

HEALTH POLICIES IN KENYA AND THE NEW CONSTITUTION FOR VISION 2030

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Abstract

Promoting global health ensures progress in basic humanitarian values in saving and improving lives. In recent years, improving global health has proven its advanced value in promoting security and constructive cooperation between countries. A strategic and long-term global health policy helps countries in advancing their core interests in establishing lasting collaborations that save and improve lives of millions globally. This policy helps in creating an environment that enables countries to possess their goals and programs where assessment, cost-effectiveness, and responsibility assume imperative roles. Health challenges are more acute in sub-Saharan Africa compared to other developed nations. These challenges are embedded in a broader context of poverty, poorly developed infrastructure, politically instigated conflicts and disappointingly managed governmental institutions. The sub-Saharan Africa region remains a target of global public health policies and intercessions. Fighting against AIDS, TB, and Malaria, for example, has, in the last decade, spurred an exceptional mobilization of resources to Africa. The Kenya health policies give directions to ensure considerable developments in the position of health in the country. Accordingly, these guidelines are aligned with the country's development agenda, Vision 2030, the new constitution, and global commitments. Under the government's supervision, the health policies show the ministry of health's commitment to guaranteeing highest possible standards of health in Kenya. Maintaining the commitment and dedicated programs towards global, regional, and local health should remain consistent even in the face of momentous fiscal situations and commitments from other valuable global priorities.

Keywords

Health policies, Kenya, Vision 2030, the new constitution

Introduction

Governments establish health systems that implement different activities aimed at promoting, restoring, and maintaining individuals, physical, mental, and social health. Such health systems promote health, help in preventing diseases, and ensure treatment, rehabilitation and nursing in the country. These activities also include the community and home based care for individuals across the country. Health systems also perform supervision functions, financing health programs, creating resources for providing health care. Similarly, global, regional, and national health policies are established and implemented in order to create a world where individuals live healthier, safer, and longer lives. As such, governments should address the current health concerns and research to identify and counter emerging global, regional, and national health needs. Through different health agencies, the governments will draw up research and development to meet combined challenges and guarantee greater health impact in the future. Additionally, these agencies develop evidence upon which health policies will be based. The nature of global, regional, and national health has evolved, leading to new infectious disease challenges, latent bioterrorist activities, and antimicrobial resistance, among other varied health threats attributed to environmental and climatic changes. Other health strategies implemented by agencies under the supervision of the respective governments implement various public health programs aimed at improving and maintaining good health. The strategies provide the guidelines towards achieving various goals, including health security, health, capacity, and health impact. In achieving these goals, various objectives are met. The objectives include the prevention of HIV infections, reducing TB and Malaria morbidity and mortality, improving maternal and child morbidity and mortality, strengthening capacity and preparedness in infection and disease detection among other emerging health threats. Governments also strengthen the public health institutions and infrastructure to build the health capacity and improve laboratory systems and networks. Through this, the governments have recorded tremendous progress in HIV protection, care and support of HIV-infected and affected persons, maternal and child health, and health information systems (World Health Organization WHO, 2007).

Global health and Policies

Global health plays a crucial role in global security. Globalization, increased international travels, trade, and expanding economies prompt the need to think of health in a global context. Today, many cases of surfacing or re-emergence of infectious diseases or health threats is reported (World Health Organization WHO, 2007). According to the World Health Organization, newly emerging diseases have been reported at an unprecedented rate since 1970s.¹ Consequently, the WHO through governments has improved the global capacity to respond to infectious diseases and threats. In addition, the organization has played an important role in enhancing comprehensive global and real-time surveillance system aimed at detecting possible infectious disease emergence. As a result, the WHO and national governments have come together to promote global health, prevent international spread of diseases and protect the health of the global population. The rate of deaths from non-communicable diseases has increased, whereas deaths resulting in infectious diseases have significantly reduced. Deaths from non-communicable diseases are high in the developing countries as compared to the developed countries. Global health policies have been put in place to deal with all types of diseases through health systems, surveillance, treatment, rehabilitation, and nursing. The WHO in collaboration with the world community is improving on ways to tackle key health threats. Through the 2005 International Health Regulations (IHR), the WHO proposed new guidance and promoting cooperation between developed and developing countries on emerging health issues of global significance (World Health Organization WHO, 2005).

