



**UNIVERSITY OF NAIROBI  
AFRICAN WOMEN'S STUDIES CENTRE**

**RECOMMENDATIONS ON KENYA HEALTH POLICY 2012-2030**

**To:**

**THE MINISTRY OF MEDICAL SERVICES**

**&**

**MINISTRY OF PUBLIC HEALTH AND SANITATION**

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## **1.0 Introduction**

The African Women Studies Centre (AWSC), University of Nairobi is a multi-disciplinary centre that works with all the colleges of the university including College of Health Sciences, College of Biological and Physical Sciences among others. AWSC has acknowledged the great effort by the government in improving health services in Kenya, and it would like to share some critical interventions that can enhance the draft health policy of Kenya. A key strength of the proposed new health policy is its rights based approach to health, and it also recognizes health as a key pillar in driving Kenya to be a globally competitive and prosperous nation with a high quality of life equal to that of a middle income country. The following recommendations have been drawn from countries with best health care policies and programmes, and they can be used to improve the health draft policy of Kenya.

### **1.1 Recommendations on Health Policy 2012-2030**

#### **Policy orientation 1: An efficient service delivery system that maximizes health outcomes. (Chapter 5 page 21)**

1. The AWSC proposes devolution of services for example all medical procedures such as laboratory tests and x-ray services should be provided locally at the county.
2. Improve planning capacities and use of information systems to manage and distribute financial, human and infrastructural resources based on actual needs.
3. Strengthen the inter-sectoral approach to health at the county and district levels.
4. Encourage the establishment of local health councils to improve the role of stakeholders and build their capacities to set priorities.
5. Promote health systems and epidemiologic research at both the national and county levels.

#### **Policy orientation 2: Comprehensive leadership that delivers on the health agenda. (Chapter 5 page 24)**

1. One proven technique to raise quality of services is by enhancing community participation.
2. Service upgrade would benefit from the creation of a 'Citizen's Health Charter' that is prominently exposed at all health facilities, and which clearly spell out the level and

quality of services the users can expect, as well as redress mechanisms for poor service.

3. Adopt management protocols in order to curb the cost of services and to improve the quality and accessibility of care.
4. Strengthen technical and managerial capacity and the maintenance of infrastructure to support decision making regarding the introduction of truly innovative technologies.
5. Promote greater management autonomy for health facilities and greater results-orientation among operational teams to improve performance in the health sector.
6. Establish measures to improve management of the health care system.
7. Adopt a gender aware management system that encourages women participation in the management of health services.

**Policy orientation 3: Adequate and equitable distribution of human resources for health. (Chapter 5 page 25)**

1. Human resources for health can be improved through long-term strategic planning for human resources development as part of the national policy and strategic planning functions.
2. Redesign the way health professionals are trained with emphasis on evidence-based practice, and provide more opportunities for interdisciplinary training.
3. Modify the ways in which health professionals are regulated and accredited to facilitate changes needed in care delivery.
4. Encourage more pro-active recruitment measures by the boards of nursing schools.
5. Stress the positive aspects of the profession to the public,
6. Provide salaries and incentives at all levels of medical practice to match market levels to prevent health care staff from moonlighting or taking on second jobs.

**Policy orientation 4: Adequate finances mobilized, allocated and utilized, with social and financial risk protection assured. (Chapter 5 page 26)**

**Health insurance**

1. The government should support the unemployed who cannot gain insurance cover.

2. Encourage citizens to buy supplemental insurance to reduce their out-of-pocket costs and cover extra expenses such as private hospital rooms, eyeglasses, and dental care.
3. The cost of treating and managing chronic diseases, such as cancer, diabetes, and critical surgeries, such as a coronary bypass should be subsidized by the government to make them more affordable to the citizens and vulnerable groups.
4. Price controls and increased government spending can be used to hold down the health burden on patients through a combination of strategies.

### **Managing health resources**

1. The efficiency of the health care financing system needs to be strengthened through a health financing framework with rigorous examination of financing alternatives and transparent, effective and efficient budgeting, accounting and audit systems.
2. Develop a sound financial management system to optimize the use of resources.
3. Adopt cost and management accounting and information system to support the move towards an insurance based system.
4. Improve financial management through capacity-building in hospital management to increase efficiency and improve performance.

### **Policy orientation 5: Adequate Health information, for evidence based decision making. (Chapter 5 page 26)**

1. Establish a central department for health information; maintain a statistical database and statistical data flow for key health indicators.
2. Implement international classification of mortality, sickness and injuries.
3. Promote utilization of statistical systems and train health officials on gathering health information.
4. Build expertise in conducting health surveys at national and municipal levels, build a strong library infrastructure.
5. Coordinate epidemiological investigations with specialized centers; monitor and evaluate the performance of health information system.
6. Engage community based health organizations such as women groups in collection and dissemination of health information.

7. Strengthen health information through documentations of women's experiences in provision of health services.

**Policy Orientation 6: Universal access to essential health products and technologies.**  
**(Chapter 5 page 26-27)**

1. Develop affordable and competitive pharmaceuticals industry.
2. Adopt cost saving measures by rationalizing ministry procurements and supply of drugs.
3. Develop an alternative means to supply affordable generic drugs with limited mark-ups for MOH to enter into long-term supply contracts which entail huge savings for buyer and producer.
4. Develop the domestic pharmaceutical industry and reduce government involvement in the production of pharmaceuticals while strengthening its role as a financier.
5. Work toward harmonious development of the supply of health services at different levels of care, ensuring complementarities between the public and private sectors.
6. Provide home based care to patients with chronic diseases.
7. There should be a health policy for taking care of the elderly.