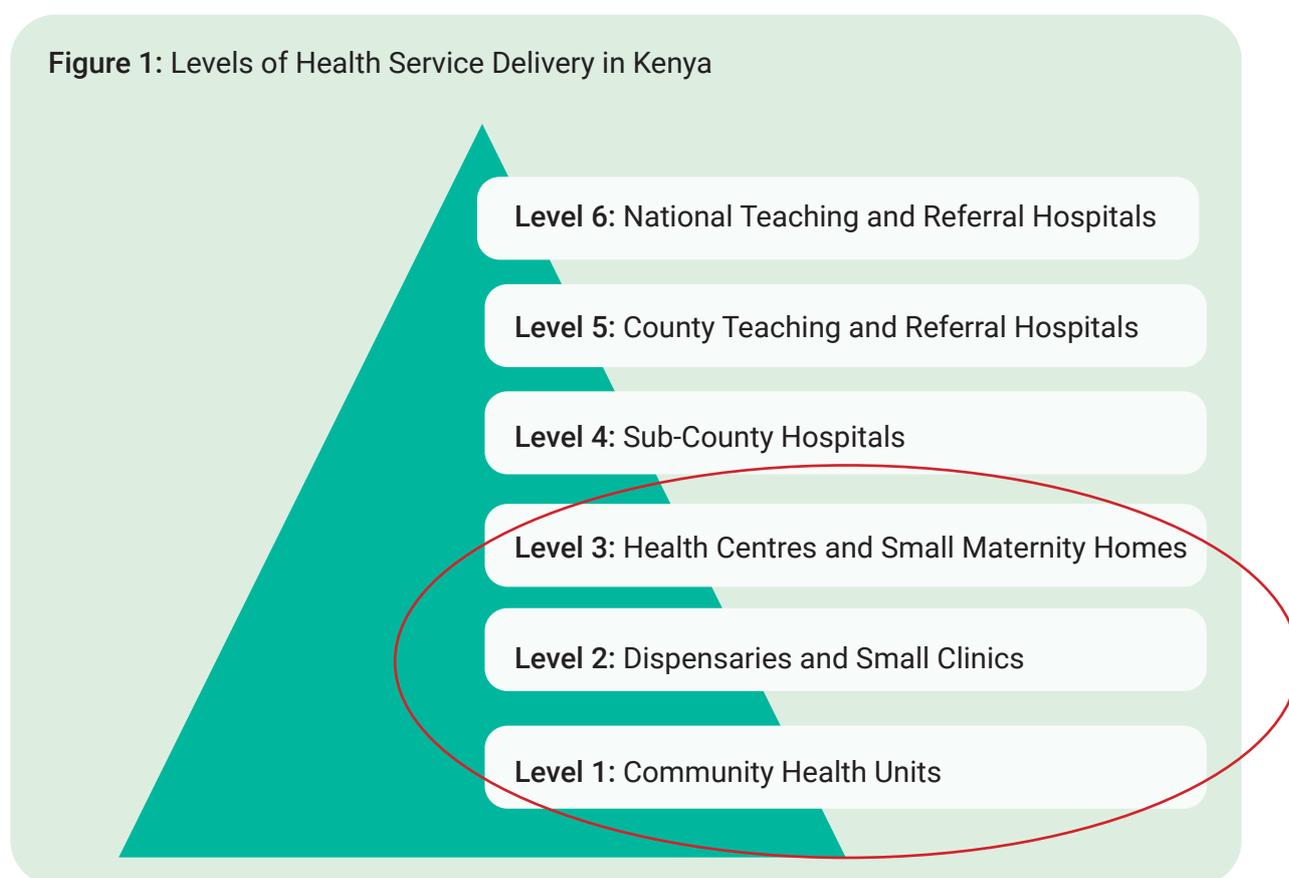
Primary Health Care (PHC) is an approach to delivering health services that seeks to make the highest quality health and wellbeing available to communities as close as possible to where they live or spend most of their time. Health facilities are usually classified from level one (community health clinics and dispensaries) to level six (referral hospitals such as Kenyatta, Aga Khan, Nairobi and Eldoret, and others.) Primary healthcare focuses on availing high quality health services not only in referral or tertiary and secondary hospitals (county and subcounty level) but also around community level facilities (primary facilities) and the communities surrounding them. These services include health promotion, disease prevention to treatment, rehabilitation, and palliative care. The approach focuses on availing services to the whole of society, and not just a few who can pay, live, or work near high level facilities. In the figure below, primary healthcare levels are circled in pink. Simply put, the services currently availed at subcounty, and county teaching and referral hospitals should be available at primary healthcare facilities, as close as possible to communities.

