REPUBLIC OF KENYA

MINISTRY OF HEALTH

REPORT

BY

THE CABINET SECRETARY

TO

PARLIAMENT

DECEMBER 2019

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1. INTRODUCTION

Pursuant to Article 153 (4) (b), of the Constitution of Kenya, Cabinet Secretaries are required to provide Parliament with full and regular reports concerning matters under their control.

In line with this requirement, the Ministry of Health files the report for the 2018/19 financial year as detailed below.

1.1 Mandate

The mandate of the Ministry is derived from Schedule 4 of the Constitution of Kenya and the Executive Order No. 1 of June, 2018.

Schedule 4 assigns the following functions to the Ministry of Health:

a) Health Policy
b) Health Regulation
c) National referral health facilities
d) Capacity building
e) Technical assistance to counties

The role of the Ministry is to provide the overall policy and stewardship of the health sector so as to achieve the policy goals as enshrined in the Kenya Vision 2030, the Medium Term Plan III, the Kenya Health Policy, 2014-2030 and the Kenya Health Sector Strategic Plan 2019-2023. In this regard, the Ministry oversees the general provision of health services; formulates and oversees implementation of health policies; and regulates and sets standards for efficient and effective service delivery in the health sector.

The Executive Order No. 1 of June, 2018 assigns the following specific functions to the Ministry:

a) Developing national policy and legislation, setting standards and quality assurance, guidelines, national reporting, supervision, sector coordination and resource mobilization;
b) Offering technical support with emphasis on planning, development and monitoring of health services and delivery standards throughout the country;
c) Monitoring quality and standards of performance of county governments and community organizations in the provision of health services;

d) Conducting studies required for administrative or management purposes.

The table1 elaborates the mandate of the Ministry as per Executive Order No.1 of June, 2018

Table 1:Ministry of Health functions and institutions

FUNCTIONS	INSTITUTIONS
• Medical Services Policy • Health Policy and Standards Management • Training of Health Personnel • Pharmacy and Medicines Control • National Health Referral Services • National Medical Laboratories Services • Registration of Doctors and Para-medicals • Care Policy • Radiation Control and Protection • HIV/Aids Management • Public Health and Sanitation Policy Management • Nutrition Policy • Immunization Policy and Management • Reproductive Health Policy • Preventive, Promotive and Curative Health Services • Health Education Management • Health Inspection and other Public Health Services • Quarantine Administration • Food Safety and Inspection • Preventive Health Programs	• National Hospital Insurance Fund (Sate Corporations Act, Cap.446, National Health Insurance Fund Board Order, National Hospital Insurance Fund Act, No. 9, of 1998) • Kenya Medical Supplies Authority (KEMSA) (Kenya Medical Supplies Authority Act, 2013) • Kenya Medical Training College (KMTC) (Legal Notice No.14 of 1990) • Pharmacy and Poisons Board (Pharmacy and Poisons Act, 244) • Referral Hospitals Authority • Kenyatta National Hospital (State Corporations Act, Cap.446, Kenyatta National Board Order, 1987) • Moi Teaching Referral Hospital (Legal Notice No. 78 of 1998, State Corporations Act, Cap. 446) • National Quality Control Laboratories (Pharmacy and Poisons Act, Cap.244) • Physiotherapy Council of Kenya (Physiotherapists Act, 2014) • Public Health Officers and Technicians Council (Public Health Officers Training, Registration and Licensing Act, 2012) • Clinical Officers Council (Clinical Officers Training, Registration and Licensing Act, Cap.260) • Kenya Medical Laboratory Technicians and Technologists Board • Nursing Council of Kenya (Nurses Act, Cap.257) • Kenya Nutritionists and Dieticians Institute (Nutritionists and Dieticians, Act 2007) • Health Records and Information Managers Board (Health Records and Information Managers Act, 2016) • The National Cancer Institute of Kenya (Cancer Prevention and Control Act, 2012) • Radiation Protection Board (Radiation Protection Act, Cap.243) • National Aids Control Council (State Corporations Act, Cap.446, National Aids Control Council Order, 1999) • Kenya Medical Research Institute (KEMRI) (Science Technology and Innovation, 2013)

1.2 Organization/Structure of the Ministry

In order to fulfill her mandate, the organizational structure shown in figure 1 below was in place. However, this structure was changed in July 2019 to align the Ministry with the implementation of the Health Act 2017 creating seven directorates.

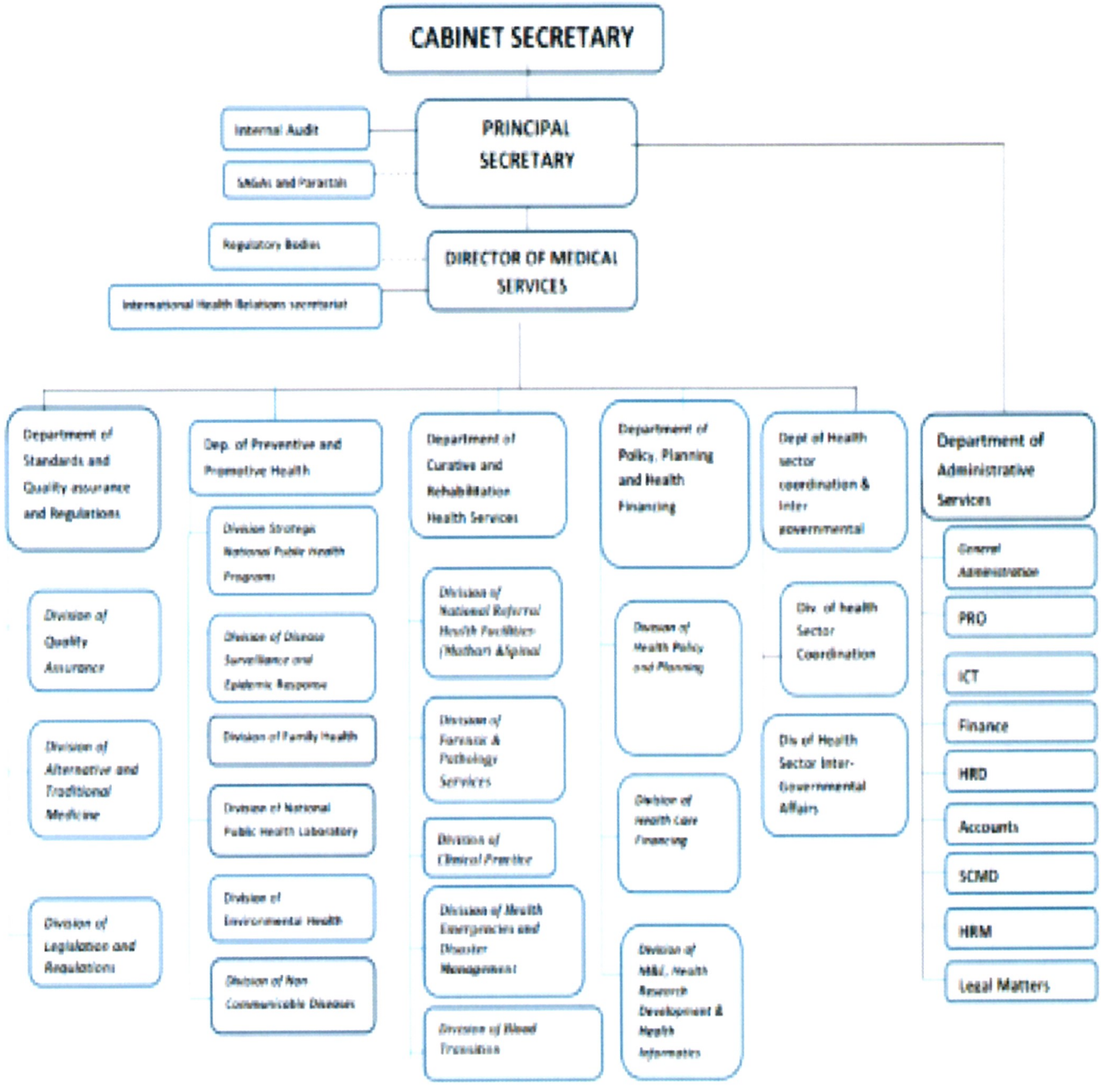


Figure 1: MOH Organizational Structure

1.3 Mission, Vision and Strategic Objectives

The vision, mission, core values and strategic objectives have been developed within the framework of the mandate and strategic plans of the Ministry.

Vision - "A healthy, productive and globally competitive nation"

Mission - "To build a progressive, responsive and sustainable Health care system for accelerated attainment of the highest standard of health to all Kenyans"

Goal - "To Attain Equitable, affordable, accessible and quality health care for all"

Strategic Objectives

The following are the strategic objectives that the Ministry is implementing:

a) To Eliminate communicable conditions
b) To Halt, and reverse the rising burden of non-communicable conditions
c) To Reduce the burden of violence and injuries
d) To Provide essential health care
e) To Minimize exposure to health risk factors
f) To Strengthen collaboration with private and other sectors that have an impact on health.

