

A guide to helping you
learn more about
UHC ~ June 2019

UHC SIMPLIFIED

Universal Health Coverage (UHC)
in Kenya



Table of Contents

Introduction	3
Background	4
Definition	6
UHC Piloting in Kenya	7
Registering and Benefiting from UHC	8
Role of UHC in Healthcare for Special Population Groups	9
UHC beyond the Piloting Phase	11
UHC in NHIF Lens	12
County Health Schemes and UHC	13

INTRODUCTION

About UHC Simplified

Purpose:

This booklet is an easy tool that is designed to sensitize and create awareness about Universal Health Coverage (UHC) in Kenya. The end goal is to enhance the capacity of sex workers to actively participate in the UHC implementation process and benefit from it, accordingly.

Audience:

The primary target audience of this booklet is mainly sex workers from both rural and urban settings. Sex workers are particularly targeted because of the challenges of access to quality healthcare by key populations and the impact of healthcare decisions on women and children. Others targeted are community healthcare workers/volunteers, individuals working with sex worker-led organizations on health matters, trainers [of trainers], policy makers, and county health management teams (CHMTs) – whose input is essential in UHC decisions and implementation.

Use:

UHC Simplified is meant to be used to create UHC awareness among sex workers. The booklet can be useful when you are training/sharing information with other fellow sex workers, and young women who may be interested in getting a beginner's knowledge about UHC. Hence, it becomes a very important advocacy tool to champion for health needs of sex workers.

Further, the booklet can be used to inform key stakeholders such as legislators, healthcare workers, health advocacy groups, CHMTs, and other players in the healthcare sector about UHC and healthcare need of sex workers.

Structure:

The content of this booklet is presented in a Question and Answer (Q & A) format. The questions are in the voice of the target audience while the answers are in the tone of a UHC expert responding to the questions [that may be] asked by sex workers.

The tone used in the booklet is easy for people with the most basic literacy levels to understand. The quality of the content is maintained at a high level hence the booklet can be reliably used by healthcare stakeholders in matters relating to UHC in Kenya.

Given its simplified nature, UHC Simplified can be directly distributed to the target groups or individuals for self-education

BACKGROUND

Why UHC?

Countries that have implemented UHC have shown improvements in various health indicators. In such countries: life expectancy of citizens has increased; mortality rates (death rates) have reduced; and people have gained more economic security. (best practices from successful case scenario)

- Thus, Kenyans stands to gain a lot if UHC becomes a reality.

What does World Health Organization (WHO) say about UHC?

According to WHO, the body that is in charge of health globally, UHC should achieve three main objectives:

1. *Ensure that you can access all health services when you need them; regardless of whether you can pay for the services or not.*
2. *Guarantee that the quality of services you receive is sufficient to improve your health.*
3. *Protect you from financial dangers that you would have faced if you were to get the healthcare services in the absence of UHC.¹*
 - *With UHC, you are safe from the risk of spending your savings, selling your property or taking a loan when you get an unexpected disease. UHC safeguards your future.*
 - *UHC is expected to help all people (including sex worker) access quality healthcare. Remember, health is your fundamental human right as stated in the Constitution [of Kenya]. (include reference Bill of Rights CoK 2010)*

What is the Status of UHC in Kenya?

You and many Kenyans may have heard about UHC for the first time during the 2017 elections, because it is part of President Uhuru Kenyatta's Big Four Agenda.

- However, UHC did not begin in 2017 when most of you heard about it. Efforts to move towards UHC in Kenya can be traced back to 1963 when Kenya gained independence.

Has Kenya made any efforts to progress towards UHC?

Yes. Some of the initiatives that have facilitated progress towards UHC include:

- Reducing the costs of healthcare services in public health facilities (today if you go to some health facilities, you can access free medical services, in other facilities, you may be required cost-share).
- Introducing changes to the National Hospital Insurance Fund (NHIF) (for example – covering self-employed and increase fee).
- Enhancing the regulation of healthcare services.
- Introducing free maternity services in public healthcare facilities in 2013 also facilitated progress towards UHC.
- The Beyond Zero campaign by the First Lady has enhanced the provision of maternal and child health services, although its impact is not quantified and its sustainability is not assured.

