

Policy Brief

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Improving the Health of Kenya's Present and Future Workforce for Enhanced Socioeconomic Development

All Kenyans have a right to the highest attainable standard of health and health services including reproductive healthcare. This right is enshrined in *The Constitution of Kenya 2010* article 43(a)¹. Further, Kenya's long-term development plan, *Vision 2030*, identifies good health as part of its overall objective – to create a globally competitive and prosperous nation with a *high quality of life* by 2030.

Investment in health is also a prerequisite to harnessing a substantial demographic dividend. The *demographic dividend* is the accelerated economic growth that arises from a significant increase in the ratio of working-age adults relative to young dependents if this is accompanied by sustained investments in education, skills development, health, job creation and improved governance. Accelerated productivity and socioeconomic development is enhanced when a healthy, well-educated and skilled workforce is in place and when the age structure change resulting in more working-age adults relative to dependents occurs.

Kenya faces the double burden of both persistent communicable diseases such as HIV/AIDS, respiratory illness and malaria, and the emergent and fast rising non-communicable diseases such as cardiovascular diseases, various forms of cancer, and diabetes. Traffic related accidents also significantly contribute to both mortality and morbidity.

Key objectives of the Kenya Health Policy 2014-2030

- ➔ Eliminate communicable conditions
- ➔ Halt and reverse the rising burden of non-communicable conditions
- ➔ Reduce the burden of violence and injuries
- ➔ Provide essential healthcare
- ➔ Minimize exposure to health risk factors
- ➔ Strengthen collaboration with private and other health related sectors

Policy frameworks and documents such as the *Kenya Health Policy (KHP) 2014-2030*² and the *Kenya Health Sector Strategic and Investment Plan (KHSSP)*³ acknowledge the need to improve the health status of Kenya's population, spelling out targets and strategies to achieve the health

objectives envisioned in both the constitution and *Vision 2030*. In this policy brief, we urge for additional investments and intensified efforts in dealing with the double burden of communicable and non-communicable diseases, malnutrition, and also to focus on health systems strengthening.

Improving population health is crucial for building quality human capital required to harness the demographic dividend

Quality human capital is a prerequisite to harnessing a substantial demographic dividend. Health is a fundamental component of human capital development. The health status of a population has a direct impact on its labour productivity, with good health resulting in a high quality, productive and competitive labour force contributing to enhanced economic development.

Both premature mortality and illness undermine optimal productivity – by cutting short the productive work life of individuals, and the latter through lowering the productivity of those who are working when ill, or loss to the labour force of those too ill to work. The concept of Disability Adjusted life Years (DALYs) - the sum of years of potential life lost due to premature mortality and years of productive life lost due to disability – is used to capture this.

The Kenya Health Policy (KHP) 2014-2030 identifies 'attaining the highest possible health standards in a manner responsive to the population needs' that will be achieved through supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans' as its overarching goal. The policy gives directions to ensure significant improvement in overall status of health in Kenya in line with the country's long term development agenda, *Vision 2030*, the *Constitution of Kenya 2010* and global commitments.

The Health Sector has Recovered from the ‘Lost Decade’

Life expectancy at birth in Kenya increased from a low of 45.2 years in the 1990s to an estimated 60 years by 2012². This resulted from the tremendous progress in health status revealed by progress in indicators particularly on child health, HIV/AIDS, Tuberculosis (TB), and Malaria. For example, under-5 mortality declined from 90 to 52 deaths per 1000 live births between 2003 and 2014, while infant mortality declined to 39 deaths from 61 deaths per 1000 live births in the same period⁴. In addition, prevalence of HIV among adults declined from 8.9 percent in 2000 to 5.6 percent in 2012⁵. TB control also showed improvements in key indicators such as Case Notification, Case Detection, and Treatment Successes. These improvements came after a decade of stagnated or worsening health seen across all ages.

Key to the improvement were strategic investments in preventive measures such as promoting the use of insecticide treated nets (ITNs) to curb malaria, heavy resource allocation to the management and treatment of diseases such as TB and HIV/AIDS and strategic child survival interventions such as increasing immunization coverage.

