

Gaps in Health Care Provision for Key Populations Along East African Community (EAC) Transport Corridors

July 2015

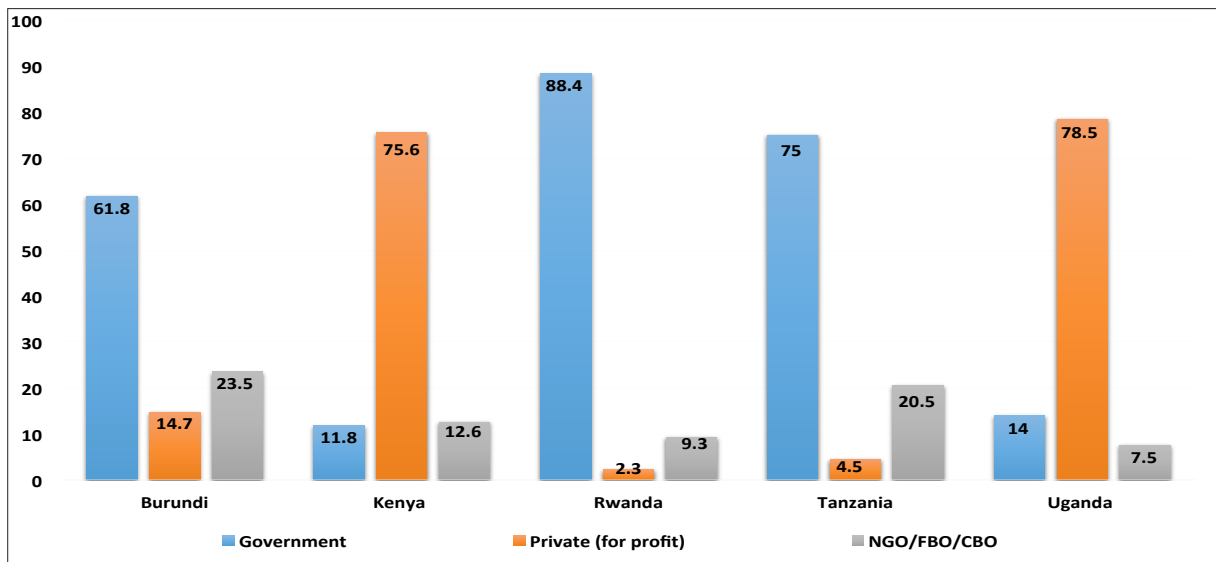


Globally, key and mobile populations are exposed to numerous health risks and vulnerabilities due to risk factors such as risky sexual behaviours, low risk perception, high levels of mobility, unsanitary accommodation, and inadequate access to health and social services. In the East Africa Community (EAC) region, these challenges are further compounded by the limited access to comprehensive health care along the transport corridors. This Policy Brief highlights results of a mapping exercise conducted to gather comprehensive up-to-date information on available health services along transport corridors in the EAC, for effective integrated programming for health and HIV/AIDS along the corridors.

1. Most Health Facilities in the EAC Transport Corridor are Privately Owned and Charge User Fees

Majority (51.9%) of the 341 facilities mapped along transport corridors in the region were privately owned (for profit), an indication that key populations (KPs) may be facing high cost out-of-pocket payments for services: on average at least 40% of the facilities along the transport corridors in the EAC region charge user fees. About a third of facilities are government owned (Figure 1). Non-Governmental Organisations (NGOs), Faith-Based Organisations (FBOs) and Community-Based Organisations (CBOs) owned about 12.9% of the facilities.

