POLICY **Brief**

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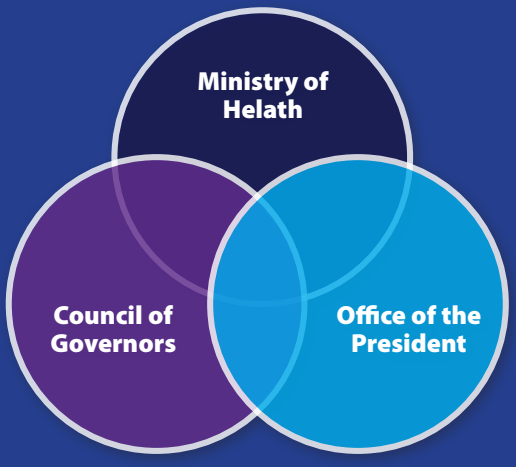
Ministry of Health

Reforming Health System Governance for Achieving Universal Health Coverage in Kenya

Insights From the Kenya Harmonized Health Facility Assessment (KHFA 2018)

Authors: Njuguna David, Dr. Jamlick Karumbi and Dr. Hellen Kiarie

Key Message



- 'Good' health system governance (HSG) should be characterized by responsiveness and accountability; an open and transparent policy process; participatory engagement of citizens; and operational capacity of government to plan, manage, and regulate policy and service delivery. However, explorations of health system strengthening through the governance lens are few.
- HSG is central to improving health sector performance and achieving Universal Health Coverage (UHC). For UHC to be achieved, governance will require new partnerships and opportunities for dialogue, between state and non-state actors.
- Organizations should ensure lean and consistent working structures to promote efficiency and cost-effectiveness. One uniform organogram should be designed and applied across all counties and National levels.

Introduction

Kenya has committed to put in place measures and investments needed to realize Universal Health Coverage (UHC), as one of the Big Four agenda. UHC is expected to bring health and development efforts together and contribute to poverty reduction as well as building solidarity and trust in the public health sector. A holistic systems approach to improving health system performance in the public sector, provides equity and gives competitive advantage of the public institutions compared to private organizations.

To ensure Health systems are properly strengthened and resilient to handle emerging and re-emerging medical conditions and public health risks, increased resources and more efficient actions are necessary to improve and maintain population health and well-being.

To achieve UHC, it is crucial to invest in inputs in an integrated and systematic manner that includes reforming how the different parts of the health system operate and interact to meet priority health needs.

The health sector is a key component of Vision 2030's social pillar, which promises to develop a healthy and productive population that is able to fully participate in and contribute to other sectors of the economy. Kenya's economy remains robust in the face of global economic slowdown.

The country enjoyed significant economic expansion from a reported growth rate of 6.3 percent in 2018 up from 4.9 percent in 2017.

Health Systems Governance (HSG) refers to a wide range of steering and rule-making related functions carried out by governments/decisions makers as they seek to achieve national health policy objectives that are conducive to universal health coverage.

HSG is a political process that involves balancing competing influences and demands. It includes:

- Maintaining the strategic direction of policy development and implementation;
- Detecting and correcting undesirable trends and distortions;
- Articulating the case for health in national development;
- Regulating the behavior of a wide range of actors - from health care financiers to health care providers;
- Establishing transparent and effective accountability mechanisms.

Beyond the health system, HSG means collaborating with other sectors, including the private sector and civil society, to promote and maintain population health in a participatory and inclusive manner. In countries that receive significant amounts of external development assistance, governance should also be concerned with managing these resources in ways that promote national leadership, contribute to the achievement of agreed policy goals, and strengthen national health systems. While the scope for exercising governance functions is greatest at the national level, it also covers the steering role of regional and local authorities.

The World Bank defines governance as "the manner in which power is exercised in the management of a country's economic and social resources for development." USAID's Democracy, Human Rights and Governance Strategy highlights the centrality of participation and accountability to the achievement of human rights and democratic governance. When governance is carried out appropriately, it leads to positive health outcomes.