What are the challenges facing progress towards UHC in Kenya?

- **Staff shortages, especially in rural areas.**

- Devolution of healthcare services led to an exodus of some health workers and refusal by others to join county governments' healthcare workforce due to dysfunctional human resource systems.
- Preference for urban areas by health workers due to access to more work opportunities, better working conditions, and access to higher education in urban areas.
- Budgetary constraints hindering the county governments from hiring adequate highly-qualified healthcare professionals.

- **Poor health infrastructure and lack of essential equipment in public healthcare facilities.**

- Healthcare workers in counties decry under-utilization of their skills due to a lack of essential equipment in public healthcare facilities.
- The Managed Equipment Scheme whereby the national government leased medical equipment on behalf of counties has not solved the problem six years after its launch. Most of the equipment are not operational due to lack of skilled workers; high operational costs; and lack of necessary infrastructure, yet each county is paying 200 million per year for them.

- **Unavailability of several healthcare services and essential medicines in public facilities.**

- Patients who seek services from public facilities are most often required to get laboratory and imaging services and drugs from private facilities because they are rarely available in the public facilities.
- Most of the public facilities have inadequate specialized staff to offer the services required by patients; they are forced to go to expensive private hospitals or travel abroad (e.g., India) for healthcare services.
- Weak systems to track utilization of medical supplies and drugs leads to theft of the procured healthcare products by staff in the public facilities for sale to private facilities hence worsening the shortage.

Is there a UHC policy in Kenya?

- The Ministry of Health in Kenya has NOT yet released any UHC policy to the public.

1 O'Connell, T., Rasanathan, K., & Chopra, M. (2014). What does universal health coverage mean? The Lancet, 383(9913), 277-279. Retrieved from https://www.researchgate.net/profile/Thomas_Oconnell4/publication/255973909_What_does_universal_health_coverage_mean/links/5a68d42b4585151ee4d9c719/What-does-universal-health-coverage-mean.pdf

DEFINITION

What is Universal Health Coverage?

- Universal health coverage (UHC) means a situation where everyone can get all the healthcare services they need without risking their financial status. The healthcare services must be of sufficient quality.²
- UHC means everyone can access the quality health services they need without financial hardship.

What do the Words in UHC mean?

- **Universal:** means that the government is required by law to provide ALL its citizens with healthcare services.
- **Health:** means UHC should attain the highest standards of both physical and mental health among citizens. It starts with the availability of essential health services and expands to cover all the services that people need across the lifespan for a quality life.
- **Coverage:** means improving access to appropriate and quality healthcare services through removal of affordability and availability barriers.

Who is covered by UHC?

- ALL people, including the poorest and most vulnerable are covered.
- UHC efforts, first and foremost, should ensure coverage of the poor and vulnerable

Is Universal Health Coverage the same as Universal Health Care?

- Different countries use either of them to mean UHC. The concern that universal health coverage is all about health financing was resolved, and now its definition includes accessibility and quality of healthcare services too just as universal healthcare care. The most important thing is whether the implemented UHC satisfies the World Health Organization definition provided above.

Which Services Can I Expect from UHC?

- Full range of essential health services including prevention, treatment, hospital /chronic care
- The Scope of Services you should get under UHC includes: (more examples)
 1. *Health promotion, for example, health education.*
 2. *Preventive care, e.g., cancer screening.*
 3. *Curative services, e.g., malaria testing and treatment.*
 4. *Rehabilitative services, e.g., kidney dialysis.*
 5. *Palliative health services, e.g., cancer care.*
- Therefore, UHC ensures that you can get all the crucial health services regardless of whether you are rich or poor. What matters is that you need that particular healthcare service!
- UHC also covers public health services, such as ensuring the availability of clean drinking water and proper sanitation.