2. SUMMARY OF ACHIEVEMENTS AGAINST KEY INDICATORS

Table 2 is a summary of the achievements by the Ministry of Health during the FY 2018/2019. Most of the key indicators were achieved during the year (marked in green), some on progress (shown in yellow) and few lagging behind (shown in red). In July 2018, there was an Rapid Results Initiative (RRI) which lead to an increase in immunization from 80% to 82%.

Table 2: Summary of Health Sector Achievements FY 2018/2019

HEALTH SECTOR SUMMARY ACHIVEMENTS 2018/19				
Indicators	**Baseline 2017/18**	**Achievement 2018/19**	**Target 2018/19**	**% achieved**
Health Financing & insurance coverage				
Health insurance coverage	17%	20%	75%	27%
Government allocation to health as % of total government budget	6.80%	7.20%	15%	48%
% of population incurring catastrophic health expenditures (more than 40% of non-food expenditures on health)	6.2% (2013)	4.9%	2%	41%
Linda Mama Program				
Number of mothers benefitting per year	962,885	1,272,907	1,231,200	103%
Funds sent to NHIF for Linda Mama	2,961,525,853	2,000,000,000	4,000,000,000	50%

HEALTH SECTOR SUMMARY ACHIVEMENTS 2018/19				
Indicators	**Baseline 2017/18**	**Achievement 2018/19**	**Target 2018/19**	**% achieved**
NHIF Benefits paid out	1,637,254,202	3,170,973,000	4,000,000,000	79%
Human Recourses for Health				
Health workers for every 10,000 population (density)	9	15.6	23	68%
Deployment of Cuban Doctors	0	101	101	100%
Service delivery				
Maternal and Child Health				
Proportion of women delivering under skilled care (%)	59	65	67	97%
% of children fully immunized	70	80	80	100%
Percentage of infants under 6 months on exclusive breastfeeding (%)	51	70	70	100%
Communicable conditions				
HIV prevalence (%)	5.9	4.9	3	61%
Mother to child transmission of HIV(%)	14 (2013)	6.3	3	48%
HIV positive clients on ARVs (%)	75	84	90	93%
Tuberculosis treatment success rate (%)	80	83	90	92%
Malaria prevalence rate	8	8	7	88%
Non- Communicable conditions				
Women (25- 49) ever screened for Cervical cancer (%)	14	27	75	36%
SAGAs				
KEMSA				
Indicators	**Baseline 2017/18**	**Achievement 2018/19**	**Target 2018/19**	**% achieved**
Medical commodities supplied (Sales in Billions)	4.24	5.91	6.5	91%
Order Fill Rate (OFR)	85%	83.9%	90%	93%
Order turnaround time (OTT) (days)				
Hospitals	10	9.7	7	72%
Rural health facilities	12.3	14.6	10	68%
Kenyatta National Hospital (KNH)				
Customer satisfaction index (%)	73.5	74.5	75	99%
Average Length of Stay (ALOS)	8.7	9	8.5	94%
Cancer treatment services (patients attended)	22,851	25,606	26,453	97%
Dialysis sessions	12,194	15,417	15,600	99%
Open Heart surgeries	14	14	50	28%
Kidney transplants	9	16	25	64%

HEALTH SECTOR SUMMARY ACHIVEMENTS 2018/19				
Indicators	**Baseline 2017/18**	**Achievement 2018/19**	**Target 2018/19**	**% achieved**
Moi Teaching and Referral Hospital				
Average length of stay	14	12	12	100%
Kidney Transplants	12	19	15	127%
Cancer treatment services (patients attended)	14,349	18,945	15,242	124%
Open Heart Surgeries	N/A	26	15	173%
Kenya Medical Training College				
Training campuses	40	56	62	90%
National Hospital Insurance Fund				
Total Membership	7,661,765	8,456,761	9,900,000	85%
Revenue Collection (Billion)	48	55.2	66.6	83%
Benefits Payout (Billion)	37.7	53.4	N/A	

3. STRATEGIC INTERVENTIONS IMPLEMENTED BY THE SECTOR

The health sector has realized various achievements in the last 5 years in line with the mandate of the Ministry of Health. There has been an improvement in the overall access to health. More Kenyans now have facilities closer to them and they are able to access more services in these health facilities, including specialized services, resulting in more Kenyans accessing quality care while spending less on their health.

a) Universal Health Coverage

In 2017, His Excellency, the President of the Republic of Kenya, declared Universal Health Coverage (UHC) as one of the "Big Four Agenda" of his Government's Development plan, and made a commitment to prioritize the achievement of UHC by 2022. Phase I of the implementation ('UHC Pilot') in 4 counties (Kisumu, Machakos, Nyeri, and Isiolo) was officially launched by H.E The President on 13th December 2018 for a period of one year.

An intergovernmental Participatory Agreement (IPA) was signed spelling out the roles of the National and County governments with a total of USD 40 million being invested in the 4 pilot counties focusing on strengthening community and primary healthcare services, health systems as well as specialized medical services.

Additionally, two advisory panels were constituted to provide expert advice on the needed reforms in key aspects of UHC:

i) The Health benefits package - A Health Benefit Package (HBP) expected to be affordable and responsive to the people's health needs was developed

ii) Health Financing Reforms Expert Panel(HEFREP) - to facilitate strategic purchasing for UHC by reforming and transforming NHIF

During the pilot phase reports from the advisory panels have provided a number of lessons that are informing plans for roll-out of the UHC program to the entire country.

The Main Focus of the Pilot has been Health Systems Strengthening (HSS) to address;

i. Human Resources for Health (HRH);

The four (4) pilot Counties engaged 7,968 Community Volunteers (98% of recruited CHVs) as frontline healthcare workers to provide services at the community level. Recruitment of 2,898 (12.5%) of the human resources to fill the gap in the 4 pilot counties was planned. However, by June 2019, only 406 health care workers had been recruited. The delay to finalize the exercise of recruitment was attributed to the slow hiring process occasioned by a change in the tenure of County Public Service Boards, delay in appropriation of resources for recruitments, and capping of the expenditure on the Personnel emoluments(PE) to 35% of the County budget.

ii. Medicines and Health commodities;

KEMSA increased the range of commodities from 700 to 800. KEMSA however has been stocking a limited range of commodities for specialized services, laboratory and radiological services. Plans are currently underway to increase the product range in the areas of NCDs, renal, Orthopaedic implants, dental, diagnostics and basic equipment.

iii. **Utilization of services**;

There was an increase in outpatient utilization by 22%, in the first quarter of implementation compared to the same period in 2018 as shown in table 3 due to removal of user fees with resultant prolonged waiting times for services in Level 4 and 5 Hospitals. However, the number of outpatient visits per person, decreased by 6% by end of June 2019.

Table 3: Outpatients visits in pilot counties

	Jan-Mar 2018	Jan-Mar 2019	% change	Apr-Jun 2018	Apr-Jun 2019	% change
Kenya	1.5	1.5	0%	1.7	1.6	-10%
Nyeri County	2.5	2.8	30%	2.5	2.8	30%
Machakos County	2.2	2.1	-10%	2.7	2.1	-60%

Isiolo County	1.8	2.6	80%	1.9	1.8	-10%
Kisumu County	1.3	1.4	10%	1.5	1.7	20%
Average pilot counties	1.86	2.08	22%	2.06	2	-6%

There was a modest increase in deliveries in health facilities over the period of implementation. By June 2019, about 7% more mothers were delivering in health facilities compared to the previous year as shown in the table 4.

Table 4: Proportion of deliveries conducted in Health facilities in Pilot counties

	Jan-Mar 2018	Jan-Mar 2019	% change	Apr-Jun 2018	Apr-Jun 2019	% change
Kenya	61.7	65.9	4.20	67.4	69.5	2.10
Nyeri County	68.1	90.5	22.40	78.7	95.3	16.60
Machakos County	81.8	78.4	-3.40	80.2	92.5	12.30
Isiolo County	88.8	79.8	-9.00	85	91	6.00
Kisumu County	68.8	69.6	0.80	76.8	73.2	-3.60
Average pilot counties	**73.84**	**76.84**	**3**	**77.62**	**84.3**	**6.68**

Table 5: Immunization coverage for pilot counties

	Jan-Mar 2018	Jan-Mar 2019	% change	Apr-Jun 2018	Apr-Jun 2019	% change
Kenya	87	80.9	-6.10	81	78.9	-2.10
Nyeri County	106.7	91.4	-15.30	80.7	91.8	11.10
Machakos County	95.4	93.2	-2.20	88.8	89.6	0.80
Isiolo County	88.4	77.7	-10.70	78.6	80.2	1.60
Kisumu County	83.9	73.7	-10.20	80.6	74.3	-6.30
Average pilot counties	92	83	-8.9	82	83	1

Although Immunization coverage declined by 9% compared to same period in 2018 after the launch of UHC, a steady increase was recorded by June 2019 apart from Kisumu County which recorded a 6% decline (Table 5). Possible The industrial unrest by the healthcare workers in February 2019 may have contributed to the decline.