Regional health and Policies

In 1992, the WHO adopted a regional policy for health for all. The policy's objectives were to establish comprehensive policies to improve health in countries of the European Region. In line with this, other countries and regions have come up with policy development agendas to promote health in particular regions and ways to exchange information. For example, in 2005, the Regional East African Community Health (REACH) policy initiative was established. The institution was mandated to link health researchers with policy makers and other users of vital research.ⁱⁱ The REACH's mission is "to access, synthesize, package, and communicate evidence required for policy and practice. It also influences policy-relevant research agendas for improved population health and health equity" (World Health Organization WHO, 2005). The main goal of REACH is to improve people's health and equity in the East Africa region through the effective utilization and implementation of knowledge to enhance health policy and practice. In collaboration with the respective governments and WHO, the regional health policies amassed immense experience in health promotion among the people. Similarly, European countries formed a Regional health policy development, Regions for health work where countries in the region established policies to improve health in all member countries. The member states also decided on ways to operate, fund, assess and develop their health agenda and proposals within a given duration of time. The ideal results and accomplishments of this regional cooperation include common policies and involvement in health, a strengthened impact in reducing health and disease burden, increase capacity for disease control and provision of health services and reduce deaths from both infectious and non-communicable diseases.

Focus on Kenya health policies

The Kenya Health Policy 2012-2030 offers guidelines to ensure momentous improvement in the status of health in Kenya, in line with the provision of the new constitution of Kenya 2010, Vision 2030, and other global commitments. The policy exhibits Kenya's health sector's obligation, under the national government supervision, to ensure that Kenya attain the highest possible standards of health, in response to the needs of its citizens. Health Policy 2012-2030 is designed to be all-inclusive, balanced, and rational. Therefore, it concentrates on the two major obligations of health, including contribution to economic development provided in the new constitution of Kenya 2010 and Vision 2030 (Ministry of Health, 2012). It also ensures equity, efficiency, and social accountability in the delivery of health care services. In order to achieve the ultimate goals in health, the policy consists of six objectives and seven orientations. They include:

Policy Objectives

1. Eliminate communicable conditions.
2. Halt and reverse the rising burden of non communicable conditions.
3. Reduce the burden of violence and injuries.
4. Provide essential health care.
5. Minimize exposure to health risk factors.
6. Strengthen collaboration with other sectors that have an impact on health.

Policy Orientations

1. Service delivery systems: how health service delivery will be organized.
2. Leadership and Governance: how health service delivery will be managed.
3. Health Workforce: The Human Resources required for the provision of health services.
4. Health Financing: The systems required to ensure adequate resources for service provision.
5. Health products and Technologies: the essential medicines, medical supplies, vaccines, health technologies and public health commodities.
6. Health Information: system for generation, analysis, distribution and utilization of health related information.
7. Health Infrastructure: The physical infrastructure, equipment, transport and information communication technology needed for delivery of health services.

The policy also takes into consideration the functional responsibilities between the national and the county governments and their reporting and management requirements. It also recommends a broad and innovative approach to exploit health service delivery at all levels. This is evident in the policy's outlined roadmap, especially regarding the right to the highest possible standard of health for all. Consequently, there is a need to enhance awareness and ensure the required ownership of the policy essentials by all stakeholders and implementing collaborates (Ministry of Health, 2012).

The policy development process

In order to obtain a balanced, rational and comprehensive policy, the government ensured that all the stakeholders in health, including ministries, private sector, development partners, and civil societies were involved in developing it. The process entailed evidence-based and reviewed procedures undertaken over two years. The government supervised the extensive process with the stakeholders in order to agree with all the provided conflicting views. The first step involved a detailed analysis of the country's health status, trend, and accomplishment of health goals and objectives. The second step was putting into consideration the contribution of the previous policy framework, the Kenya Health Policy Framework (KHPF 1994-2010).

The implementation of KHPF 1994-2010 resulted in a noteworthy investment in public health programs and insignificant investment in medical services. As a result, there was improvement in health indicators with regard to infectious diseases and child health. However, the gains of KHPF were thwarted by the emergence and increase of non-communicable diseases. The policy provided a route map to combining the gains attained while working towards further gains in a reasonable, responsive, and competent manner. Most of the policy's outcomes were not fully realized because of several methodical issues such as the actual capacity to implement the priorities (Ministry of Health, 2012).