Delivering on PHC entails availing comprehensive integrated health services at the lowest levels of healthcare delivery, making policies across different sectors and engaging communities to participate in promoting health and wellbeing and preventing diseases. Integration can mean providing many health services in one site, equipping those sites to provide these integrated services, and ensuring staff are trained or availed to provide these services. County governments are situated nearest to communities hence are constitutionally mandated to provide primary health care. Providing services at community level is not only more affordable and effective, but also the route to attainment of Universal Health Coverage, since more than 80% of health services are accessed at primary level.

The Alma Ata declaration, following the international primary health conference of 1978 proposed eight (8) essential components of primary healthcare. These include:

- Reproductive, maternal, neonatal, child (and adolescent) health (RMNCAH)
- Immunization against infectious diseases
- Prevention and control of endemic diseases such as malaria, TB, HIV, and others
- Treatment of common infections
- Availing essential medicines
- Education about how to prevent and manage current health issues such as Covid-19, cholera, malaria, measles, polio, and others
- Food supply and proper nutrition
- Adequate supply of safe water and basic sanitation

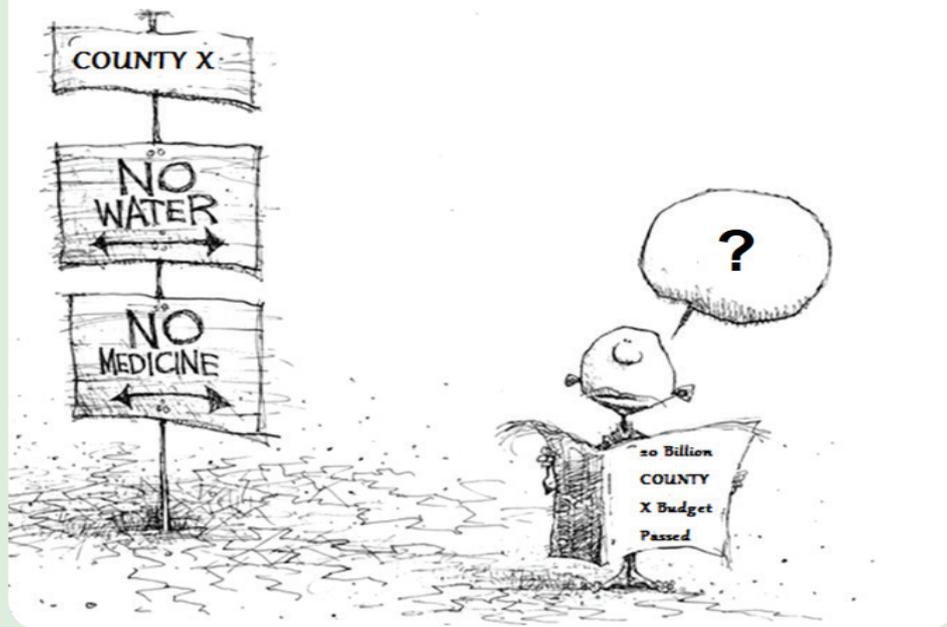
Figure 1: Levels of Health Service Delivery in Kenya



There is increasing evidence that many factors beyond health services play a critical role in shaping health and well-being. These include social protection, food systems, education, and environmental factors, among others.

PHC is also critical to make health systems more resilient to situations of crisis, able to detect epidemics early and more prepared to respond to surges in demand for services. PHC is therefore considered the driver and foundation to the health system. In view of these, the World Health Organization is supporting countries to reorient their health systems towards PHC.

Drivers of PHC include Affordability, accessibility and equitable distribution, Availability of medicines and proper services affordably.



3. Universal Health Coverage

Universal Health Coverage (UHC) means that anyone who needs health services can access and use them when they require it, without being exposed to financial strain or hardship. These health services could be promotive, preventive, curative (treatment), rehabilitative and palliative health services (World Health Organization).