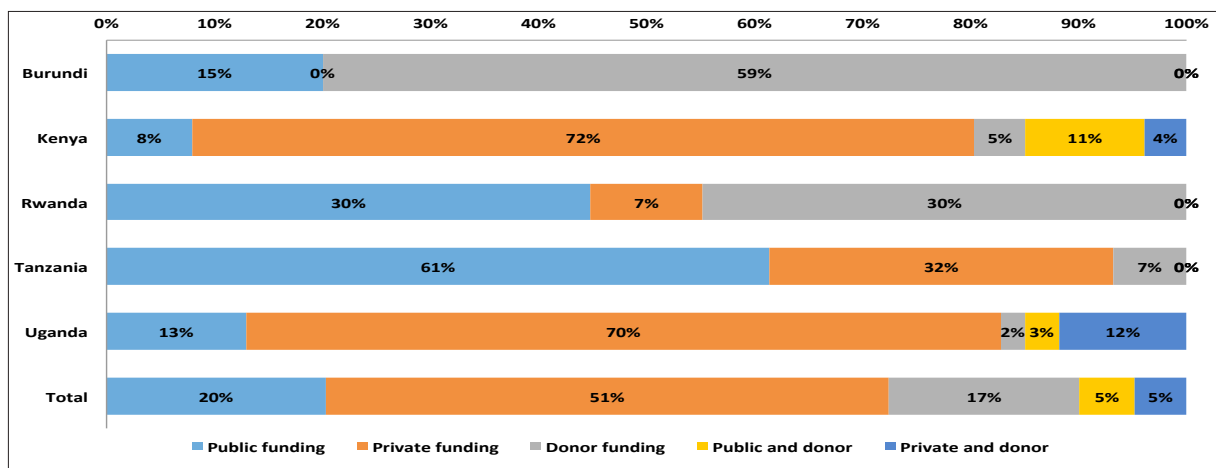
Figure 1: Health Facilities in EAC Transport Corridor by Ownership (%)



Source: (EAC 2015)

Related to ownership, is facility type and funding. Clinics are the most common facilities (44.9%), followed by health centres (26.7%), and hospitals (12%) (Figure 2).

Figure 2: Funding Sources for Selected Facilities



Source: (EAC 2015)

There were marked differences across the countries e.g., in Uganda, clinics were the most common type of health facility along the transport corridors (65.6%) followed by health centres (22.6%); while in Rwanda, health centres comprised 74.4% of facilities, followed by both hospitals (11.6%) and dispensaries (11.6%). In terms of funding for service provision, over half of the surveyed facilities were privately funded. Kenya, Uganda and Tanzania had the highest proportion of privately funded facilities—at 72.4%, 69.9% and 31.8%, respectively.

2. Partnership Among Facilities in Provision Of Health Services

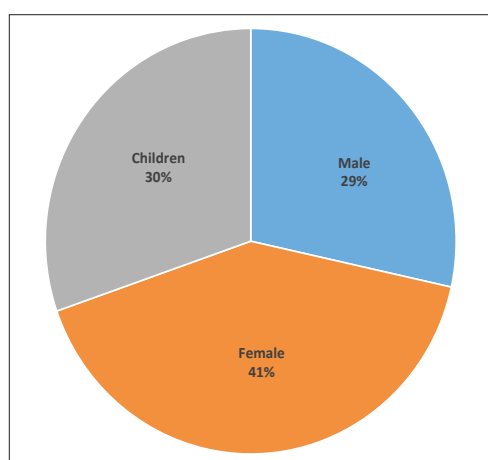
Most facilities in the EAC transport corridors reported having partnered with NGOs/CBOs/FBOs in provision of medicines and essential supplies (e.g. laboratory equipment), delivery of care (family

planning and vaccination), and in administrative costs (construction of infrastructure). This is an encouraging trend for health care delivery and referral, which needs to be harnessed in order to improve the current state of health care delivery along the EAC transport corridors.

3. Majority of EAC Transport Corridor Clients are Female Adults

Facilities along the transport corridors serve a large number of clients per month – a total of 342,843 adults and children, a majority (about 70%) being adults (Figure 3). The facilities also serve a higher proportion of female clients - both adults and children. Table 1 below shows that overall, facilities in Tanzania recorded higher proportion of adults (about 28%) compared to the other Partner States, while Burundi recorded the highest caseload among children (about 34%).

Figure 3: Comparative Analysis of Health Indicators in EAC Partner States



Data Source: (EAC 2015)

“The most common areas for partnership between the clinical facilities and the NGOs/ CBOs/ FBOs are provision of medicines and essential supplies, delivery of care and administrative costs.”