Table 6: Summary of achievements in pilot Counties

Indicators	Baseline 2017/18	Achievement 2018/19	Target 2018/19	% achieved
Health systems support for UHC in Pilot counties				
Recruitment of health care workers	N/A	406	2,898	14%
Medical commodities range available	700	800	900	89%
UHC pilot county achievements				
Outpatients visits	1.86	2.06	2.88 (22 % increase)	71%
Proportion of women delivering under skilled care (%)	73%	84%	90%	6.68%
Immunization coverage	92%	82%	90%	91%

Table 6 provides a snapshot of achievements in the pilot Counties on recruitment of health care workers, availability of medical commodities, service use and immunization coverage. In general, there was an increase in performance in the pilot Counties when compared to the rest of the Country.

Community health services improved significantly following establishment of over 250 community units. Community Health Volunteers were trained on basic Community Strategy Modules to improve Primary Health Care Services including mobilization, advocacy, provision of community-based services, and referrals.

Health information management improved with the Counties increasingly using electronic health records. This included procurement and installation of over 100 computers in health facilities in Kisumu and Nyeri.

b) Other Healthcare Financing projects implemented to ease financial burden of healthcare

The government has been keen on health as one of the pillars of the "Big Four" and has strived to support many projects in a bid to achieve Universal health coverage for its people. The government through NHIF has extended coverage to the poor and vulnerable members of the population through health insurance subsidies that support elimination of out-of-pocket health expenditures for primary healthcare services.

The NHIF has been instrumental in supporting these mechanisms by providing the necessary footing by educating Kenyans on the need to obtain health insurance and the various benefit packages offered by the Fund. Health insurance coverage improved from 17% in 2013 to 20% in 2018. However, Kenyans still contribute about a third (27%) of the health expenditure through out of pocket payments.

Through increased sensitization and awareness creation of the Fund's products, membership in NHIF grew steadily, with the current number of Principal members as at 30th June 2019 being 8.45 million as compared to 7.6 million in 2017/2018 FY.

The Government expenditure on health as a share of the total government expenditure remained low at 7.2%

Linda Mama Program

In order to make the maternal health initiative more efficient and sustainable, the Free Maternity program was redesigned from the direct reimbursement mechanism that pays for the number of deliveries reported, to a health insurance plan, branded as the "Linda Mama Program" implemented by the National Hospital Insurance Fund.

The goal of the program is to achieve universal access to maternal and child health services. The program targets all expectant mothers without insurance. Mothers are entitled to access care during pregnancy, delivery, post-delivery and for the new-born from NHIF contracted public and private health facilities.

More than 80% of targeted pregnant women and new-born benefited in the first year of implementation. The number of deliveries in health facilities progressively increased with over 360,000 deliveries conducted between 2013/14 and 2017/2018. By the end of FY 2018/19, a total of 9,500 normal deliveries and 17,000 Caesarean sections were recorded.

NHIF received cumulative premiums for the program amounting to **KES 5,361,525,853** in the financial years 2016/2017, 2017/2018 and 2018/2019 and a total of **KES. 5,322,449,270** was transferred to public health facilities offering the service as shown in table 7.

Table 7: Funds utilization for FY 2018/19

In KES	As at 30th June 2017	As at 30th June 2018	As at 30th June 2019	Total
Balance B/fwd.	0	373,747,692	1,698,019,343	
Funds transferred to NHIF	400,000,000	2,961,525,853	2,000,000,000	5,361,525,853
Total funds available	400,000,000	3,335,273,545	3,698,019,343	
Benefits				
- Inpatient	-	291,600	407,128,950	407,420,550
- Caesarean Section	5,526,000	198,695,425	468,584,178	672,805,603
- Normal Delivery	2,894,500	1,402,218,705	2,480,072,668	3,885,185,873
- Ante-Natal	-	14,817,275	223,597,510	238,414,785
- Post-Natal	-	1,494,997	33,162,145	34,657,142
- Administrative costs	17,831,808	19,736,200	46,397,309	83,965,317
Sub-total	26,252,308	1,637,254,202	3,658,942,760	5,322,449,270
Balance	373,747,692	1,698,019,343	39,076,583	39,076,583

Health Insurance Subsidy Program (HISP)

The Government through the Kenya National Social Protection Policy 2012 (under the Health Insurance category), established a framework for enabling those who are not able to contribute to access a core package of essential health services. The MOH and NHIF signed a MOU to ensure provision of a subsidy through the Health Insurance Subsidy Programme (HISP) to all the poor and vulnerable in Kenya in line with the Constitutional requirement for the State to ensure that every citizen is guaranteed the right to the highest attainable standard of health. The programme covers a total of **181,315** indigent households.

A total of Kshs 333,078,319 was utilized in FY 2017/18 with an increase in utilization in FY 2018/2019 to Kshs 405,019,250.

Health Insurance for the Elderly and People with Severe Disabilities Program

The Older Persons and Persons with Severe Disability program commenced in 2015 with total of 231,549 households targeted. In March 2017 NHIF covered 42,000 beneficiaries consisting of 39,349 elderly persons with the remaining 2,651 being persons living with severe disability. A total of Kshs 112,940,990 was paid for the beneficiaries in the FY 2018/2019.

Implementation of these pro-poor and vulnerable programs has faced challenges such as delays in disbursement of premiums thus interfering with access to the health benefits and further exposing the poor and vulnerable to out of pocket expenditures.

c) The Managed Equipment Service (MES)

In 2013, the Government started implementing an innovative approach in equipping Level 4 and 5 hospitals with modern diagnostic and specialized treatment equipment under the Managed Equipment Service project.

By 2017/18 the Government had completed equipping 98 public hospitals (2 in each of 47 Counties and 4 National hospitals) with modern diagnostic, renal and theatre equipment through the project.

Impact of MES Project

These efforts have led to a reduction in waiting time for surgery; improved clinical outcomes; reduced referrals and increased efficiency in the healthcare system.

In total, 100 new digital x-ray systems were installed; 50 digital mammography units, 96 digital ultrasound units, 95 digital sterilization equipment, 99 ICU/HDU beds, 162 digital anaesthetic machines and 20 new MRI machines spread strategically in the 98 public hospitals. This has led to increase in availability of specialized services. The number of dialysis sites increased from 2 to 52 with about 7840 dialysis sessions being done per month. In addition, ICU facilities increased by 12 and provided services to 1,036 patients. More than 219 theatres were equipped facilitating 28,902 patients to access surgery services across the country.

d) Specialized hospitals

Mathare National Teaching & Referral Hospital

Conducted 48 community clinics in Kariobangi; 2 community outreaches; 96 home visits (by psychiatric nurses); and 96 abandoned patients were repatriated.

Infrastructural developments in Mathare hospital included procurement and installation of a generator, assorted medical equipment, 5 electrical sewing machines, 5 water storage tanks, assorted office furniture, 36 fire extinguishers and solar water heating systems. In addition, renovation was undertaken in 5 Wards, the psychiatric outpatient unit, hospital cafeteria, Kitchen and the drugs' store; upgrading of the existing transformer and repair of the tarmac road from the main gate to the administration block. There was also construction of a modern Neuro Psychiatric ward, customer care room, holding bay, power house, modern hospital main gate, boardroom and a perimeter wall.

The process of transforming Mathare Hospital to a Semi-Autonomous Government Agency(SAGA) commenced during the Financial year.

National Spinal Injury Hospital

- Hospital stay reduced from 3 months to 2.5 months
- About 80% of all patients were resettled back to the community

e) Health Sector Equalization Fund Projects

The Ministry has utilized this fund to construct new facilities, upgrade and equip old facilities in the following counties: Garissa, Lamu, Kwale, Turkana, Taita Taveta, Wajir, Isiolo, Marsabit, Kilifi, Narok and West Pokot. This includes construction of Kenya Medical Training College (KMTC) in Taita Taveta, Voi campus, Mandera and Garissa. The Health Sector is currently implementing a total of 84 equalization fund projects in these Counties.

The Ministry has made significant progress to actualize the projects. The Ministry has so far awarded a total of eighty-two **(82)** projects and handed over sites to contractors. The first batch of the **50** projects were handed over to the contractors in the Month of **February, 2018.** The second batch of **25** projects were handed over to contractors in the Month of **August and September, 2018** while seven **(7 No)** are under the contracting process**.** The status of each project per County is listed in the table 8.