Universal health coverage does **not** mean free healthcare for everyone. True, some people who are extremely poor or those living with disability may need to be paid for (subsidized) by government through budgetary support, development partners or other sources. One of the ways of paying for Universal Health Coverage that is thought to be most sustainable (effective over a long period of time) is through public health insurance. Few people know whether they will be sick at a certain time in future. And even fewer fall sick enough to visit a hospital (just about 10% of us each year.) But if the annual bill for sick people is calculated over time, and the entire population contributes to cover this bill before they are sick, and this amount is used to pay for those of them who are sick, each person ends up paying a little on average compared to the amounts they would have spent if they were to pay for their treatment themselves. This act of contributing a little premium in advance before we fall sick is called "Prepayment".

The process of contributing this premium in a joint public fund such as NHIF or any other large kitty to protect ourselves from financial strain is called "Risk Pooling."

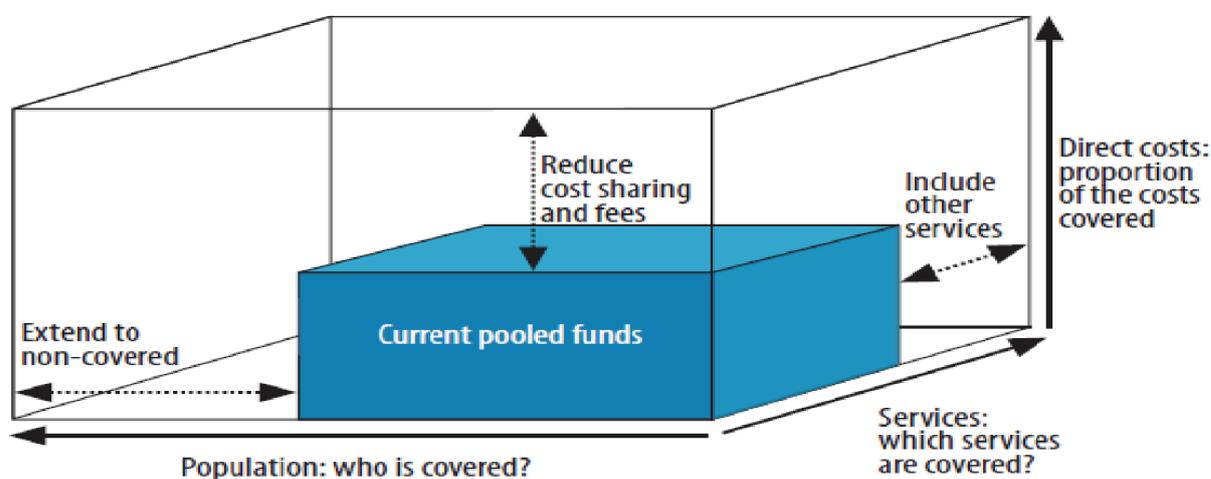
When paying for serious medical interventions by themselves, some families end up spending all their savings, selling some assets and even pulling their children out of school and holding “Harambees”. When a family falls into poverty because of health payments, this is called “catastrophic spending”. One in every 6 people in Kenya (17%) live in extreme poverty and cannot pay for themselves, while about half the population could easily fall into catastrophic spending. For these very poor, in a regime where enrollment for public health insurance is mandatory and payment compulsory, government is obligated to identify and pay for those who are ultra-poor or indigent.

The main reason why many people do not like to pay for health insurance is that some cannot afford it, while sometimes the quality of health services is poor (in terms of equipment, long waiting times, inadequate personnel at the clinic, inadequate number of medical interventions or benefits covered).

The agency that collects the funds is called a “pool”. NHIF is a pool of funds even through it is currently fragmented into many smaller pools.

However, the best way for everyone (people, firms, and governments) to contribute towards Universal is by prepayment and pooling.

The journey to UHC reduces out-of-pocket spending by families and ensures access to quality health care for more people. Healthcare is defined as being of good quality if it attains the desired health results and is readily available.



For universal health coverage (UHC) to be truly universal, health systems (that collective of government , communities, private sector, and individuals that deliver health services, equipment, drugs and supplies, financing, collect and analyze health information systems (data), human resources , social accountability, community led monitoring, community research and advocacy, and others) must shift to (a) deliver people-centered services (b) move progressively closer to communities. (c) Have sufficient political will to surmount challenges towards attaining UHC.