The World Health Organization (WHO) defines HGS as "a wide range of steering and rule-making related functions carried out by governments/decisions-makers, as they seek to achieve national health policy objectives that are conducive to universal health coverage."

Governance for present purposes is defined as "the structures and processes by which the health system is regulated, directed and controlled." The characteristics of good governance include:

- Transparency – increasing public access to health programming, budget information, procurement, and health outcomes;
- Accountability – clarifying delineation of authorities for health programming and expenditures and external pressure for results;
- Oversight – conducting regular reviews of the results of health investments by institutions and independent entities (parliaments, professional associations, oversight institutions);
- Responsiveness – linking health policy and expenditures with public priorities; and
- Integrity/Ethics – promoting ethical management and standards among health professionals.

While there is general agreement that HSG is characterized the components, explorations of health system strengthening through the governance lens are few. This impedes the provision of equitable and cost–effective health care in many low– and middle–income countries (LMICs). Moreover, information gaps impede health officials' capacity to identify and respond to demand for improvements in health service delivery. Such challenges will continue to complicate efforts to respond to urgent, complex, and serious global health problems.

Health data should be widely available to the institutions and organizations overseeing health implementation, in order to enable them to track health system performance, progress towards health targets and to inform advocacy and decision-making.

Health and the Constitution of Kenya 2010

The 2010 constitution provides a legal framework that guarantees an all-inclusive rights-based approach to health service delivery to Kenyans. It provides that Kenyans are entitled to the highest attainable standards of health, which includes the right to healthcare services including reproductive health care (Article 43). It further ushered in devolution as the latest and highest form of decentralization in Kenya. The health sector was the largest service sector to be devolved under this new governance arrangement. The Fourth Schedule of the constitution provides specific guidance on which services the county or national governments are to provide.

In the health sector, essential health service delivery is assigned to county governments, while the national government retains health policy, Capacity building, technical assistance to counties, and management of national referral health facilities.

The rationale for devolving the sector was to allow the county governments to design innovative models and interventions that suited the unique health needs in their contexts, encourage effective citizen participation and make autonomous and quick decisions on resource mobilization and management issues. This must however be accompanied by wider governance reforms as envisaged in the new constitution for the sustainability of Healthcare Reforms.

Devolution is meant to affect performance of the health system by transferring responsibilities and authority to locally elected governments.

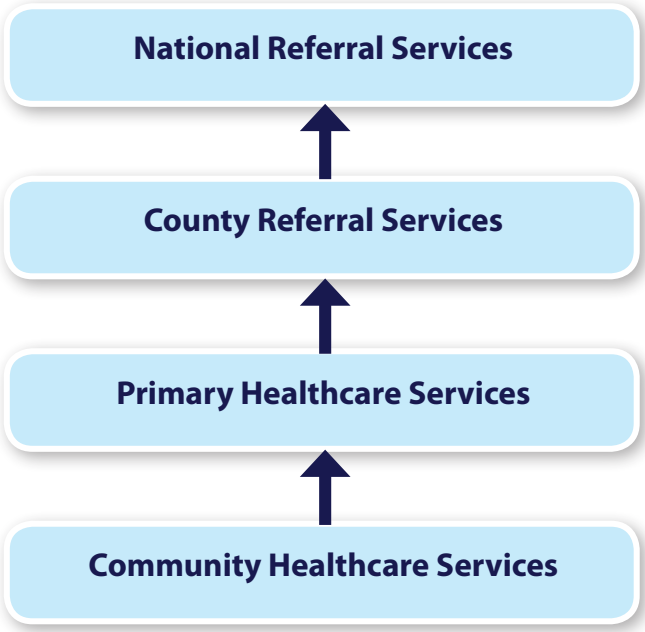


Figure: Organization of Health Care Delivery in Kenya

This policy brief aims to summarize the latest evidence on the influence of governance on health, examines how we can assess governance interventions and considers what might constitute good investments in health sector governance in resource constrained settings.