Table 1: Monthly Health Facility Caseload by Country

Number of clients per month	Countries					TOTAL
	Burundi	Kenya	Tanzania	Rwanda	Uganda	
Adults (N = 238,151)						
% of Overall (N)	12.6	22.7	25.1	27.6	12	100
% Female	61.3	61.2	61.9	55.1	56.6	59.1
Children (N = 104,692)						
% of Overall (N)	33.2	5.4	22.6	17.8	21.0	100
% Female	58.1	67.7	56	51.2	44	54

Data Source: (EAC 2015)

4. Client needs and the services offered

Client needs

Majority of facilities reported serving mainly truck drivers, their assistants, and female sex workers (FSWs). In general, key population groups represent 16% of the total adult facility caseloads per month. There were similarities in patterns of services needed in all the EAC states. The three main sought facility services by KPs were: treatment of common ailments such as malaria and cough; sexually transmitted infections (STI) screening and testing; and HIV counselling and testing (HCT).

Services offered

Even though most facilities (92.1%) reported providing both HCT services, only over a third (36.7%) offered HIV treatment services. Similarly, while about 89.1% of facilities provided tuberculosis (TB) screening services, only 31.4% offered TB treatment. This highlights a major gap between diagnosis and treatment for these critical services, which should be addressed to enhance service responsiveness to KPs.

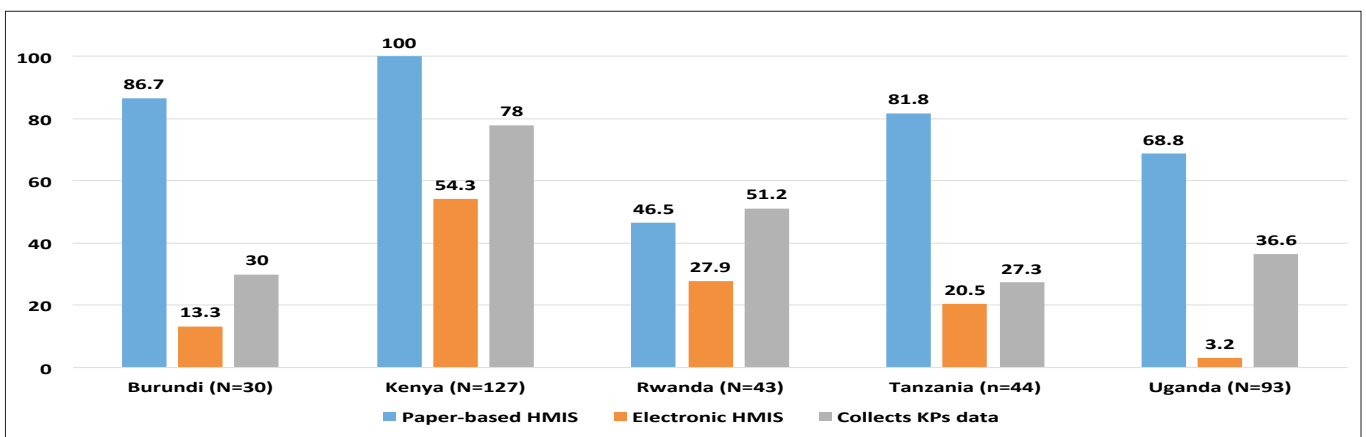
5. Few Facilities Disaggregate Health Management Information System (HMIS) Data for KPs

Only a small proportion of facilities (Burundi 30%, Kenya 78%, Rwanda 51.2%, Tanzania 27.3% and Uganda 36.6%) collect data on KPs. (Figure 4). It is however encouraging that most facilities utilise the HMIS system for data management, with the main challenge being that majority still rely on the paper-based system for collecting client data (Burundi 86.7%, Kenya 100%, Rwanda 46.5%, Tanzania 81.8%, and Uganda 68.8%). Therefore, facilities should be supported to disaggregate data for service delivery especially information on KPs and where possible electronic databases used as these are easy to share and can be quickly processed to support targeted service delivery for these populations.

6. Majority of Clients Seeking Health Care Are Not Served by Specialised Cadre Staff

Most facilities are served by nurses and nursing aides (comprising 66.5%), with medical doctors comprising only 6.6% of professional staff. Majority of medical doctors were found in hospitals, suggesting that most of transport corridors facilities' clients, like is the case with most primary health care facilities in the region, are not served by highly trained staff. Therefore, there is need for enhancing staffing capacity of these facilities especially with highly qualified staff to raise service standards.