Drivers of UHC

Expanded Primary Health Care as a major driver towards attaining UHC

Expanding Primary Health Care is a major pillar in the delivery of UHC, because most health services (over 80%) are accessed at primary level which is managed by county governments, while the drivers of PHC are similar to those of UHC. The essential determinants of packages under PHC and community strategies usually form the core of UHC benefits packages offered or purchased through NHIF, KEMSA, the Ministry of Health and other health service purchasers. To this end, through the Astana Declaration and World Health Assembly resolution 72/2 of 2019, and the United Nations General Assembly high-level meeting on UHC, not only Kenya but also other United Nations Member States have committed to primary health care renewal and implementation as the cornerstone of a sustainable health system for UHC, health related Sustainable Development Goals (SDGs) and health security. PHC is where UHC is planned and driven. PHC provides the 'programmatic engine' for UHC, the health-related SDGs and health security and can greatly accelerate progress towards UHC and other SDGs. PHC is also the most inclusive, equitable, cost-effective, and efficient approach to enhance people's physical and mental health, as well as social well-being, with increasing evidence around the world including in times of crisis such as the COVID-19 pandemic.

Among the financial drivers of UHC are the benefits package, managed costs, health insurance, community health schemes and increased government spending on UHC. Most countries have expanded health insurance availability to achieve universal health coverage. To this end, most governments encourage public-private partnerships (PPPs) to encourage universal health coverage and to leverage on the capital and expertise of the private sector. Community health schemes that prioritize communities and the informal sector have proven more effective in furthering universal health coverage, for example in Ghana and Rwanda. Increased government spending on health always has a positive impact on universal health coverage.

4. Basic terms used for PHC/UHC

Revenue raising: The way money is raised to pay health system costs, from households, organizations, companies, "external sources" through direct and indirect taxes, grants, compulsory or voluntary health insurance contributions; direct out-of-pocket payments, such as user fees; donation

Pooling: Gathering through prepayment (insurance) and managing it to ensure that financial risk of having to pay for health care is borne by all members of the pool and not just by the individuals who fall ill e.g., through community contributions, taxes and/or insurance. Most health financing systems include elements of pooling, direct payments to service providers (cost-sharing), NHIF is an example of a risk pooling system.

Purchasing: Process of paying for health services and products, e.g. (1) through government disbursing directly to service providers (*integration of purchasing and provision*) using revenues or insurance contributions; (2) paying through purchasing agency (health insurance, government authority, medical supplies agency, ministry of finance, ministry of health) on behalf of a population (*a purchaser-provider split*). (3) Individuals paying a provider directly for services. Many countries use a combination of 3. Which is the more efficient in your country?

Benefits Package: A grouping of basic and comprehensive services that populations can access at a subsidized rate. These are typically designed to maximize health and reduce costs.

Out-of-Pocket Expenditure (OOP): This refers to health services paid by households / individuals from their own pockets to meet

Catastrophic spending: This refers to OOP that exceeds a specified threshold of household's income or household's capacity to pay.

5. Financial aspirations for PHC/UHC

UHC reduces costs for both Citizens and healthcare providers. The Universal healthcare System eliminates competition between insurance companies. UHC reduces the varying levels of insurance that healthcare providers need to deal with, thereby reducing administrative costs to healthcare providers. The government regulating healthcare costs ends up reducing the costs substantially. PHC ensures affordable costs for services that are provided to the community.

PHC eventually leads to reduced costs of treatment. An increase in availability of health practitioners leads to a decrease in hospital admissions.

6. Role of county and National Governments in delivering PHC/UHC

Schedule 4, Part 2 of the constitution of Kenya 2010 assigns County Governments the following powers in the delivery of health services : managing a. county health facilities and pharmacies; b. ambulance services; c. promotion of primary health care; among others.

Part 1, article 3 assigns national government the role of managing national referral health facilities. This means that the most critical functions of the health system, and the most critical drivers of UHC, which is PHC is devolved to counties. Counties therefore have a most critical role to play towards Kenya's attainment of both UHC, other related SDGs and Vision 2030.