In the year 2010, Kenyans voted in the new constitution that was signed into law by the then President, Mwai Kibaki. The Constitution provides a legal framework that guarantees an all-inclusive rights-based approach to health service delivery to Kenyans.ⁱⁱⁱ As such, the new constitution provides that all Kenyans be entitled to the highest attainable standard health. This includes the rights to reproductive health. This is meant to improve the levels of health for all individuals in rural and urban setup. In addition, the constitution also dictates that an individual in need of medical services shall not be denied such and that the government shall give suitable social security to individuals incapable of supporting themselves and their dependants. All state organs are further obligated by the constitution to respect, enhance, and fulfill the rights in the constitution as guaranteed in Article 43. In addition, the state organs

and other public officers are directed to tackle the needs of vulnerable groups in the country and to locally implement the provisions of any pertinent international accord and rule that Kenya has ratified. Article 53 to 57 of the new constitution provides for the rights of special groups including children, people with disabilities, the youth, and marginalized groups. It states that these groups have the right to health care, health facilities and materials, and protection from harmful health cultural practices and exploitation.

The new constitution of Kenya introduced a devolved system of government where many national government services were delegated to the designated 47 county governments (KPMG Africa, 2012). According to the constitution, these governments are interdependent and undertake their relations through “consultation and cooperation.” The fourth schedule provides for the distinctiveness of the two governments and assigns different functions of the two. Accordingly, the implementation of the above provision brings to the account the Kenya Health Policy 2014-2030 objectives. These objectives require the county governments to promote democracy and accountability in the delivery of health care (Ministry of Health, 2014). It is meant to further foster a flawless service delivery during and after the transition period, facilitate powers of independence to the citizens, and improve their participation in decision-making matters dealing with their health. The county government is also required to recognize the right of its county communities to manage their health affairs, protect, and promote the health interests of the special groups. In addition, county governments should ensure easy access to health services and equitable sharing of the national and local health resources and delivery of such to all people in the country. This also entails improving the capacity of the national and county governments to efficiently deliver required health services according to their particular authorizations. The health policy takes notice of the specific functions allocated to both governments as follows: the national government should offer leadership in health policy development and manage the national referral health facilities. In addition, it should build capacity and technical assistance to counties. On the other hand, the county governments should be responsible for county health services, pharmacies and ambulance services, and the promotion of primary health care. Other functions include licensing and control of undertakings that sell food to the public; cemeteries, funeral parlors and crematoria refuse remover, and solid waste disposal (Ministry of Health, 2014).

Kenya’s government also developed a long-term national development and planning strategy referred to as Vision 2030. The publication contains the main economic, social, and political pillar goals that define the Vision. It also contains flagship projects to be embarked upon in the Medium Term period of the Vision from 2008-2012. The main aim of the Kenya Vision 2030 is to create ‘a globally competitive and thriving country with raised standards of living by 2030’ (Ministry of Health, 2012). As such, the vision provides the government with a roadmap to achieve this goal and eventually to improve the lives of Kenyans, alleviating poverty and providing high quality and affordable health care system. According to the Vision, priority will be given to the community and household level through a decentralized national health care system. This is aided by the devolution of health services, ensuring that health service delivery gets close to all Kenyans. Devolving funds and decision making to the county governments enables them to concentrate more on policy and research issues (KPMG Africa, 2012). The national and county governments also enjoy support from the private sector in the implementation of the Vision 2030 strategies to become the regional provider of specialized health care. The national governments guarantee improvements in health care at the national and county levels through providing quality health infrastructure network countrywide and enhancing the quality of health service delivery. In addition, the government will promote advanced partnerships with the private sector and ease the access to health care for the financially challenged individuals.

The Kenya health policy 2014-2030 will be implemented with an aim of improving on the goals and objectives of Kenya health policy 2012-2030. Additionally, the policy standards and orientations have been devised to ease the development of all-inclusive health investments. It also facilitates the advancement of health plans and service provision within the devolved health care system. Articles 10 and 32 within chapters 6 and 12 of the new constitution guide the values that state organs are required to sustain the delivery of services. The policy will ensure that the health sector embraces equity in the allocation of health services and their interventions. It also guarantees public participation, efficiency in the application of health technologies and joint consultation and cooperation between the national and county governments. Just like the previous health policies, the policy 2014-2030 was formulated under the supervision of the Kenya's government and the contribution of all the stakeholders over two years of consultative meetings.^{iv} The stakeholders included the ministries, county governments, constitutional bodies, private sectors, and civil societies. The policy objectives were based on critical analysis of trends and achievement of health goals in Kenya, the previous policy framework 1994-2010, and drafts circulated to county governments and stakeholders in 2012 and mid-2013. The major objectives of the Kenya health policy 2014-2030 include the elimination of communicable conditions, stopping and reversing the rising burden of non-communicable conditions and reduction of the burden of violence and injuries. The policy also aimed at providing essential health care, minimizing exposure to health risk factors and intensifying the partnership between the private and other health-related sectors.