Table 8: Status of Equalization Fund Projects

S/NO	County	Number of Projects	Awarded	Under Contracting	Overall completion status on ongoing projects
1	Lamu	16	14	2	**86%**
2	Turkana	2	2	0	**75%**
3	West Pokot	6	5	1	**78%**
4	Isiolo	4	4	0	**83%**
5	Kilifi	11	11	0	**66%**
6	Marsabit	6	6	0	**86%**
7	Narok	15	9	6	**79%**
8	Taita Taveta	5	5	0	**82%**
9	Garissa (KMTC)	1	1	0	**15%**
10	Kwale	1	1	0	**85%**
11	Wajir	16	16	0	**84%**
12	Mandera (KMTC)	1	1	0	**15%**
	Total	84	75	9	**70%**

The projects that are ready for takeover/commissioning are about thirty-one while the rest of the projects are at various levels of completion.

f) Strengthening Human Resources for Health

Efficient delivery of health services requires skilled personnel in adequate numbers. These include doctors, clinical officers, nurses, pharmacists, laboratory personnel, and specialists at different levels of care. The national health workforce density for core health workers was **15.6 health workers for every 10,000 population**. This is below the recommended WHO target of **23 health workers for every 10,000 population**. Although there are enough nurses to cover the population (10 Vs 8.7) recommended for every 10,000 population, there is uneven distribution within the country with arid and semi-arid areas, as well as some parts of western Kenya having less than the recommended nurses to cover the population as shown in figure 2.

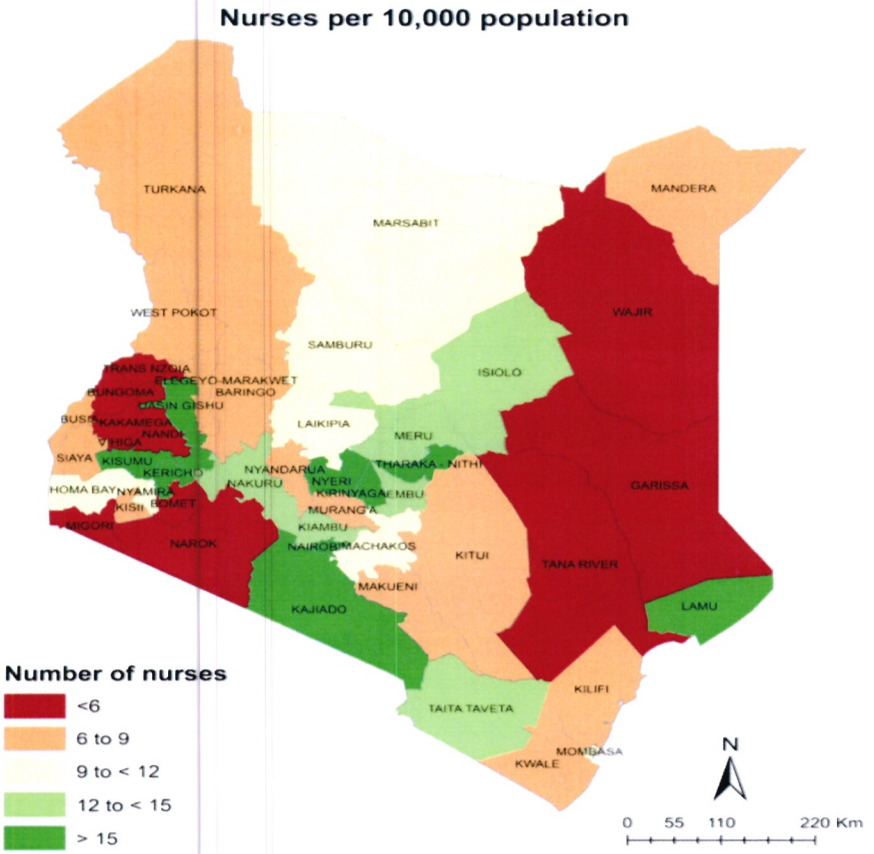


Figure 2: Distribution of nurses in Kenya, HFA 2018

During the year under review, the national government paid Personnel Emolument (P.E) to 2,318 officers, 100 Cuban doctors and 1,845 interns totaling to Kshs 7.5 billion.

The Ministry manages pension benefits for officers at National level and for those who were transferred to County Governments. A total of 850 officers were issued with retirement notices at least one year before the expected date of retirement and their benefit documents processed and submitted to the National Treasury for payment.

A total of 1,845 intern Medical, Dentist, Pharmacist, BSC Nurses and BSC Clinical officers successfully completed the internship program and transited to employment.

Medical Services of Cuban Doctors in Kenya

The Cuban doctors in the country were engaged to offer specialized health services for a period of two years. There are currently 101 Cuban doctors in the country. They have so carried out over 48,000 routine procedures, 3,000 minor surgeries, 5,000 major surgeries, and 1,000 outreach sessions.

There are 49 Kenyan doctors drawn from all counties currently studying for a post graduate course in Family Medicine in Cuba on a government sponsorship being administered by the Ministry of Health.

Under the bilateral cooperation between the governments of Kenya and Cuba, there will be implementation of the malaria vector control program in Kisumu, Homa bay, Siaya, Vihiga, Kakamega, Bungoma, Migori, and Busia Counties where biolavicides and technical services will be provided with an aim of reducing cases of malaria.

g) Medical commodities security (Health Products and Technologies)

In addition to review of the Pharmacy and Poisons Act, Cap 244, the Ministry has embarked on review and update of the National Pharmaceutical Policy (2012) to guide the use of Health Products and Technologies (HPT) as well as building capacity of technical officers on essential medicines and other medical supplies (EMMS) Management.

Blood and blood products

The Ministry achieved the following towards increasing blood and blood products availability;

- Mobilized additional resources by identifying and engaging potential partners for blood safety
- Educated and recruited voluntary non remunerated blood donors
- Conducted blood donation camps leading to increased number of collections and availability of various blood components
- Blood grouping and screening for transfusion transmissible infections (TTIs) and grouping for improved patient safety

4. HEALTH POLICY, STANDARDS AND REGULATIONS

a) Health Policy

Kenya Health Policy 2014-2030 has been used to develop National and county strategic plans including the **Kenya Health Sector Strategic Plan 2019-2023** with medium term priorities for the health policy in place. The Kenya **health sector partnership framework** has been developed for effective coordination of all partners and other stakeholders in the health sector. Additionally, guidelines and templates for annual work plan linked with programme-based budgeting were developed and implemented.

Other Strategies developed include;

- Nursing Council of Kenya Strategic Plan
- Tuberculosis National Strategic Plan 2019 – 2023.
- Kenya Malaria Strategy and Monitoring and Evaluation plan 2019 – 2023.
- National Cancer Control Strategy 2017-2022
- The Public Private Partnerships framework.

b) Legislation

The Health Act enacted in 2017 informed the reorganization of the Ministry in April 2019 with the establishment of the office of the Director General and other seven Directorates within the MOH, namely the;

- Directorate of Health Sector Coordination and Intergovernmental Relations
- Directorate of Health Policy, Research, Monitoring, and Evaluation
- Directorate of Preventive and Promotive Health Services
- Directorate of Public Health
- Directorate of Health Care Services
- Directorate of Health Standards, Quality Assurance and Regulation
- Directorate of Administrative Services

The Directorate of Administrative Services provides support services to the six technical Directorates within the ministry and is comprised of the human resource and the Central Planning and monitoring Unit among other critical units.

In addition, the new institutions established during the financial year include;

- The Kenya Health Professions Oversight Authority (Part IV, Section 45(1) of the Health Act 2017)
- The Kenya Health Human Resource Advisory Council (Part V, Section 30(1), of the Health Act 2017)

Several bills have been drafted including a bill on Breast Milk Substitute.

Other legislative reviews include;

- Review of the Radiation Protection Act and subsidiary legislation
- Review of the Pharmacy and Poisons Act, Cap 244

5. STRATEGIES TO IMPROVE QUALITY OF CARE

In support of provision of quality health care services, the Ministry in collaboration with the regulatory boards and councils jointly developed the Joint Health Inspections Checklist which was gazetted. Inspectors from 23 counties were trained and 42 health facilities from 2 UHC pilot counties (Isiolo and Nyeri) inspected for compliance in 2018/2019.

In addition, a categorization of health facilities to standardize quality of health service delivery across the country has been done. By June 30th 2019, about 2,968 (27%) health care facilities had undergone categorization.

International Health Relations(IHR)

The Ministry of Health in the FY 2017/18 continued to reach out to other Countries to share experiences to improve the knowledge and skills of the local capacity through skills transfer programs. These programs include:

- A bilateral agreement with the Cuban government on capacity building, exchange of experts and health specialists was signed in march 2018. Kenya benefited from 101 Cuban doctors deployed in all Counties and 49 local doctors are training in Cuba
- In research and development, the Ministry in partnership with the Ministry of Agriculture prepared a bilateral agreement on malaria control using biolavicides to be signed with Cuba.

6. PUBLIC HEALTH PREVENTION AND PROMOTIVE INTERVENTIONS

Maternal Health

A number of achievements have been realized in improving maternal health which has greatly contributed to the reduction of mothers dying during delivery and other pregnancy associated complications.

- The proportion of women delivering under skilled care increased from 61 percent in 2016/17 to 62 percent in 2017/18 to a further 65 percent in 2018/19. This is attributed to various interventions including training of health care providers to offer quality maternal services, and the "Linda Mama" initiative. The Industrial unrest by Health Workers in several Counties impacted negatively on number of women delivering in public facilities.