Both the national and county governments have a mandate to provide financial protection from catastrophic spending / health insurance. Enrollment in the National Health Insurance Fund is now mandatory, and a package has been piloted in four counties: Machakos, Kisumu, Isiolo and Nyeri.

County and national governments can increase the structural and resource capacity for UHC. Governments should increase community awareness of health programmes. County governments should work with the National Government to ensure that there is a seamless spectrum of cover at every level of care. Counties should also work together to ensure uniformity in the design of county health programmes, within the framework of the national health plan.

Various models of financial protection have been availed by counties. Makueni County, through Makueni care, has been offering free healthcare for residents across all public and sub-county health facilities. Using Makueni care, Makueni county has eliminated the user fees that subcounty hospitals used to collect. The county has achieved this by charging an annual subscription fee of Kshs 500 per household and offering free health care for parents and children under 18 years or under 24 years if they are still in school.

7. Compendium of laws, policies, and strategies governing PHC in Kenya

As a Member State of the United Nations, Kenya has adopted Sustainable Development Goals and is engaged in reforming the health system to attain UHC. *The Health Act of 2017* prioritizes PHC and recognizes community health workers (CHWs).¹ To extend quality and efficient services closer to communities, the **Kenya Primary Healthcare Strategic Framework** encourages² devolution of funds and management of healthcare to counties and communities and emphasizing preventive before curative health. Below this framework are several policy and strategic documents, some of which are summarized below:

The Kenya Essential Package for Health (KEPH) concept, adopted in 2005³ is the main policy document governing PHC and outlines the first set of benefits packages for all ages and priority interventions at each level of health service delivery.

The Kenya Health Sector Transition Plan 2022-2030 provides a roadmap for prioritizing and financing the essential components of primary healthcare which are for the most part funded by external partners, some of whom will stop funding between 2026 and 2030, from external to domestic (government, NHIF, community and private) sector financing. These essential components include Reproductive, maternal, neonatal, child (and adolescent) health; immunization; prevention and management of HIV, TB, and malaria; preventive education, nutrition; and water, sanitation, and hygiene.

Kenya Health Financing Strategy (2020 -2030) provides a blueprint for financing the country's health sector towards UHC as enshrined in the constitution of Kenya 2010. ⁴ It directs on how resources will be mobilized, allocated and used to ensure efficiency, equity and social protection are maximized, while governance is improved. The Strategy provides a road map that is geared towards strengthening health systems and attaining the highest possible standards of health, as enshrined in the Constitution of Kenya.

Kenya Health Policy (2014 -2030)⁵ guides the country in realizing priorities and flagship projects set out in Vision 2030, and to enforce the right to health as enshrined in the constitution of Kenya 2010. It focuses on ensuring equity, people centeredness and participatory approach, efficiency, multisectoral engagement and social accountability.

Kenya Primary Healthcare Strategic Framework (2019 - 2024)⁶ The Framework acknowledges the increased global burden of non-communicable diseases amidst and severe resource constraints and proposes strategic actions to strengthen the health system to address the challenges through more effective leadership and governance, optimizing procurement and supply management of health products and commodities, financing PHC, strengthening the health workforce and the use of evidence to inform decisions. It assigns responsibilities for these actions.

1 The Kenya Gazette. "THE HEALTH ACT". 2017. <http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf>

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

3 World Health Organization. <https://apps.who.int/iris/handle/10665/341073>

4 https://www.health.go.ke/wp-content/uploads/2022/02/Kenya-Health-Financing-Strategy_-final.pdf

5 Ministry of Health. Kenya Health Policy 2014 -2030. http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf

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

Kenya Primary Healthcare Network Guidelines (May 2021)⁷: A study in 2019 revealed that about half of Kenyans bypass health facilities closest to them in search of better-quality care⁸ and this increases cost while reducing effectiveness of health services. , and this led to increased cost of care and poorer outcomes because primary level facilities are not well linked. This problem of linkage is solved through the establishment of functional Primary Health Care Networks (PCNs). The guidelines link facilities through a 'hub and spoke model' where the 'hub' is a level four referral facility, supporting 'spokes' or lower-level facilities (levels three, two and one). Populations in catchment areas are organized around the spokes and linked to primary facilities and referral centres to improve coordination, quick referrals, service delivery quality and obtain data. It guides County Governments and partners on how to operationalize the PCNs.