Methodology

This policy brief uses findings from the Kenya Harmonized Health Facilities Assessment (KHFA) 2018/19, as well as evidence from review of documents such as Annual health sector performance report and the joint health facilities assessment reports. Publications on quality of care were also used to collaborate the findings. The KHFA assessment entailed a comprehensive study of availability and readiness of health facilities in Kenya to provide services using a modular approach. The modules applied included: Availability, Readiness, **Management support systems**, Quality of care and Community health systems. The survey population included 2,980 facilities with representation across counties, ownership levels and facility types.

In *Management support systems,* the KHFA assessed support functionality, efficiency and accountability. The key areas for a strong management system include:

1. Facility has a core management team responsible for oversight of the day-to-day functioning of the facility,
2. Facility has a core management team structured as per norms and standards,
3. Facility has a routine system for including community representation for some aspects of the management teamwork,
4. Facility has conducted a committee/board meeting in past month,
5. Facility has written notes/minutes from the most recent management committee meeting,
6. Facility has formal systems for linking with community health workers, and
7. Facility has a functional community unit.

Results and Conclusion

Management systems to support facility functionality, efficiency, and accountability

Health Facility Management Committees are considered one mechanism for leveraging health system change by encouraging direct engagement of communities in health facility activities as part of wider reorganization of the health system based on principles of decentralization, community participation and inter-sectoral collaboration.

Only two-thirds (67%) of facilities reported having a core management team responsible for oversight of the day-to-day functioning of the facility, while slightly more than half the facilities (52%) reported having core management team structured as per norms and standards. 37% of facilities reported having a routine system for including community representation for some aspects of the management teamwork. 28% of the facilities had conducted a meeting in the quarter preceding the survey. Only 21% of the facilities had a functional community unit.

Implementation of systems to improve accountability

Client feedback systems collect opinions regarding their experience in the facilities that are useful in building responsive health systems. In Kenya, service charters available in all health facilities provide for customer feedback systems that should be reviewed by facility managers and information used to improve patient experience. Overall, systems to improve accountability were available at about a third of the facilities (34%). Above half (53%) of facilities reported having a system for determining clients' opinions. Despite the requirement for management teams to routinely review patients' feedback, only 18% of facilities reported reviewing or reporting patients' opinions routinely.

Facility-level external supervision for management

Generally, the majority (94%) of facilities reported receiving external supervision, such as from the sub-county, county or national levels. County performance regarding external supervisory visits was good, with 71% of the facilities reporting that they received such visits but there were, however, gaps in documentation, with only 59% of facilities reporting having documentation of the supervisory visits received.

Drug management systems

Over half (52%) of facilities reported the Kenya Medical Supplies Authority (KEMSA) as their main source of routine pharmaceutical commodity supplies. Private/NGO/FBO primary hospitals and medical clinics reported sourcing supplies from private sources, at 38% and 60%, respectively.

Management of commodity supply therefore forms a vital part of a health system. A well-managed commodity supply system ensures equity as all patients are able to access drugs and other interventional products leading to better outcomes. Nationally, the majority of health facilities (73%) had records showing pharmacy commodities received, disbursed, and the balances. Only about a half of facilities (54%) had evidence to show that they regularly removed expired or unusable drugs.

Infection prevention and control monitoring system

To prevent, identify, monitor and control the spread of infections in health facilities, comprehensive infection prevention and control (IPC) practices are required. Nationally, multidisciplinary meetings was the most implemented (42% of facilities) while 38% of health facilities had IPC guidelines. In 15% of facilities, the least available were guidelines for cleaning facilities and personnel trained in an IPC course. Secondary and tertiary facilities reported an 85% availability of IPC guidelines while dispensaries and medical clinics reported 39% and 31%, respectively.

Systems for maintenance and repair

Overall, the availability of systems for maintenance and repair of infrastructure is poor. 43% of health facilities reported undertaking preventive and corrective maintenance for any systems; Only 16% of health facilities reported having a schedule for inspection, testing and preventive maintenance for any medical equipment.