- The proportion of pregnant women attending up to the fourth ante natal care clinics increased from 40.5 in 2016/17 to 44.8% in 2017/18

- In 2018, 61% of married women used modern contraception. The country has therefore met its Family planning 2020 goal of achieving 58% modern contraceptive use among married women by the year 2020.

- The Ministry launched the 2016 Confidential Enquiry into Maternal Deaths (CEMD) Report which analyzed the underlying issues relating to Maternal deaths in our facilities. Interventions are being undertaken by National and County facilities to mitigate.

  The overall effect is that less mothers are dying due to pregnancy and we are improving the health of babies born to these mothers.

Child health

High impact interventions have been put in place aiming at reduction of deaths and illness in children under-five years due preventable diseases like diarrhea, Respiratory diseases and Malaria.

- These include Integrated Management of Newborn and Childhood illnesses and Integrated Community Case Management of Childhood illness, meaning services for children are now consolidated in a more standardized manner than before, both at community and health facility level. This is expected to improve the general welfare of children and make treatment easier for both the medical provider and the caretaker/mother.

- Given the positive effects that breastfeeding has on the health of children, the Ministry has been putting interventions to encourage more mothers to

breastfeed for longer. The percentage of infants under 6 months on exclusive breastfeeding increased progressively from 51% in 2013/14 to 70.4% in 2018/19

Immunization

Immunization has managed to reduce the burden due to vaccine preventable diseases by more than 70% over the last two decades. This entails vaccination of every child at birth and afterwards until the child grows up and develops immunity against the deadly diseases.

- The proportion of children fully immunized with all their life saving routine infant vaccines (BCG, Oral Polio vaccines, Inactivated Polio Vaccines, Rota virus, Pneumococcal, Diphtheria, Pertussis, Tetanus, Hemophilus Influenza Type B, Hepatitis B, Measles and Rubella) by their first birthday improved from 76% in 2016/2017 to 80% in 2018/2019. The national immunization coverage for 2018/2019 was 79 percentage showing a slight decline as compared to 81 percent in both 2017/18 and 2016/2017. In the same period, 23 Counties (49%) reported immunization coverage rates more than 80%. No County had Immunization coverage rates less than 50%.

- The Country is focusing on improving and sustaining immunization coverage and equity by: Increasing access to immunization services through procurement and installation of specialized vaccine storage equipment and Assuring uninterrupted supply of vaccines at all service delivery points through timely procurement and distribution of all childhood vaccines, to avoid stock outs.

HIV/ AIDS

HIV remains the leading cause of the disease burden in the country with over 29% of all hospital mortality attributable to HIV. The Ministry has recorded a significant progress towards ending HIV/AIDS by the year 2030.

- The HIV prevalence has reduced from 5.9% in 2015 to 4.9% in 2019. New HIV infections among adult (15+) population declined from 88,622 (2013) to 56,100 (2016) and for children from 12,940 (2013) to 4,900 (2016).

- There was a 66% reduction in mother to child transmission of HIV; from 14% in 2013 to 6.3% in 2016.

- The proportion of HIV positive clients on ARVs has been increasing steadily between 2013/14 and 2016/17 from 41% in 2013/14 to 75% 2016/17. This is

attributable to the increase in the number of people testing for HIV (test-and-treat) and changes in policy on treatment.

- The percentage of HIV + pregnant women receiving preventive ARV's has constantly been above the targeted 90 %. This has greatly contributed to the reduction of mother to child transmission
- In July 2017, the Ministry rolled out of PrEP (pre-exposure prophylaxis) use among the uninfected populations with a substantial ongoing high risk of HIV acquisition to reduce infection rates.

Tuberculosis control

The burden of tuberculosis in the country is higher than previously estimated. A Prevalence survey of 2015/2016 revealed that the burden of tuberculosis (TB) in Kenya was 426 cases per 100,000 population – suggesting there was more than twice as much TB than previously estimated. This prompted intensified efforts to understand why people with TB were being missed by the system and to mount innovative responses. In 2017 and 2018, TB case notifications increased by more than ten percent. However, in 2018 only 64% (96,478) of the incidence TB cases were notified and therefore about 36% of estimated TB cases were not diagnosed, treated and notified in 2018. Among children with TB, nearly two-thirds were not diagnosed; In 2018, **689** Drug resistant TB cases were diagnosed while nearly 80 percent of people with drug-resistant TB were missed.

The gains realized in the control of tuberculosis in the country have been mainly attributed to the successful roll out and implementation of high impact interventions for TB control and management.

- In 2015/2016, the country conducted its first post-independence TB prevalence survey
- TB case notifications of all forms increased by 13% from 2017 to 2018
- The number of gen-expert machines was increased from 150 to 206 thereby increasing the diagnostic capacity for TB in the Country
- Diagnosing of children with TB in the age group 0 - 14 years improved with the number of children diagnosed and put on treatment increasing by 31% from 7,714 (2017) to 10,087 (2018).
- The country's TB treatment success rate was 83% compared to the WHO global tuberculosis treatment success rate of 85%.

Malaria Control

The country has prioritized malaria among the diseases targeted for elimination. Kenya is among the three African countries (Kenya, Malawi and Ghana) selected to carry out a malaria vaccine pilot testing where at least 120,000 children aged six months to 24 months are expected to get the vaccine in select hospitals in eight malaria lake endemic counties of Kakamega, Vihiga, Bungoma, Busia, Kisumu, Homa Bay, Migori and Siaya.

The following milestones have been achieved:

- A shift of the National Insecticidal Treated Net policy from targeting vulnerable populations to promoting universal coverage (one net for every 2 people in the households) within prioritized regions of the country. 47 percent of households attained universal coverage
- The percentage of pregnant women receiving Long lasting Insecticidal Treated Nets (LLITNs) has constantly been above the target at 90 percent. A majority, 63 percent, of households in Kenya now own at least 1 LLITN.
- The percentage of children under 1 year issued with LLITN's has increased to 75 percent in 2017/18 financial year as compared to a declining trend witnessed over the years from 2013/14.
- There was increased adherence to national treatment guidelines in public health facilities from 16% (2010) to 59% (2017). Approximately, 84 percent of public health facilities have diagnostic capacity for malaria.
- A total of 7,990 Community Health Volunteers (CHVs) from 799 community units in the 10 Counties (Kisumu, Siaya, Homabay, Kisii, Nyamira, Migori, Busia, Bungoma, Kakamega and Vihiga) were trained on community case management for malaria(CCMm).
- Through engagement of the county leadership, four counties (Busia, Kwale, Kilifi and Mombasa) were able to allocate funds towards malaria control to the tune of Kshs.68 million.

In 2018/19 the country was unable to access Presidents Malaria Initiative(PMI)/USAID supported commodities (Routine LLITNs, Antimalarials and Rapid Diagnostic Test kits) due to tax waiver regulations following the expiry of the Development Assistance Grant Agreement (DAGA) in September 2017.

Non-Communicable Diseases Prevention and Control

In Kenya, non – communicable diseases (NCD) account for more than half of all hospital admissions and over 40 percent of hospital mortality. With projections indicating that the

morbidity from infectious diseases is declining, NCDs and injuries will be a major health burden by 2030. The major NCDs of concern in Kenya include cardiovascular diseases, cancers, diabetes mellitus, chronic respiratory diseases, and injuries. Cancer has risen to a level of public health concern in Kenya based on the new cases and deaths reported

The main risk factors include alcohol and substance abuse, tobacco use, physical inactivity among others. One of the biggest challenges of the health sector is to halt and reverse the rising burden of non-communicable diseases (NCDs) by tackling the burden of obesity, cancer, diabetes and raised blood pressure. Currently, two percent of Kenyans have diabetes mellitus, 27 percent are overweight/obese, 24 percent are hypertensive, and only 14 percent women 25- 49 years have ever been screened for cervical cancer. The number of cervical cancer cases screened ranged from 310,677 (2016/17), 234,029 (2017/18), to 369, 380 (2018/19).

The Ministry made the following steps towards control of chronic diseases;

- Diabetes prevention and control through Inclusion of diabetes agenda in the counties annual work plans
- Development of clinical guidelines for the management of diabetes, high blood pressure and cancers
- Training of primary health care workers on prevention

To mitigate against the NCDs, the Ministry implemented the following interventions during the period under review;

- Development and dissemination of various policies and strategies including;
    - An Action Plan on violence and Injuries
    - IEC materials on Injury Prevention and Control
    - Pre hospital care guidelines
    - National Physical Activity Action Plan
    - Cancer Control Strategy.
    - National Tobacco Control Strategy
    - Cancer prevention & treatment Protocols
    - A policy on radiation oncology equipment to guide importation, donation and disposal
- Conducted training on road safety in schools
- Implemented mechanisms to control use of alcohol
- Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products
- Implementation of HPV recommended immunization schedules

- Started 11 Cancer chemotherapy centres in Mombasa, Nakuru, Machakos, Embu, Garissa, Kakamega, Kisumu, Kisii, Meru, Bomet, and Kijabe hospitals. Developed a plan for establishment of Radiotherapy Centres across the Country

Nutrition

According to the 2018 Global Nutrition Report, Kenya is experiencing the Triple burden of malnutrition – co-existence of under nutrition (stunting, wasting or underweight), overweight/obesity and micronutrient deficiencies.

