KENYA

HEALTH POLICY PLUS

The overarching objective for HP+ in Kenya and East Africa is to contribute to increased, sustainable, predictable, and adequate financing for programs and health policy implementation. The objective contributes directly to Kenya’s Vision 2030, and its 2013-2017 Medium Term Plan (MTP II). The health sector in Kenya is faced with multiple financing challenges namely the declining donor support and increasing out-of-pocket expenditures which act as a barrier to access and contribute to catastrophic health expenditures.

In addition, the Kenya Health Financing Strategy which was expected to address these challenges has not been concluded, leaving the sector vulnerable to tackle emerging issues that require heavy investment, such as scaling up and sustaining anti-retroviral treatment which requires heavy investment. Kenya’s partner countries in the EAC and ECSA face similar challenges, and the EAC and ECSA health secretariats lack sufficient data and tools to support them.

The program is implemented into two phases with phase one running from April 1, 2016 and continuing through September 2018. Phase two will run till August 2020, which coincides with the end of the HP+. HP+ Kenya and East Africa ensures incorporation of HP+’s global strategy, frameworks, and guidelines for key cross-cutting issues of gender equality, equity and human rights, capacity development, and sustainability. The overall Kenya and East Africa program goal and all activities directly address sustainability, and each component includes specific capacity development strategies and activities.
HP+ KEA has focused on the following three objectives:

- Increase Sustainable Finance and Domestic Resource Mobilization for Kenya's Health Sector
- Strengthen national and county linkages to enhance Kenya's health finance, policy and governance
- Support regional (Eastern Africa) health networks to better position health financing agenda.

ACHIEVEMENTS

Since program launch in August 2015, HP+ has:

- Advocated successfully for a total of $89 million for ARVs and related commodities allocated in national budgets. This includes Kenya Shilling equivalents in the national budget of about $20 million in KFY2015/16; $22 million in KFY2016/17; $26 million in KFY2017/18; and $21 million in KFY2018/19.
- Advocated for an additional $85 million line-item for ARV drugs and related commodities for the next three years in Kenya's national Medium Term Expenditure Framework (MTEF) that lasts through KFY2021/22 – well beyond HP+ end date.
- Provided critical analyses and evaluations to generate over $165 million for free maternal health care, including PMTCT and FP. This includes national budget line items of over $40 million in KFY2014/15, $43.5 million in 2015/16; $43 million in KFY2016/17; and $38.5 million in KFY2017/18.
- Provided costing expertise for grant applications to leverage an additional over $828 million in resources from the Global Fund for AIDS, Tuberculosis, and Malaria (“Global Fund”). This includes $223 million awarded in April 2014, $249 million awarded in April 2015, and $356 million awarded in December 2017.
- Identified $18 million in current infrastructure construction contracts available for HIV and AIDS prevention, care, and treatment, as well as means to ensure funds are spent as intended.
- Identified pathways to increase ARV uptake through private sector providers by approximately 50,000 clients, which could generate about $50 million/year at scale. During this same period, at the county level HP+ has provided tools, skills, and knowledge to 26 focus counties that generated an additional $6.3 million for HIV programs in KFY2016/17 and 2017/18.
- Overall, average county investment in health increased as a percent of overall county budgets from 23.4 percent in KFY2015/16 to 27 percent in KFY17/18. This 3.5 percent budget increase over two years – from KSH84.5 billion to KSH105 billion -- represents an additional approximately $200 million equivalent for county level health services.

In addition to direct and leveraged resources mentioned above, HP+ has contributed to significant policy, legal, financial, and regulatory systems for sustainable financing. In great summary, HP+:

- Developed, in collaboration with national partners, a nationally endorsed template and a curriculum for Program-Based Budgeting (PBB) for the health sector.
- Provided tools, skills, and knowledge to over 590 health planning and budgeting professionals in 26 counties to generate and use evidence to for advocacy and decision making to improve budgets and health outcomes.
- Continued mentoring in all 26 counties and undertook new evidence generation in six counties (“deep dive”) to address specific health indicators by increasing efficiency in their health systems.
- Generated significant evidence for national level advocacy to improve resource allocation and efficient application of the resources.