Despite the progress made, there are many existing and emerging obstacles to the health of Kenyans, and particularly the workforce. The main challenges include:

1. The double burden of Communicable and Non-Communicable Diseases (NCDs)
2. Persistent problem of malnutrition that negatively impacts the future labour force
3. Structural and health systems challenges

Figure 1: Obstacles to the health of Kenya’s workforce



Kenyans Facing a Double Burden of Disease

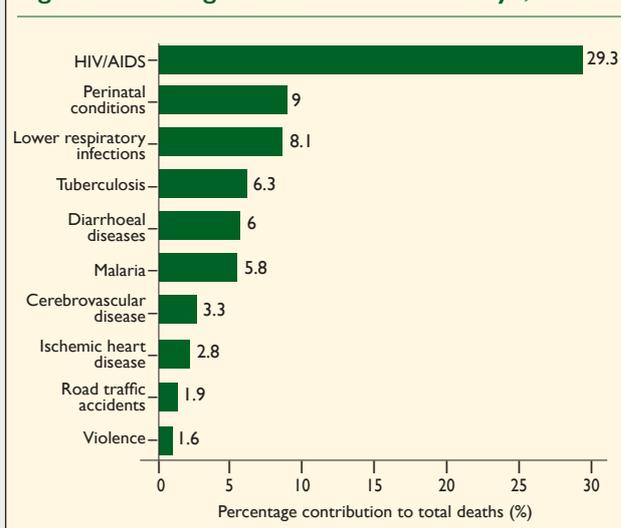
The fast rising threat of NCDs is catching up with the population. Figures 2 and 3 illustrate that both Communicable and NCDs dominate the top ten causes of mortality and disability in Kenya in the recent period.

Despite the substantial resources directed towards the control and management of HIV/AIDS, it is still the leading cause of both mortality and DALYs in the country.

Although there has been a significant decline in prevalence rates from 7 percent in 2007 to 5.6 percent in 2012, among those between the ages of 15-64 nationally, there is notable variation between regions ranging from 15 percent in the Nyanza region to 2 percent in the North Eastern region⁵. The survey also noted that HIV prevalence was significantly higher among young women aged between 20-24 years who were over three times more likely to be infected (4.6%) than men in the same age-group (1.3%). In addition, the emergence of drug resistant TB since 2005, is a key challenge to the progress achieved in reducing TB-related deaths.

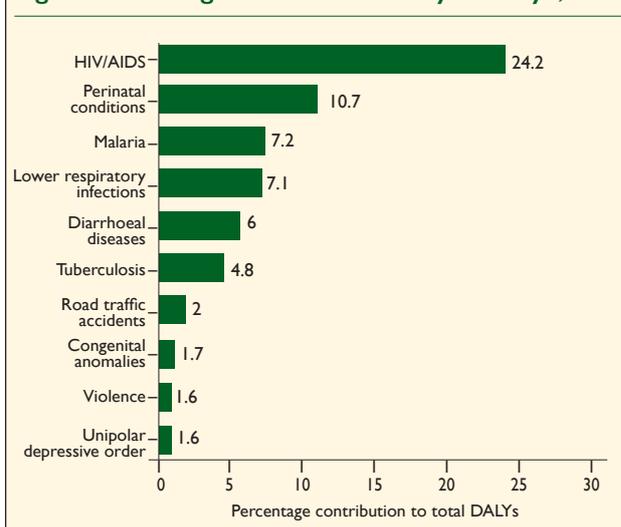
The contribution of malaria to the burden of disease remains immense despite the promotion of ITN use and indoor residual spraying interventions in some areas. It is estimated that the disease accounts for 30 percent of outpatient consultations, 19 percent of hospital admissions and 3-5 percent of inpatient deaths⁶. Furthermore, there are wide disparities in health status across the country, closely linked to underlying socioeconomic, gender and geographical disparities.

Figure 2: Leading Causes of Death in Kenya, 2009



Source: Kenya Health Policy 2014-2030.

Figure 3: Leading Causes of Disability in Kenya, 2009



Source: Kenya Health Policy 2014-2030.