Figure 4: Use of HMIS in Corridor Facilities (%)

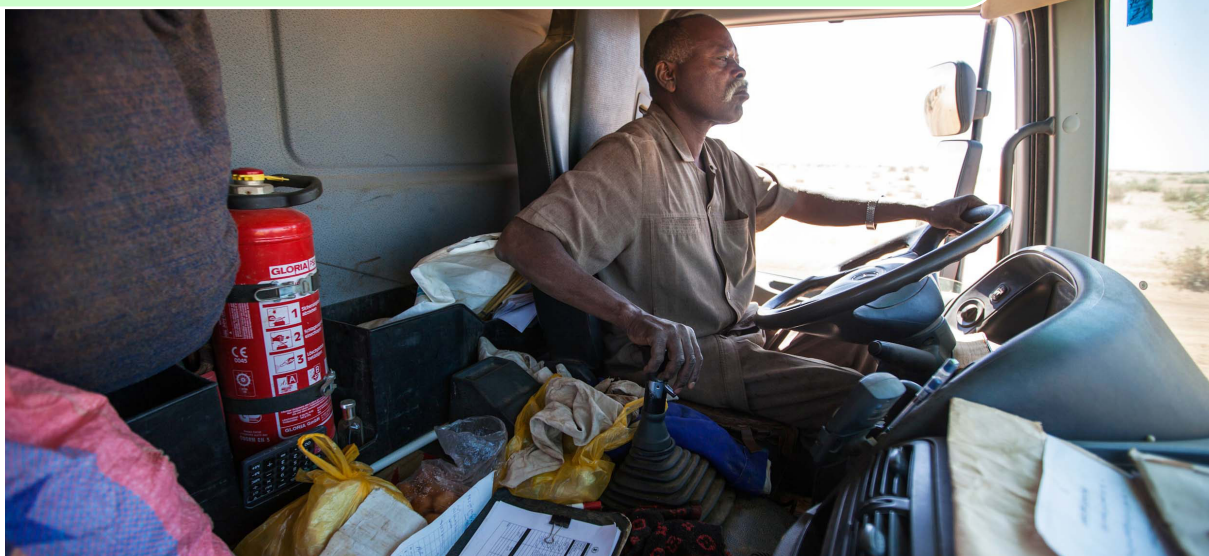


Data Source: (EAC 2015)



A Tanzanian mother and her infant in a hospital ward. Photo: Direct Relief/Flickr

Policy Actions to Strengthen Service Delivery for KPs along EAC Transport Corridors



A truck driver. Photo: Albert Gonzalez Farran, UNAMID/Flickr

- Strengthen the capacity of health care facilities including private facilities to provide a minimum basic primary care service package and to collect and report disaggregated HMIS data on KPs.
- Strengthen TB and HIV and AIDS responses along transport corridors by scaling up the provision of HIV and TB integrated services and developing an effective referral system between private and government facilities to ensure that KPs are linked to services.
- Enhance provision of KPs and migrant-friendly health services
- Establish affordable and sustainable cross-border financing mechanisms for health services
- Support the establishment of integrated health clinics or wellness centres in priority sites providing a minimum service package to KPs.

Conclusion

The EAC transport corridors and the inhabitant populations, play an important role in the regional integration and development process. Limited access to appropriate health care for these populations, especially the KPs, have the potential to negatively impact on regional public health.

References

¹Morris, C. N. and A.G. Ferguson (2006) Estimation of the Sexual Transmission of HIV in Kenya and Uganda on the Trans-Africa Highway: The Continuing Role for Prevention in High Risk Groups. *Sexually Transmitted Infections*, 82(5): 368-371; WHO and IOM (2010) Health of Migrants: The Way Forward. Report of a WHO-IOM Global Consultation, Madrid, Spain, 3-5 March 2010. WHO, Geneva

²IOM (2013) Rapid Assessment of Access to Health Care at Selected One Stop Border Posts (OSBP) in East Africa. IOM, Nairobi

³The study was led by the Regional Task Force on Integrated Health and HIV and AIDS Programming along Transport Corridors, established under the coordination of the EAC in 2013