² World Health Organization. (2019, May 03). What is universal coverage? Retrieved from https://www.who.int/health_financing/universal_coverage_definition/en/

What is NOT UHC in Healthcare?

UHC is:

- **NOT** free provision of all possible health services.³ UHC covers the most-needed services; no country can sustainably provide all possible healthcare services free of charge.
- **NOT** only about maintaining a minimum package of healthcare services. The services covered and the financial protection provided should continue increasing as a country gets more resources.
- **NOT** only about health financing. Other components of the health care system are as important as health financing. Access to quality healthcare requires systems, facilities, workers, technologies, and laws, among others.
- **NOT** only about the services covered. How the services are delivered, managed, and funded is also crucial.
- **NOT** only about the health of the individual.

What are the Components of Universal Health Coverage?

According to the World Health Organization (WHO), realizing UHC requires four key elements, including:

- Health system: it should be strong, efficient, and well-run.
- Health services financing system: it should be catering for the majority of the population.
- Essential medicines and technologies: they should be adequate to meet the health needs of the people and available in the facilities all the time. (add knowledge of available medicines)
- Health workers: there should be sufficient numbers of all cadres of healthcare workers.

The healthcare workers should be well-trained and motivated.⁴

³ World Health Organization. (n.d.). Universal health coverage (UHC). Retrieved from [https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

⁴ Okech, T. C., & Lelegwe, S. L. (2016). Analysis of universal health coverage and equity on health care in Kenya. *Global journal of health science*, 8(7), 218. doi: 10.5539/gjhs.v8n7p218

UHC PILOTING IN KENYA

Where is UHC found in Kenya?

- Currently, UHC in Kenya is at the pilot stage (it is being tested before it is implemented in all the counties). The national government is currently piloting UHC in four counties namely Nyeri, Kisumu, Isiolo and Machakos.
- Makueni County and Kitui County are also implementing UHC – they started implemented UHC even before the piloting in the four counties started.

What is in the UHC being piloted in Kenya?

- The UHC being piloted in Kenya Comprises of:

1. Delivery of quality BASIC health services.

- Increasing primary care facilities.*
- Improving service delivery.*
- Enhancing the availability of medicines and other consumables.*
- Enhancing better utilization of dispensaries and health centers to decongest level 4, 5, and six hospitals.*

2. Reducing out-of-pocket expenditure on healthcare by:

- Increasing registration to the UHC programs in the four counties.*
- Enhancing the establishment of county health programs and schemes, e.g., Makueni Care and Kitui County Health Insurance Cover (K-CHIC).*
- Increasing partnerships between counties and the private sector, civil society, and NGOs.*

Who is implementing the UHC pilot in Kenya?

- The national government has funded the county governments in which UHC is being piloted to implement it. Therefore, it is the departments of health in the four counties through their public healthcare facilities (dispensaries, health centers, sub-county hospitals, and the county referral hospital) that are implementing the UHC.⁵
- The healthcare workers in the facilities can inform you more about the registration process and how to benefit from the UHC.

5 Vision2030. (n.d.). Universal Health Care As Inspired by the Kenya Vision 2030.
<https://vision2030.go.ke/universal-health-care-as-inspired-by-the-kenya-vision-2030/>

REGISTERING AND BENEFITING FROM UHC

Who can benefit from the UHC pilot?

- All the residents of the four pilot counties can benefit from the UHC as long as they are registered and seek the healthcare services from the public health facilities.
- However, once scaled up to other counties, all residents of those respective counties will also benefit

Do I need to be registered with NHIF to benefit from UHC?

- If you are a resident of the four pilot counties, you only need to register with UHC in the public healthcare facilities to benefit. You do not need an NHIF card or any other card. You only have to identify yourself with the national ID and or the UHC registration number issued when enrolling for UHC.