The prevalence of stunting improved from 35 percent in 2009 to 26 percent in 2014. However, in terms of absolute numbers of malnourished children, out of 7.22 million children under five years, nearly 1.8 million are stunted (26%); 290,000 are wasted (4%); 794,200 (11 per cent) are underweight. Eleven counties have a prevalence of stunting above 30%, a level categorized as 'very high' in public health significance. Slightly over a quarter (28%) of adults aged 18–69 years are either overweight or obese, with the prevalence in women at 38.5% and men 17.5% (Kenya 2015 STEPwise Survey).

The Kenya Nutrition Action Plan (KNAP) 2018-2022 was developed through a multisectoral- approach with six sectors technically involved in its development. The KNAP gives direction to counties in the development of county specific action plans. In the same period Kenya launched the Cost of Hunger Study in Africa (COHA). The study was meant to inform the country on the impact of malnutrition to the Health, Education , Social and labour sector .

Guidelines for securing a breastfeeding friendly workplace were launched and disseminated to all the 47 Counties. An implementation framework for securing a breastfeeding friendly workplace was developed. The MIYCN (Maternal, Infant and Young Child Nutrition) policy summary statement was developed and signed adopting the new WHO guidance.

Vitamin A supplementation (VAS) is a low cost and highly effective means of improving Vitamin A status. This is achieved by providing biannual supplementation and ensuring achievement of a target of 80 percent or more. In 2018, VAS showed a marked increase in coverage from 44 percent in 2017/18 to 64.5 percent in 2018/19.

Iron and folic acid deficiencies during pregnancy can lead to irreversible developmental problems to the fetus such as intrauterine growth retardation and neural tube defects. Anemia during pregnancy is a major contributing factor to low birth weight babies, maternal mortality and infant anemia and therefore, supplementation and other strategies are critical during pregnancy. In 2018 IFAS (Iron and Folic Acid supplement) was 69.6% against a target of 80%.

a) Environmental Health

The Water, Sanitation and Hygiene (WASH) programme was implemented during the period. A total of 46 counties implemented Community-Led Total Sanitation (CLTS) in all the three fiscal years under review (2016/17, 2017/18 and 2018/19). Lamu County consistently was not able to implement CLTS due to the security issue. Two Counties, (Kitui and Busia) were declared open defecation free in 2016/17. Training on the Community Led Total Sanitation online monitoring information System for reporting on the implementation of CLTS activities has been done in forty-five (45) Counties.

A total of five microwave equipment for medical waste sterilization were installed and commissioned in Kisii, Kisumu, Nakuru, Moi Teaching & Referral Hospital(MTRH) and Kenyatta National hospital (KNH) with training on operations and maintenance conducted for 45 technical staff. This will help reduce unintentionally produced persistent organic pollutants which are carcinogenic and resulting from open burning of medical waste.

Prevention and control of aflatoxins in food value chains has been scaled up during the period under review, by conducting mandatory testing of food supplied to learning institutions in arid and semi-arid regions. A total of 62 public health officers were trained and certified, and 38 mobile mini-laboratory kits (blue boxes) that can undertake rapid test for aflatoxins and moisture content in grains were procured and in use in Turkana, Marsabit, Tana River, Garissa, Wajir, Baringo, Isiolo, Makueni and Samburu counties.

7. GOVERNMENT AGENCIES UNDER THE MINISTRY (SAGAS)

a) KEMSA

Provision of Health products and Technologies to Public health facilities.

During the FY 2018/19, KEMSA supply of commodities to County governments increased by Kshs 1.67 Billion (39%) from 4.239 Billion (2017/18) to Kshs 5.911 Billion. The increase was attributed to an increase in supplies to the four pilot Counties on the Universal Health Coverage.

During the FY 2018/19, KEMSA issued medical commodities worth KES 28.4B, KES 23.6B being program items and KES 4.8B being Essential Medicines and Medical Supplies , and delivered the same to 8493 Health Facilities across the 47 Counties.

Order Fill Rate(OFR)

In the FY 2018/19 the order fill rate(actual items supplied against what was ordered) stood at 83.96% order value fill rate against a target of 90%.

Order turnaround time (OTT)

During the FY 2018/19, KEMSA's Order turnaround time (time taken from the time of a customer order to the time the customer receives their order) for Hospitals and Rural health facilities stood at an average of 9.7 days and 14.6 days against a target of 7 days and 10days respectively.

Other Key Achievements by KEMSA

- ✓ The Authority made significant strides that included the appointment of the New KEMSA Board Chair and the New CEO; these appointments will provide opportunities for the Authority to scale to new heights. With the expanded UHC program and increased product range coupled with reengineered of the Supplementary services division, the Authority hopes to leverage these areas in order for KEMSA to meet the ever growing need of reliable, quality HPTs.
- ✓ KEMSA has also embarked on developing it's 5-year strategic plan, which is in line with the, Vision 2030, MTP III, KHSSP 2019-2023 and UHC Agenda.
- ✓ KEMSA has increased its product range to include Renal, Oncology, Dental, Labarotary and other New essential pharmaceuticals and non-pharmaceuticals commodities.
- ✓ KEMSA commenced construction of the National Commodity Storage Center in the FY 2017/18 after receiving a "No Objection" to facilitate absorption of the Grant from Global fund in March 2018. The National Commodity Storage Center will ensure medical supplies are stored and handled effectively and efficiently to improve health service delivery. The project is scheduled to be completed in 130 weeks. Based on the Quality survey report the project is currently at 60% completion.
- ✓ KEMSA has completed upgrades of the Kisumu and Mombasa warehouses and is in the process of equipping and operationalizing the two to serve as distribution centers for HPTs. This will see a reduction in the turnaround time of order commodity processing and delivery especially within the two regions.
- ✓ During the FY 2018/19 KEMSA rolled out and trained all county pharmacists and county Nurses in the use of the Logistics Management Information System(LMIS) II. LMIS II has enabled counties and county facilities to report on consumption of program commodities as well as place their orders for EMMS electronically. The LMIS II has also improved stock visibility.
- ✓ KEMSA also held Regional Stakeholders Forums with the CECMs for Health and County pharmacists in order to improve service delivery to the counties. In addition, the

authority held 10 Commodities Forecasting & Quantification TWGs in conjunction with the County Pharmacists, Nurses, Specialized Conditions Medical practitioners and the Ministry of Health. These have seen a great improvement in the quality of data available for forecasting and quantifications for HPTs procured by counties.

b) Kenyatta National Hospital (KNH)

The hospital has recorded an improvement in performance over the last few years with more patients choosing it for treatment, emergency and planned services. The customer satisfaction index improved from 73.5 to 74.5, between the FY 2016/17 and 2018/19, with the number of in-patients increasing from 580,782 in FY 2016/17 to 743,453 in FY 2018/19. The hospital implemented the new strategic plan (FY 2018-23) in FY 2018/19 that has increased the focus on quality, safety and efficiency of service delivery. Several milestones were attained in the period key among which include the following:

Increased number of Open Heart surgeries; The Hospital acquired a Heart-lung machine that will enable an increase of heart surgeries. In 2018/19, 14 heart surgeries were conducted against a target of 50 due to late commissioning of the Heart-lung machine and delayed equipping of the critical care unit (CCU).

Average Length of Stay (ALOS) for trauma (orthopedic) patients

The ALOS for trauma patients was 39 days in FY 2016/17 and increased to 43 days in FY 2017/18 before stabilizing at 39 days in FY 2018/19. The ALOS is above the target due to the nature and complexity of the trauma cases received at the hospital.

Dialysis services; Kenyatta National Hospital Renal Unit is adequately equipped with the state-of-the-art dialysis machines and houses a well-equipped laboratory for ease of patient evaluation. The unit performed 16,341 haemodialysis sessions in the FY 2018/2019, which averagely translates to 45 patients per day. This is an increase of 34% as compared to previous year as illustrated below.

Kidney transplantation and sensitization to care providers in the counties; The hospital performed 15 kidney transplants during the year. In addition, clinical staff from Nyeri, Embu, Kerugoya and Murang'a Hospitals were sensitized on the assessment of suitable patients on routine haemodialysis for transplant surgery and subsequent referral for transplant evaluation. The Hospital targets an increase of renal transplants with the upgrading of renal unit currently on-going.

Improvement of Quality of specialized care services; *Reduced waiting time for radiotherapy services*; The average waiting time for cancer radiotherapy services reduced to 30 days against a target of 24 days. ***Minimally invasive surgeries*;** A total of 2,208 minimally invasive surgeries were conducted against a target of 503 due to

improved efficiency in the Hospital. The requirements for **Liver transplantation** have been put in place including a Liver transplant protocol and specialized team. A readiness assessment to undertake a pilot liver transplant was conducted by specialists from India.