The Kenya Community Health Strategy (2020 -2025)⁹ sets out strategic objectives and interventions in the implementation of PHC, including strengthen management and coordination of community health governance structures at all levels of government and across partners; Building a motivated, skilled, equitably distributed community health workforce; increasing sustainable financing for community health; strengthening the delivery of integrated comprehensive and high-quality CH services, increasing availability, quality, demand and utilization of data; ensuring availability and rational distribution of safe and high-quality commodities and supplies; and creating a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health.

The Community Health Volunteers Training and Certification Guidelines provide a standardized mechanism for assessing, selecting, training, certifying , continuously developing and quality assuring Community Health Volunteers (CHVs), with the aim of bridging gaps and unifying content of the curriculum across partners and aligning it to community and national priorities.¹⁰

Guidance on Continuity of Essential Health Services During the Covid 19 Pandemic (2020)^{11 12}: Control measures during the COVID-19 pandemic reduced utilization and access to PHC services, including emergency health services during night hours. This guidance identifies solutions to ensure people continue to access the health care they need during pandemics and prioritizes antenatal care, immunizations, and child health services. It advises healthcare managers and workers on the provision of essential health care services during the COVID-19 pandemic in Kenya, including how to support health facilities maintain essential health care during the pandemic; monitor essential service provision, ensure continuous supply of essential health products and commodities, and communicate adequately to the public and health workers regarding continuous access to services.

Kenya Community Scorecard (CSC) and Guidelines for Social Accountability in Primary Health Care is a community-led governance tool that promotes action, accountability, and responsiveness to community needs. It connects primary healthcare facilities, local government structures with community members, empowering the latter to improve health outcomes

7 Ministry of Health. Primary Health Care Network Guidelines. <https://www.health.go.ke/wp-content/uploads/2021/09/Primary-Health-Care-Network-guidelines-signed-copy.pdf>

8 PHCPI. Expanding access to quality PHC in Kenya through primary care networks. <https://improvingphc.org/expanding-access-quality-phc-kenya-through-primary-care-networks>

9 Ministry of Health. Kenya Community Health Strategy 2020 -2025. https://www.health.go.ke/wp-content/uploads/2021/01/Kenya-Community-Health-Strategy-Final-Signed-off_2020-25.pdf

10 Ministry of Health. Community Health Volunteers Training and Certification Guidelines

11 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>

12 <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>

especially when the scorecard assessment finds issues that need addressing. The scorecard encourages participation of each of the entities in understanding, measuring, and responding to the community’s perceptions and needs.¹³

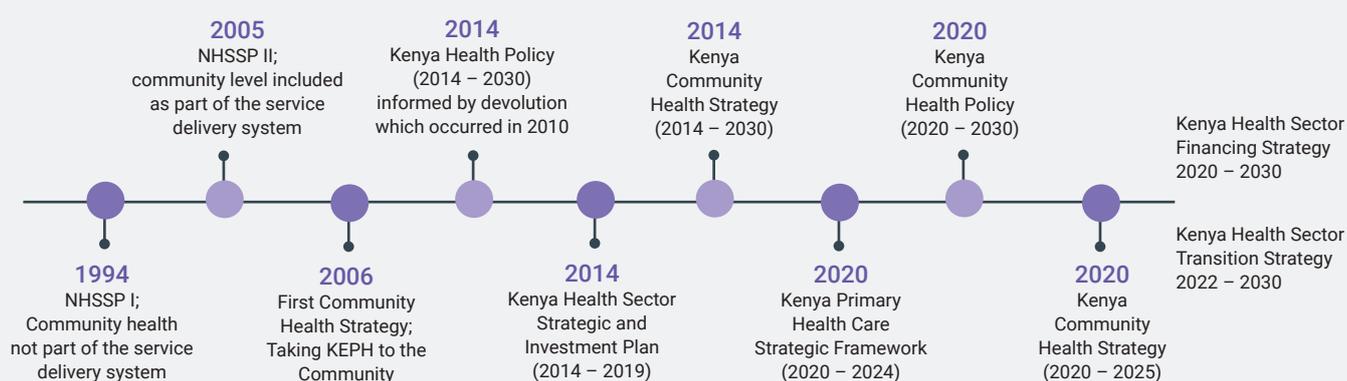
Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya (2021 – 2024)¹⁴: The ACCE Framework creates awareness and guides advocacy efforts to address challenges in planning, implementation, monitoring and evaluation of the PHC guidelines through communication and social mobilization activities to all relevant audiences.¹⁵ It provides key messages targeting all groups implementing PHC with a view to increasing resource mobilization, collaboration, creating awareness of PHC and strengthening community led service provision and engagement.