How can I Benefit from UHC?

- Currently, only people living in the four piloting counties (Kisumu, Nyeri, Machakos, and Isiolo) can benefit from UHC. Other counties will have to wait until UHC is launched in all the counties. If you reside in the four counties, you can benefit from UHC by:
 - Registering for UHC using your identity card (ID) and birth certificates of your dependents in the offices of the public healthcare facilities in the counties. Registration is free of charge.
 - Visiting a county public health facility when you need healthcare services.

After registering, can I walk into any public healthcare facility such as the referral hospital to seek healthcare services?

- You should begin seeking care from a dispensary or a health center, which then will give you a referral to a sub-county or county referral hospital if your condition requires more complex care.
- Adhering to the referral system minimizes congestion in the sub-county and county hospitals because simple conditions are treated in the dispensaries and health centers.

ROLE OF UHC IN HEALTHCARE FOR SPECIAL POPULATION GROUPS

Are chronic diseases covered in the UHC?

- UHC does not leave out patients with chronic diseases. They can also benefit from the services provided in the public healthcare services including dialysis and chemotherapy. However, UHC may not be able to cover all the healthcare services need by the chronically-ill patients at once due to financial constrains but the scope of care should broaden with time.

Is mental health covered by UHC?

- **Yes.** The mental healthcare services that are available in the public healthcare system are covered by UHC. UHC ensures that no population is discriminated against because of their health condition.

Are sexual reproductive healthcare services catered for in UHC?

- **Yes.** Sexual reproductive healthcare services including family planning are covered under UHC.

Can I get maternity, antenatal and postnatal care services through UHC?

- **Yes.** Kenya has particularly prioritized maternal health in its journey towards UHC by funding maternity services through NHIF.
- (UHC connection to Lea Toto)

What is the state of HIV programs in relation to the UHC journey?

- The national HIV strategies and structures currently in use have improved HIV care, but they also have kind of isolated HIV from other public health issues. They are mostly funded through international aid, which constitutes a sustainability risk. Such characteristics are not suitable in UHC.
- (moving forward, how do we deal with this

Which challenges should I expect when seeking healthcare services through UHC?

- Due to the increase in the number of people seeking care in public hospitals in the 4 pilot counties, you may have to wait a little bit longer at least until when the county governments employ more healthcare workers to match the increased demand for healthcare services.
- Secondly, given the population pressure, the facilities may unexpectedly run out of stock for some drugs and hospital consumables. Thus, sometimes you may have to outsource some laboratory tests, imaging tests, or drugs.

Should we expect any changes regarding UHC in future?

- UHC is a journey, it is progressive. UHC is expected to cover more people and more healthcare services as more resources become available.

Who can I engage to learn more about how I can benefit from UHC?

- Community healthcare workers (CHWs) or community health advocates (CHAs) can provide you with more information about UHC. More information can also be provided by healthcare providers in the public healthcare facilities

Where can I register my concerns regarding UHC?

- As a patient, you can communicate your complains directly to the management of the healthcare facility where you encountered the issue of concern or through CHWs and CHAs.
- If you are in advocacy, you can register your concerns with the Department of Health in your county or the Ministry of Health in the national government.

How can UHC improve HIV/ AIDS care?

- UHC can play a significant role in reorienting the HIV programs to become part of general healthcare. If UHC is optimally implemented, all services offered in the national HIV programs would be available in the mainstream healthcare delivery systems, thus integrating HIV care in general care. The dependence on international aid for HIV care will thus diminish as UHC is progressively implemented.

What will be the effect of UHC implementation on HIV response?