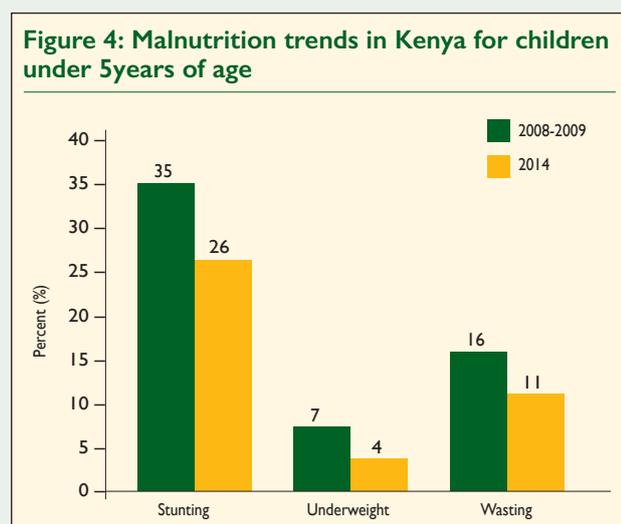
Note: DALYs = Disability adjusted life years – time lost due to incapacity from ill health.

Kenya is increasingly faced with a fast growing burden of NCDs. Changing lifestyle habits linked to increasing urbanization, unhealthy nutrition habits, reduced physical activity, smoking and alcohol consumption are all associated with the rise in NCDs. Some of the leading NCDs in Kenya include heart disease, diabetes and cancer. It is estimated that up to 18,000 deaths annually can be attributed to cancer⁷.

Even as the burden of NCDs keeps rising, the health system in Kenya has been slow in upgrading both infrastructure and trained personnel to manage NCDs and provide quality preventive and curative care for the patients.

Persistent Malnutrition Undermines Kenya's Future Labour Force

Child malnutrition is a longstanding challenge to the health of the nation's population that does not get the attention it deserves. Malnutrition affects cognitive development and physical work capacity, and exposes individuals to several adult chronic diseases⁸. It is therefore a significant determinant of the quality of human capital. The *Kenya Demographic and Health Survey 2014* indicates that the nutritional status of children in Kenya improved in recent years but is far from satisfactory. The proportion of Kenyan children below five years of age who were stunted was estimated at 26 percent in 2014, a decline of 9 percent from the 2008-09 survey. Those in the same age group who were underweight constituted 16 percent in 2014 compared to 11 percent in 2008-09, while wasting affected 4 percent compared to 7 percent of those in the same age group in the 2014 and 2008-09 surveys respectively^{4,9}.



Source: Kenya Health and Demographic Survey (KDHS) 2014.

Malnutrition contributes to 45 percent of all deaths of children under the age of five and approximately 40 percent of maternal deaths. Despite the immediate and long term negative effects of malnutrition on health, it has often been overlooked as efforts are directed towards reducing infant and child mortality.

Health Systems and Structural Challenges

The health situation in Kenya is compounded by structural and systems challenges including inadequate financing, infrastructure, health commodities and technology, human resources and governance.

Public healthcare financing in the country is inadequate

The government's investment in the health sector is still well below the recommended levels. The government expenditure on health as a percentage of total government expenditure added up to only about 6.1 percent¹⁰ in 2012/13. This proportion is very low compared to the Abuja commitment target of 15 percent. Moreover, much of the budget is spent on recurrent expenditure. The NHA 2012/13 further shows the breakdown in total expenditure in health as 40 percent borne by the private sector including out of pocket costs, 26 percent by donors and only 34 percent by the public sector. Thus there is a heavy reliance on donors to support healthcare which introduces uncertainty in funding as donors funding decisions are subject to change. Also, out of pocket costs are high and this denies access to quality healthcare to the significant proportion of poor Kenyans.

There is need to enhance investments in infrastructure, healthcare commodities and health personnel and address coverage

The country has insufficient healthcare infrastructure, health commodities and technologies, and personnel. This is compounded by uneven distribution of these critical factors across the country leaving certain areas seriously underserved. For instance, distribution of human resource for health is poor and highly skewed by region. Majority of the health providers are based in the urban areas, with many leaving the public for the better paying private sector, or migrating to other countries. For example, although Kenya has about two doctors per 100,000 residents¹¹, more than 50 percent practise in Nairobi, and only 1000 physicians work in the public sector. Many qualified doctors trained in Kenyan institutions also emigrate to countries in the northern hemisphere and other countries they consider to have more favourable returns to their training. Thus retaining qualified health personnel is a persistent challenge for the country despite the heavy investments in their training by the government.

Bottlenecks in the transition of healthcare from a centralized to a devolved system

An emerging challenge is the uncertainty in the health sector that has arisen out of the Kenya 2010 Constitution that devolved health services. First, the assignments and reassignments of functions between the national government and the 47 county governments is still incomplete leading to inertia and indecisions in discharge of responsibilities. Additionally, the county governments'

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AFIDEP

African Institute for
Development Policy

The African Institute for Development Policy (AFIDEP), is an African-led, regional non-profit policy think tank, that seeks to make research evidence matter in African-driven development. AFIDEP's mission is to translate and enable utilization of evidence in policymaking, primarily in the fields of population change and sustainable development, and health systems strengthening in Africa.