Developments Made and Planned in the Health Sector

Since gaining independence, Kenya has worked towards improving the health of its citizens in rural and urban areas. By 1980s, the number of the health care facilities had quadrupled in majority of the regions in order to serve the escalating population. Additionally, the government has introduced health policies, and ratified other conventions and global commitments to ensure development in the health sector. The Kenya health policy 2012-2030 provides guidelines to ensure development in the entire health sector in line with Vision 2030 and the new constitution. Over the years, the health sector has undergone various transformations, developments, and challenges. In addition, devolution of health services has introduced new challenges to the county governments. However, the county governments have also experienced remarkable developments in health care services. In spite of a significant economic growth, Kenya's health care system remains underdeveloped. This is attributed to lack of political will and faltering commitment to its development. Both the national and county governments should increase their efforts and commit more resources to improve the health care sector. However, the last one year has recorded numerous improvements and development of health care in the national and county levels.

Devolution of health services has enabled the county governments to improve on service delivery and increase the quality of health care in the counties. Many county governments have acquired a working ambulance vehicle system to provide first aid services to its members. For example, the Machakos County under the supervision of the governor, Dr. Alfred Mutua, has an efficient ambulance service and mobile clinics that serves all the members of the county. Consequently, many lives have been saved. In addition, the governor has initiated a program that aims at constructing dispensaries across the county in order to take the health care services closer to the people. In addition, the governor has also initiated an upgrade of Machakos Level Five Hospital by introducing new services such as renal dialysis services and a modern Intensive Care Unit. Machakos County government has invested over Kshs. 400 million in the health sector to upgrade and build new dispensaries.^v

Through the help of the national government, the county governments will implement their long term plans to improve the health care services to Kenyan's. The majority of the counties have committed resources to achieve an effective health care system and provide the population with the highest standards of health. The plans include the introduction of excellent medical equipment and facilities, improvement in the pharmaceutical industry, providing health information to the people and hire more workforce. For example, Kitui, Makueni, and Kajiado counties have documented plans to invest in renal/dialysis facilities, a cancer unit and forensic laboratories. The plan also includes investment in the pharmaceutical industry and surgical gloves. Hiring additional workforce will also serve to improve medical research and effective delivery of inpatient and outpatient services. The counties also plan the automation of their health facilities in order to ease retrieval of medical records and aid in research. This initiative will also help to boost revenue collection and eliminate the possibilities of losing medical records.

Challenges

The development and planning in the health sector has faced several challenges over the years. Political instability and violence in some regions in Kenya has slowed down developments in health care. Post election violence in 2007-2008 was also a major setback to the national government's program to develop the health care system. Corruption also undermines the county and national efforts of developing the health care system and providing equitable and affordable health care to the citizens. Corruption compromises the distribution and use of financial resources directed to the development of health care. As a result, many plans and development projects stall because of lack of funds.

Traditions and religious beliefs also hinder the government's efforts to provide high standards of health care in the country. Some traditional and religious beliefs discourage members against seeking medical attention in dispensaries and hospitals in their regions. Such beliefs also prohibit members from taking medicines in case of an illness. These traditional and religious beliefs are a major challenge to the national and county governments with regard to control infections and non-communicable diseases and deaths. Some family members are also involved in practicing religious beliefs that forbid receiving any medical care from practitioners even to ailing members. Additionally, some parents avoid taking their infants for immunization owing to such traditions and beliefs. As such, the government should carry out civic education in order to change the mindsets of these communities and educate them on the importance of health care to them and their members.

Conclusion

The health policies in Kenya show a commitment by the national government towards improving the health of the citizens by reducing ill health and improving living conditions. The policies are comprehensive and innovative in order to counter the emerging trends of infectious and non-communicable diseases. The health policies 2012-2030 and 2014-2030 are premised on the new constitution of Kenya, 2010, Vision 2030 and other global health commitments. The policies define the health goal, objectives and orientations aimed at accomplishing the highest standard of healthcare in the country. Finally, the policies provide a guideline on how to monitor and assess the progress of stated objectives and the level of distribution and responsiveness of health services.

Endnotes

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- ⁱⁱ World Health Organization *Regional East African Community Health (REACH) Policy Initiative Project*, 2005. (WHO, 2005).
- ⁱⁱⁱ Government of Kenya, *Kenya Vision 2030: The Popular Version*. (Nairobi: National Economic and Social Council, 2007)
- ^{iv} Government of Kenya, *Kenya Vision 2030: The Popular Version*. (Nairobi: NESC, 2007)
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