- Implementation of UHC will impact on the HIV response because it entails delivery and funding of healthcare services to all populations, including HIV patients. UHC can strengthen and accelerate HIV programs by: ⁶

- Ensuring that the financial strategy used in UHC (NHIF in Kenya) covers all healthcare services need by HIV patients.
 - Facilitating the identification of new sources of sustainable funding for comprehensive HIV care.
 - Removing the barriers that would have hindered HIV patients from equitably accessing healthcare services.
 - Enhancing the efficient delivery of healthcare services to eliminate wastage.
-

How can HIV programs be adjusted to fit in UHC?

- In the era of UHC, HIV programs should not be planned separately; they should be integrated into the mainstream national and county strategic health plans for sustainability and impact. The health areas in HIV care, which include sexual and reproductive health, HIV, tuberculosis and malaria, and maternal and child health, among others, should be linked to the national and county health plans. Most importantly, all HIV issues should be addressed in the health plans to ensure that the integration does not impact negatively on HIV care.

Are LGBTIQs set to benefit from UHC in Kenya?

- UHC is meant to increase access to the healthcare services that meet the needs of all Kenyans, irrespective of their sexual orientation.

⁶ World Health Organization. (2014). HIV, universal health coverage and the post-2015 development agenda. Geneva, WHO. Retrieved from apps.who.int/iris/bitstream/10665/128120/1/9789241507530_eng.pdf

UHC BEYOND THE PILOTING PHASE

What is in UHC for Kenyans who are not in the four pilot counties?

- The national and county governments will guide how the rest of Kenyans will register and benefit from UHC once the pilot project is completed and nationwide implementation of UHC commences.
- If you live in Makueni and Kitui counties, you can benefit from the county-initiated local UHC schemes. You only need to register as per the requirements of these counties to access services from their public healthcare facilities.

Who are the UHC Stakeholders in Kenya?

- Various stakeholders can influence policy formulation and implementation of UHC in Kenya. They include:

- 1. Policy makers:** Ministry of Health, parliament, County governments, international partners- they work together to provide the framework for implementing UHC.
- 2. Implementers:** Ministry of Health, County Governments, NHIF, private healthcare organizations, religious institutions (FBOs) running healthcare facilities - they provide mechanisms for enhanced access to quality care regardless of one's financial state.
- 3. Researchers:** universities, other organizations - they generate evidence on how best to implement UHC.
- 4. Healthcare providers:** public national and county-level 1 to level 6), private, mission, and NGO healthcare providers- they provide healthcare services to the public.
- 5. Development partners:** technical support and influence policy change

Who will Fund implementation of UHC in Kenya after the pilot?

- The Kenyan government has not specified how it will fund UHC implementation nationally. It can fund UHC through various mechanisms, including:
 - Setting aside a portion of taxes or a particular source of government revenue to finance UHC,
 - Giving UHC high priority in the budget. The funding of the pilot in Kenya was set aside in the budget.
 - Using social security contributions such as the premiums paid to NHIF. The national government has insinuated the likelihood of using NHIF to implement UHC nationally.
 - Provision of health coverage by private insurance providers, either as part of UHC or to serve the supplemental role of taking care of co-payments.⁷
 - Prioritization of UHC through county health budgets. This requires your participation in the county budget making process
 - Other sources of funding include contributions by partner organizations which support functions such as monitoring and quality control.
- For example, Makueni and Kitui counties have combined budgetary allocations and annual premiums (contribution by their members to the schemes), to finance their respective local UHC schemes.
- The expansion into the other 43 counties will be informed by the outcomes of the pilot, which will guide the decision-making regarding the implementation of UHC by the collaboration of the national and county governments. The government may use a tax-based system, a premium-based system, or a combination of both in the nation-wide implementation.