Respiratory disease screening and TB screening; The hospital carried out systematic screening for active tuberculosis with the aim of early detection of the disease. Early detection of TB reduces the risk of transmission to the patient's family and the general public. The hospital screened a total of 3,045 new patients for TB during the FY 2018/2019.

Health checkup Programs; Kenyatta National Hospital routinely conducts medical examination and screening for both children and adults through the health checkup programs. In the FY 2018/19 the hospital conducted a total of 4,672 health checkups for various diseases. Cervical and breast cancer screening is done on a daily basis.

Establishment of centres of excellence (Cancer and Renal Centres); The hospital has established a Cancer Treatment Centre and Renal Centre of excellence while construction of a peripheral cancer centre, burns unit and isolation facility was completed during the period.

Noticeable infrastructural developments in KNH include; Upgrading of the existing Reproductive Health ICU, establishment of a liver transplant centre, among several ongoing projects.

c) Moi Teaching and Referral Hospital

The Hospital has continued to make tremendous strategic reforms in terms of infrastructure, governance and improved service delivery. Among the key achievements is the Construction and equipping of a new ICU, Children Hospital and the Cancer Centre. Human Resource restructuring strategies have been implemented at all levels by putting officers on Performance Based Management, implementing the new MTRH Human Resource Instruments, creating functional work teams and clearer reporting structures through Directorates.

Average length of stay dropped by 15% to 12 days in 2018/19, compared to 14 days in the FY 2017/18 and 15 days in FY 2016/17, hence a positive improvement.

Kidney Transplants; MTRH has continued to be the preferred Centre of excellence in management of renal patients. With highly trained staff and the modern equipment in the unit and adequate drugs and supplies, the hospital continued to boost services under renal unit. During the year under review the Hospital managed to carryout 19 successful

kidney Transplants in the FY 2018/19, compared to 12 Transplants done in the FY 2017/18 and 12 in the FY 2016/17. This has impacted positively to patients seeking renal services in the country.

In addition, 1,400 sessions of dialysis were done for the children and 8,500 sessions for the adults during the FY 2018/19.

Cancer treatment services; MTRH has continued to be the preferred Centre of excellence in management of oncology patients. During the period under review 18,945 patients were attended to in the FY 2018/19, compared to 16,024 attended in FY 2017/18 and 14,349 attended in FY 2016/17, hence a significant improvement for cancer treatment services offered. With highly trained staff and the modern equipment in the unit and adequate drugs and supplies, the hospital continued to boost services at the Cancer Centre. With the enrolment of more patients to NHIF, this enabled more patients to access services at MTRH.

Open Heart Surgeries; During the year under review, MTRH made another milestone by conducting open Heart surgeries. During the FY 2018/19, 26 Open Heart Surgeries were successfully done. This is attributed to continuous capacity building among the staff and capital investments done towards making MTRH a multi-specialty Hospital. Mechanisms Sustainability of these highly specialized surgery in the next financial year are in place, which include training and mentorship of specialists and other paramedics.

Youth Internships/Industrial Attachment/ Apprenticeship; During the period MTRH has continued to offer internships/ industrial attachments to interns and students across various disciplines and institutions of learning. In the FY 2018/19 MTRH offered 2,488 opportunities to students, and projects an increase in the number of students and interns in the next Financial year.

The hospital is in the process of expanding areas of service provision including construction of a cancer management centre, cardiac care, Neuro-Surgery Centre, and mental health ward. It has been equipped with four ICU Units and two theatres units

d) Kenya Medical Training College

Through the development funds received under the budget and in collaboration with county governments and various County Development Funds, the college expanded its capacity from 40 to 56 to 67 campuses in the years 2016/2017, 2017/2018 and 2018/2019 respectively. This led to a growth in the student population from 24,500 in 2016/2017, rising to 29,800 in 2017/2018 and 35,000 in 2018/2019.

The college also expanded training programs offered leading to an increase in accessibility of training at the community level including, Enrolled Community Nursing, community health extension workers and community health assistant courses.

In the year under review, the college was able to introduce new programs to address emerging health needs such as Nephrology, Orthopedic and Trauma Medicine.

The college revenue (A-I-A) increased between 2016 and 2018 from 2.9 Billion to 3.4 Billion due to the increased number of students across the campuses

e) National Hospital Insurance Fund

Since FY 2015/16 the collection by the institution has grown from Kshs 33B to 47B in 2017/18 reflecting a growth of 42% while administrative costs have reduced to 17% against revenue collected. Table 9 shows the growth in membership recruitment while table 10 shows the trend of revenue collection while table 11 shows the amounts paid out.

1. Membership growth

Table 9: Growth in membership per sector

Sector	Total Membership as at 30th June 2018	Total New Members Registered in 2018/2019	Cumulative Membership as at 30th June 2019
Formal Sector (Employed)	4,044,332	250,355	**4,294,687**
Informal Sector (Self-employed)	3,617,433	544,641	**4,162,074**
Total Membership	**7,661,765**	**794,996**	**8,456,761**

2. Revenue Collection

Table 10: Revenue Collection per category

Contributions to the Fund	Actual Collection in 2018/2019 (Ksh. '000)
Member Contributions	36,493,983
Premiums from Negotiated Schemes	14,819,585
Premiums from Sponsored Programs	300,000
Funds received for Linda Mama	2,000,000
Total contributions	**53,613,568**
Investment Income	1,793,915
Total Income	**55,407,483**

3. Benefits Payout

Table 11: Benefits Payout per Scheme

Payments out of the Fund	Claims Payout for 2018/2019 (Kes.'000')
Benefits paid National Scheme	37,716,058
Benefits paid for Negotiated Schemes	12,023,562
Benefits paid Sponsored programs	505,772
Benefits paid for Linda Mama	3,170,973
Total Benefits Paid Out	**53,416,365**
% of benefits to contributions	*99.63%*
Board expenditure	**32,081**
Total Payments out of the Fund	**53,448,446**

- The benefits package has improved with surgeries and emergency evacuation services being recently added to the package.

f) KEMRI

The Kenya Medical Research Institute achieved the following during the period under review;

- Conducted pre-clinical studies for 20 herbal medicines for cancer treatment;
- Developed Rift Valley fever rapid diagnostic tool (ImmunoLine)
- Conducted studies that led to the discovery of a natural sterilizing natural contraceptive;
- Twenty-Nine PhD and 83 Masters Students were enrolled for the various specialized disciplines in FY 2017/18.
- Development of 511 research proposals between 2016/17 to 2018/19 while in 2018/19 alone a total of 175 new research proposals were developed;
- Dissemination of results, knowledge and best practices through publication of 707 research manuscripts in peer reviewed journals with 274 publications in 2018/19;
- Contribution of cutting edge and innovative research results to 19 policy documents;

In order to better understand the implementation of UHC, KEMRI carried out a study titled "Rapid situation analysis on population needs for Universal Health Coverage in the four selected Pilot Counties of Kisumu, Machakos, Nyeri and Isiolo". The study aimed at identifying gaps that require improvement and subsequently inform roll out of the implementation of UHC program in the country. Arising from this study, recommendations have informed the scale up strategy at National and County level for UHC activities.

KEMRI through proposal development was able to achieve research grants amounting to Kshs 4.461B, 4.167B and 4.385B in FY2016/17, 2017/18 and 2018/19 respectively.

During the reporting period, KEMRI provided 2,480,415 specialized laboratory tests in support of ongoing clinical research activities and service provision at KEMRI clinics and collaborating facilities. The institute was able to produce 225,025 diagnostic kits and other products and 10 policy briefs in areas of the major research.

8. BOARDS AND COUNCILS

a) Nursing Council of Kenya (NCK)

To improve NCK Services, 10 Modules were developed or enhanced; most services automated including registration, retention, verification, private practice licenses and internship application and posting.

Most management functions have also been automated including management of cases, training programs, examinations, and integration of HRIS to ERP modules.

Inspection of private clinics & enforcement of compliance by practitioners was done with 54 private clinics audited; 4 institutions accredited for nursing and midwifery; 168 institutions assessed for clinical placement; support supervision was done for 6,000 health facilities; 6 preliminary investigations were done and 2 entry and re-entry examinations were conducted.

The Council utilized 100% of allocated resources as per the approved total budget of KES 221.86 million for the FY 2018/2019. The utilization of funds was linked to performance indicators and the mandate of the Nursing Council of Kenya in line with work-plan and procurement plan.

b) Radiation Protection Board (RPB)

1. The Nuclear Regulatory Bill 2018

The Nuclear Regulatory Bill 2018 was finalized and underwent public participation. The Bill provides for a comprehensive legal and regulatory framework for the safe, secure and peaceful use of radiation and nuclear technology; the production of radioisotopes and management of radioactive waste. The Bill addresses safety, security and safeguards gaps in existing legislation. The Bill is now with the National Assembly awaiting direction by Committee of the Whole House.