Facility use of information for management

Well-functioning health information systems are vital for informing decision making at patient care and policy levels. A health management information system (HMIS) collects information that is used to support planning, management and decision making in the health system.

About half (47%) of the facilities reported to have a routine and systematic process for checking the quality of data compiled for reports. Only 10% of facilities had written policy guidelines for data quality checking, while about a quarter of facilities had data improvement plans and teams (26% and 23%, respectively).

Health information and monitoring systems provide necessary data to health systems to monitor the utilization and quality of health services and make evidence-based decisions. Generally, use of service information and data to make decisions was poor, only 28% of facilities had evidence for the use of HMIS reports. 34% of facilities had a routine process for performance review based on data on facility services, outcomes, or patient feedback. Implementation of employee satisfaction surveys was the least implemented (11% of facilities).

Systems for monitoring indicators of quality of inpatient care

Quality assurance encompasses a variety of approaches combined and integrated to identify challenges with health care delivery.

Nationally, two thirds of facilities (66%) routinely carried out formal case reviews of patients while 59% of facilities reported to having a system for identifying and monitoring adverse events, such as patient falls or infections. Below a third of facilities (28%) had health-care-associated infections being reported as adverse events. 73% of facilities conducted death reviews for some proportion of deaths.

Monitoring of case fatality was generally poor, with only 28% of all hospitals monitoring case fatality rates for any specific diagnosis.

Adverse event reporting guidelines

Monitoring of adverse events entails a system that detects, reports and monitors Adverse Drug Reactions (ADRs) and other relevant problems with medicines. The ultimate goal of pharmacovigilance is to ensure rational and safe use of medicines, to assess and communicate the risks and benefits of drugs on the market and to educate and inform patients.

A third of facilities (31%) had guidelines on submission of adverse events while a quarter (25%) reported documenting the review process for compiled reports on adverse events. 23% of the facilities had notes/reports that showed evidence of review and plan of action for the reports about adverse events.

Use of unique patient identifiers

Unique patient identifiers enable all data collected within a facility to be correctly attributed to a specific person.

While most facilities (90%) were using unique patient ID numbers for patients, utilization of the same over time was only in a third (33%) of those facilities, while half (50%) of the facilities utilized a standardized set of forms or electronic data entry screens to prepare a complete medical record for each patient.

Accountability for user fees

Concerns regarding the consequences of user fees and out-of-pocket payments led to a shift in health financing with a policy directive to abolish user fees in all primary healthcare facilities. After abolishing the user fees, there was an increase in outpatient attendance across counties. On average, 40% of facilities charged user fees for any outpatient services, while 16% charged user fees for any inpatient services.

Financial accountability

A well-defined financial accountability structure serves as the foundation for establishing effective financial processes. Overall, about half of the facilities had financial accountability systems; 47% of facility reported having received an annual external audit of facility accounts. 52% of the facilities had a budgeted annual work plan (2018/19.

Health insurance coverage

The main objective of health insurance is to improve healthcare utilization and to protect households from becoming impoverished as a result of out-of-pocket medical expenditures. Overall, 55% of facilities had some inpatients being attended having health insurance coverage. In total, 43% of facilities reported to have received some outpatient patients with health insurance.

Recommendations

As Kenya strives to strengthen her health systems in resource constrained contexts, policy makers need to know how best to improve the performance of the health systems. The health system stewards should have a good understanding of how health systems operate in order to govern them appropriately.

Leadership and governance should ensure that a strategic policy framework exists and is combined with effective oversight, coalition building, regulation, attention to system design and accountability. It requires regular overseeing and guiding of the health system in order to protect the public interest - broader than simply improving health status.

Organizations should ensure lean and consistent working structures to promote efficiency and cost-effectiveness. One uniform organogram should be designed and applied across all counties and National levels. The major reforms should ensure health professionals provide quality services, reduce reporting channels and guard citizens against experiencing delays and shortages.

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