⁷ Reich, M. R., Harris, J., Ikegami, N., Maeda, A., Cashin, C., Araujo, E. C., ... & Evans, T. G. (2016). Moving towards universal health coverage: lessons from 11 country studies. *The Lancet*, 387(10020), 811-816. DOI:[https://doi.org/10.1016/S0140-6736\(15\)60002-2](https://doi.org/10.1016/S0140-6736(15)60002-2) 7 Reich, M. R., Harris, J., Ikegami, N., Maeda, A., Cashin, C., Araujo, E. C., ... & Evans, T. G. (2016). Moving towards universal health coverage: lessons from 11 country studies. *The Lancet*, 387(10020), 811-816. DOI:[https://doi.org/10.1016/S0140-6736\(15\)60002-2](https://doi.org/10.1016/S0140-6736(15)60002-2)

UHC in NHIF Lens

What is the role of NHIF in UHC?

- The government of Kenya has identified NHIF as the most appropriate financing scheme for implementing UHC.

Is NHIF prepared to implement UHC?

- NHIF has been changing to increase subscriptions by Kenyans and enhance its utilization in the healthcare facilities through the expansion of benefits for members. Positive changes that have impacted NHIF for UHC include:
 - o Increment of contributions in 2010 to enable NHIF to cover more services.
- Enhancement of benefits package to add more services (in-patient and outpatient).
- Targeting all categories of members who include:
 - Formal: salaried-compulsory membership. A standard contribution ranging from Ksh. 150 to Ksh. 1700 per month applies.
 - Informal: self-employed-voluntary membership. A special contribution pegged at Ksh. 500 per months.
 - Sponsored (for the needy-sponsored by individuals or NHIF). Contributions set at Ksh. 300 per month.
- Harmonizing the benefits package with private insurers to avoid overlaps.

What are some of the challenges that may limit the effectiveness of NHIF in UHC?

Challenges that hinder NHIF's effectiveness in achieving UHC include:

• Low rates of subscription.

- Only about 40% of working Kenyans (both employed and self-employed) are members of NHIF.
- Only approximately 3 million of the 13 million self-employed Kenyans are members of NHIF.
- Most Kenyans in the informal sector join NHIF only when they anticipate spending on an existing healthcare need such as a chronic disease or a maternity service.

• Inadequate information to the general public.

- Expectations of Kenyans are not met when they seek services using NHIF because they find that some services that they expected to be covered are either not covered or are partially covered.
- Limitation of the facilities from which members can seek healthcare services using NHIF. When a member becomes sick while far from their selected facility, NHIF cannot be helpful.
- The dissatisfaction of facilities with the fixed amount paid to them by NHIF for patients (called capitation). It is pegged at Ksh. 1200, which facilities regard as little.
- NHIF has been allegedly influenced by political patronage to include facilities with adverse inadequacies in their list of preferred facilities.
- The NHIF benefit package is relatively narrow, given the spectrum of services needed by members.
- The benefits package is not clearly defined; hence, members are not aware of what to expect.
- Bureaucracies constitute a significant challenge to members getting access to some NHIF benefits.
- Fraud by healthcare facilities is also a substantial barrier to NHIF's impact on progress towards UHC.

COUNTY HEALTH SCHEMES AND UHC

Can any county develop its own health scheme to progress towards UHC?

- Any county can come up with a local health scheme to facilitate the attainment of UHC.
- Makueni and Kitui counties have already done it.

How is Makueni's county health scheme?

- It is called Makueni Care. Some of its features include:
 - o Each household (comprised of parents and children aged less than 18 years old or 24 years old for students) contributes Ksh. 500 per year.
 - All members of a registered household can access healthcare services from the public health care facilities in the county.
 - Everyone who resides in Makueni can register for Makueni Care.
 - Benefits include all outpatient and inpatient services offered in the county hospitals. Only auxiliary devices and surgical implants used in orthopedics and post-mortem services require co-payments.

What is in Kitui's county health scheme?

- It is called Kitui County Health Insurance Cover (K-CHIC). Some of its features include:
 - o Each household contributes Ksh. 1000.
 - The county government assured registered members that they would get all healthcare services across the year once registered.

UHC is a journey;
as long as Kenya is
making steps,
it is achieving UHC.

UHC SIMPLIFIED

Universal Health Coverage (UHC)
in Kenya