2. Central Radioactive Waste Processing Facility project

The Central Radioactive Waste Processing Facility (CRWPF) is a strategy concept implemented by Kenya Government through the Ministry of Health (2010 to date) to address safety and security challenges from the increasing national stockpiles of radioactive waste, orphan and disused radioactive sources and intercepted radioactive or nuclear material in illicit trade.

Phase 1 (radiation bunkers, associated laboratory and offices) of this facility is now complete and in the process of operationalization. This facility is a strategic enabler in achieving universal health coverage through containment, processing and temporary storage of radiological materials and waste arising from socio-economic activities or from illicit trafficking.

The facility is a regional reference centre for radiation safety and nuclear security with several training and field exercises already conducted for countries in East and Central Africa region.

3. Development of draft Strategic Trade Management (STMA) Bill, 2019

The Ministry of Health, through the Radiation Protection Board, has drafted the Strategic Trade Management Bill, 2019 which demonstrates Kenya's commitment to United Nations Security Council Resolution 1540. This resolution requires UN member States to adopt and enforce effective laws and measures to prevent non state actors from developing or acquiring Chemical, Biological, Radiological or Nuclear(CBRN) material that can be used to make weapons of Mass Destruction.

The STMA draft Bill also demonstrates Kenya's commitment to contribute to global peace and security while facilitating legitimate trade in CBRN materials. The Ministry is in the process of seeking Cabinet approval.

c) Medical Practitioners and Dentists

The Board achieved the following during the year;

- Amendment of CAP 253 to the now enacted Medical Practitioners and Dentists Act, 2019
- Increased the number of collegiate based postgraduate training sites for the College of Surgeons of East, Central and Southern Africa (COSECSA) from 23 sites to 46 sites through accreditation.
- Accreditation of quality health services in Public and Private Institutions for Renal transplant and Liver transplant
- Approval of 2 medical schools; Masinde Muliro University of Science and Technology and Kisii University Medical School

- Increased medical Internship Training centers with an additional 5 Internship Training Centers approved

d) Kenya Medical Laboratories Technologists and Technicians Board (KMLTTB)

Compliance audits were carried out in 12 institutions and mentorship offered to address compliance gaps; 1976 Laboratories were registered; 184 **new** laboratories registered; 12,000 technologists and technicians were licensed while post market surveillance were also conducted to ensure quality of products in use.

e) Pharmacy & Poisons Board (PPB)

The board achieved the following;

- Evaluated all submitted permit applications for health products and technologies
- Reviewed the online import and export control system and improved the online registration system
- Prepared, submitted and implemented the parallel import subsidiary legislation on medicinal products
- Strengthened regulatory control on importation of Narcotics, Psychotropic and Precursor substances through audits
- Developed a Board Paper on pharmaceutical price and mark-up management strategy and recommendations
- Publicized registered products (Human & Herbal)
- Implemented various activities leading to ISO 9001:2015 certification

f) National Quality Control Laboratory (NQCL)

The lab achieved the following;

- Analyzed all of samples received from all clients
- Conducted 6 proficiency Testing (PT) of Pharmaceuticals and Medical Devices
- Introduced 10 new methods of analysis (MOA)
- Achieved 20% progress on establishment of a State of the art lab facility at an independent locality

9. MONITORING, EVALUATION, AND RESEARCH

Health Information system: Major progress has been made in the development of health sector indicators, standard integrated data collection and reporting tools, guidelines, monitoring and evaluation institutionalization guidelines, M&E framework, Health Sector Data Quality Assurance Protocol, HIS policy, performance review guidelines, Kenya National E-health Policy, m-Health Standards, interoperability standards and a uniform platform for generating aggregate information (DHIS2) now

KHIS. HIS Policy 2014-2030, performance review guidelines, Kenya National E-health Policy, m-Health Standards, interoperability standards and a uniform platform for generating aggregate information through DHIS2. The Health Information System report 2017 -2018 revealed that the sector's health information system is at its best with 90% and 83% of the 10,901 health facilities submitting complete and timely reports, respectively.

Research and Development: Health research coordination framework which is now included as part of the Health Act 2017 was developed. In addition, the Kenya Health and Research Observatory prototype, and the health research guidelines were developed. The National research committee was also established

Additionally, a number of surveys have been conducted

i. The Kenya Household Health Expenditure and Utilization Survey;
ii. Service Delivery Indicator survey;
iii. Health Facility Assessment ,2018

10. CHALLENGES

The Ministry made these achievements despite challenges faced within the sector. The notable ones include:

Financing

- High cost of health care (both direct and indirect) remain a barrier to access to health services since most people are below the poverty line and thus cannot afford to pay for their health care
- The insurance coverage in the country is still very low at 19.9%, translating to a high out of Pocket (OOP) and catastrophic expenditures
- Funds allocated to Health at the County level from National as well as County Governments are not ring -fenced resulting to funds not reaching health facilities in time thus hampering implementation of key interventions
- Delayed release and/or disbursement of approved funds
- Inadequate resources to support emergency and referral
- The Transition of Donor funding of Strategic programs leading to reduced funding for HIV and AIDS, Malaria, TB, National Blood Transfusion services and Family planning commodities. This is largely due to Kenya transitioning to a Lower Middle income

Country with more proportion of Co-financing expected or simply not qualifying for certain AID/Grants.

- High dependence on donor support which is mostly off-budget and not necessarily aligned to the health sector priorities.

Human Resources for Health

- Frequent Health Workers Industrial actions of key cadres (Nurses, clinical officers and doctors) severely disrupting service delivery within the Counties.
- Inadequate funds to pay for the capacity development requests including specialisation and short Courses and trainings since this remains a national function and must correspond to the other health system investments for optimal function.
- Inadequate funds to pay for all the capacity development requests

Service delivery

- Rising burden of non-communicable diseases especially Cardiovascular diseases and Cancers putting a strain on the other Health system needs.
- Threat of emerging and re-emerging diseases outbreaks like Ebola, Rift valley fever, Yellow fever, Dengue fever, Cholera etc. within the region or within the Country
- Weak referral systems and low utilization of technology to optimize specialized services access. Inadequate resources to support emergency and referral services

Essential Health products and Technologies

- Frequent stock out of public health commodities such as vaccines and family planning commodities
- Inadequate allocation of resources and inappropriate quantifications for adequate essential medicines and medical supplies in some service delivery points
- Blood and blood products insecurity

Health Information and M&E

- Inadequate capacity in advanced health information management to ensure quality and timely Reporting, analyses, development of user specific information products, sharing of information products and utilization of information for decision making.
- Multiple standalone health information IT platforms that do not meet the required Electronic Medical Records(EMR) standards and within the right IT infrastructure.

- Low private sector reporting rates
- Lack of necessary regulatory frameworks for health information management in the health sector and ensuring timely and quality data is reported.
- Not all health sector outcome performance indicators have been reported on, resulting in difficulties in generating health service indices.
- Inadequate data-collection and reporting tools at the service delivery points.
- Frequent DHIS-2 functional disruptions.

11. RECOMMENDATIONS

Financing

The ministry is in the process of:

- Rolling out an Essential Benefits package for UHC and instituting the necessary reforms in NHIF to become a Strategic Purchaser of health care.
- Developing a Donor Transition plan to ensure service continuity of key essential services as donor funding declines
- Fast-tracking the development of a UHC policy which will be a basis for the implementation of the UHC Roadmap.

Human Resources for Health

The ministry jointly with the County Governments will:

- Revise HRH norms and standards to address the existing gaps and develop a priority training need assessment
- Develop a framework for sharing of specialists across counties, national to counties and private and FBO to public health facilities.

Service delivery

The ministry jointly with the County Governments will:

- Refocus Service delivery to the Primary health facilities by establishment of Primary Care Networks (PCNs), creation of gatekeeping mechanism at PHC level (Community health units) and Level 2 and 3 facilities.
- Leverage on technology (mobile technology with hub at level 4 facility) and end to end fibre connections for levels 4, 5 and 6 facilities to facilitate Tele-medicine.

Essential Health products and Technologies

The Ministry will:

i. Enhance the counties' capacities on quantification and costing of HPTs and promote their rational use;

ii. Allocate additional resources to support blood transfusion services and immunization and reproductive health services

Health Information and Research

The ministry will put in place mechanisms to:

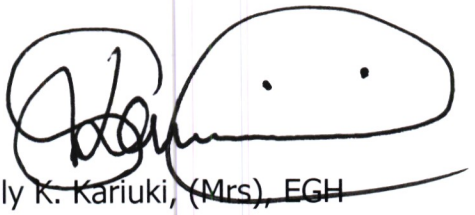
- Ensure all health facilities feed regular reports into the DHIS2 platform
- Strengthen capacity for analytics for better communication products.

- Strengthen the utilization of information at all levels by enhancing the culture and practice of using "Data for Decision-Making" and strengthen capacity of managers and service providers (including skills) at national, county and facility levels.

Health Leadership and Governance

The ministry will:

- Strengthen implementation of the partnership framework for inter and intra sector coordination;
- Continue to strengthen the working relationship between Counties and National governments
- Develop and implement clear capacity development interventions for counties



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