References

- ¹ The National Council for Law Reporting. 2010. *Laws of Kenya: The Constitution of Kenya*. Nairobi, Kenya: The National Council for Law Report.
- ² Republic of Kenya, 2014. *Kenya Health Policy 2014-2030*. Nairobi, Kenya: Republic of Kenya, Ministry of Health.
- ³ Republic of Kenya. 2014. *The Kenya Health Sector Strategic and Investment Plan - KHSSP July 2014 - June 2018*. Nairobi, Kenya: Republic of Kenya, Ministry of Health.
- ⁴ KNBS et al. 2015. *Kenya Demographic and Health Survey 2014 – Key Indicators*. Nairobi, Kenya: KNBS.
- ⁵ National AIDS and STI Control Programme (NASCO), Kenya. 2014. *Kenya AIDS Indicator Survey 2012: Final Report*. Nairobi, NASCO.
- ⁶ Republic of Kenya. 2013. *Second Medium Term Plan, 2013-2017*.
- ⁷ KIPPRA. 2013. *Kenya Economic Report 2013*.
- ⁸ Pelletier, D.L., & Frongillo, E.A. 2003. Changes in child survival are strongly associated with changes in malnutrition in developing countries. *The Journal of Nutrition*, 133(1), 107-119.
- ⁹ KNBS and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.
- ¹⁰ Ministry of Health. 2015. *Kenya National Health Accounts 2012/13*. Nairobi: Ministry of Health
- ¹¹ WHO, 2013. *World Health Statistics 2013*.

capacity to manage health services is still not at the required levels for effective services and varies across the country. Thus there is a serious need to urgently strengthen the capacities of these governments and ensure they are all at a level that can offer adequate quality services to citizens.

The transitional challenges have led to frequent industrial unrest by medical workers related to these changes and reports of increased attrition of medical workers from public service are a major cause of concern. Further, synergy between the roles of the national government and the county governments in the health sector is not at optimal levels and may further undermine the health status of Kenyans both due to poor services and wastage.

Policy Implications

The health of Kenyans is being undermined by the double burden of communicable diseases and the emergent and fast rising NCDs, malnutrition and health systems and structural challenges. If Kenya does not make increased and strategic investments to tackle these bottlenecks to health, the country will not have the healthy and productive workforce necessary to achieve the *Vision 2030* nor will it harness a substantial demographic dividend.

The following policy recommendations should be acted upon to forestall such a scenario.

Recommendations to Accelerate Improvements in Health in Kenya

- Increase efforts towards halting and eliminating communicable diseases, as stated in the Kenya Health Policy 2014-2030. Particular efforts should be directed to diseases such as HIV/AIDS by promoting safe sexual behaviour; malaria by promoting use of ITNs; and diarrhoeal conditions by targeting expansion of provision of safe water, good sanitation and promotion of hygiene as key disease prevention measures;
- Provide health education to sensitize Kenyans on NCDs including the linkage to unhealthy life-styles that are a risk factor for these diseases and preventive measures they can take to avoid these ailments;
- Enhance the capacity of the healthcare system to manage NCDs that is currently not equipped to effectively deal with the emerging threat;
- Increase efforts to curb malnutrition particularly in children as it has serious consequences not only on the current health status of the child but also on cognitive development and future health of affected individuals;
- Increase the budgetary allocation to the health sector to at least meet the 15 percent Abuja commitments, and ensure that recurrent expenditure does not take preference over service provision, and there is a balanced budgetary distribution between curative and preventive care;
- Introduce drastic actions to improve health financing including shifting from supply financing to demand financing and provide an adequate and sustainable social health protection system;
- Improve quality training to increase the production capacity, equitable deployment and retention of health workers, with specific focus on providing incentives to retain the workers in the public sector and underserved regions;
- Informed by evidence, build and adequately equip more health facilities to increase equity in access, particularly for underserved rural communities;
- Address the transitional management from centralized to devolved healthcare system to avoid uncertainty, inertia and resource wastage that threaten to roll back the gains of the last decade;
- Urgently gear efforts towards health systems strengthening at county level.