Community Health Roadmap, 2021 Update¹⁶: The Community Health Roadmap’s mission is to mobilize new resources to support national priorities for Community Health, more efficient use of existing resources through stronger collaboration, coordination, and alignment of donor investments, developing a harmonized Community Health Information System (CHIS), strengthening legal frameworks and legislation, advocating for increased establishment of PCNs and creating an accountability platform.¹⁷

National Community Health Digitization Strategy 2020 –2025¹⁸: This strategy provides a comprehensive digitization blueprint to support Community Health service delivery. It offers a digital solution for client management, decision support, disease surveillance, commodity management and performance monitoring through automated data management processes and tools. It establishes and institutionalizes a coordination mechanism for eCHIS implementation at national and county levels; an M&E process, supportive supervision, and risk management of eCHIS implementation; and resource mobilization and advocacy for inclusion of eCHIS implementation requirements in the MOH budget.

The figure below summarizes the evolution of health policy and strategic landscape in Kenya.

Figure: Evolution of health policy and strategic landscape in Kenya



13 Ministry of Health. Kenya Community Scorecard and Guidelines for Social Accountability in Primary Health Care
 14 Ministry of Health. Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya (2021 -2024)
 15 Ministry of Health. Kenya Primary Health Care Strategic Framework 2019 -2024. Section 5.1.2. <https://www.health.go.ke/wp-content/uploads/2020/07/Kenya-Primary-Healthcare-Strategic-Framework-Signed.pdf>
 16 Community Health Roadmap. <https://www.communityhealthroadmap.org/>
 17 Community Health Roadmap. Kenya. https://static1.squarespace.com/static/5bb6ac499d4149304f7ef3f5/t/622a6ff24269d46fc4d8e57e/1646948341501/Kenya_Roadmap_ENG_FINAL_9March+2022.pdf
 18 Ministry of Health. National Community Health Digitization Strategy 2020 – 2025. <https://www.health.go.ke/wp-content/uploads/2021/03/eCHIS-Strategy-2020-2025.pdf>

8. Recommendations

We applaud the Ministry for developing and launching Primary Health Care (PHC) policies in 2022. To ensure adequate policy implementation of the policies, stronger capacity to deliver on primary health Care, address health financing gaps, and strengthen social accountability, we ask that:

Policy documents and frameworks

Counties adopt the PHC policy documents and develop implementation frameworks for each. Counties prioritize and integrate PHC in County Integrated Development Plans, and ensure that county-based strategies, policies, and commitments are implemented.

Health Financing

1. Increased sustainable and equitable domestic financing for primary health including community health.
2. Counties be supported to increase their health budgets by 10% per year up to 2030. This additional financing should be earmarked for essential Primary Health Care (PHC) package.
3. County governments align benefits packages of care with epidemiological data in order to prioritize investments in areas most affecting their communities.
4. Establish financial protection schemes to enroll people within the National Health Insurance Fund, subsidizing for the ultra-poor who cannot pay, identified through an evidence-based process and database.
5. Leverage regional and national pooled procurement and payment mechanisms to save on costs for health products and commodities especially essential medicines.
6. Private sector engagement framework to enhance Public Private Partnerships in high capital projects such as construction of hospitals, large data collection, underwriting, digitization, and others so that county funds are allocated more efficiently.
7. Prioritize investments into adequate health workforce, improve their skills, and equip them with protective equipment.

Health Systems Strengthening and Pandemic, prevention, preparedness and response

Strengthen community systems and structures for pandemic preparedness, management and mitigation with communities at the center as first responders for successful public health related-pandemic response.

Community and civil society leadership

Implement social contracting policy to engage more civil society entities in the implementation of PHC and attainment of UHC closer to households.

As communities and Civil Society, we are committed to continued collaboration with the Ministry of Health Primary Health Care Division in bringing our expertise and experiences to inform policy and programs towards equitable access to health services for all in Kenya.

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