

Kenya



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Kenya lies in Eastern Africa and has a geographically diverse land area of 582,646 km², 80% being arid or semi-arid. Some of Kenya's neighbors have experienced various forms of civil strife, with spill-over effects on various socio-economic facets in the country. Agriculture, manufacturing, telecommunication and tourism are key economic drivers. Kenya has a Coalition Government with an Executive President and a Prime Minister. Constitutional, legal and broad institutional reform is a key Government agenda. The health sector is governed through two ministries, the Ministry of Medical Services and the Ministry of Public Health & Sanitation. The Kenya Health Policy Framework (1994-2010) is the overarching health policy and the National Health Sector Strategic Plan (2004-2010) elaborates strategic imperatives for the sector.

HEALTH & DEVELOPMENT

Development: Kenya's Human Development Index is 0.521, ranking the country 148th out of 177 countries. The economy grew steadily from 5.8 in 2002 to 7.0 in 2007, but declined to 4.5 in 2008 due to election-related political turbulence and the global economic crisis. Progress towards Kenya's attainment of the MDGs is slow and uncertain, with only education registering significant progress. Poor infrastructure, weak institutions and poor regulatory enforcement are key development challenges. Kenya Vision 2030 is the development blueprint by which the country aims to transform into a middle-income nation, through maintaining a stable macroeconomic environment supported by real time structural reforms.

Health status and indicators: Key health impact indicators suggest stagnation or decline in the health status. The rate of under-5 mortality has stagnated between 93 in 1993 and the current 92 per 1,000 live births¹. Maternal mortality ratio has worsened from 365 in 1994 to 414 in 2003, and maternal death is the leading cause of death in women of child bearing age (15%). This stagnation is attributable to the high disease burden due to existing, and new conditions, and an inadequate response to manage the disease burden. The health impact indicators also suggest wide disparities in health across the country, closely linked to underlying socio-economic, gender and geographical disparities. Low immunization coverage and cross-border social disturbances in the recent past have also seen the recurrence of measles and polio, conditions that had in the past been brought under control.

The burden of communicable diseases is high, with malaria as the leading cause of morbidity (30%)² followed by respiratory diseases (24.5%)³. Recently, positive gains are emerging in malaria and HIV control, owing to availability of resources and improved coordination for scale-up of targeted interventions, and these need to be intensified to reach universal targets. Malaria prevalence is 14% and ITN coverage in pregnant women and children <5 years is 40% and 39% respectively. HIV prevalence is 7.4%, the rate being higher in women (8.5%) compared to men (5.6%). The large majority (83%) of those infected do not know their HIV status, and only 35% of those in need of ART are accessing treatment⁴. TB control has been more challenging, with a high TB prevalence of 319 per 100,000, TB/HIV co-infection of 53% and a growing threat of MDR/XDR-TB⁵. The noncommunicable disease burden is also on the rise with diabetes prevalence at 3.3%, a 3-fold increase over the last 10 years. Mental illnesses and road traffic injuries are on the increase, and 13% of school-age children aged 13-15 years are active cigarette smokers. Persistent poverty and low water and sanitation coverage have contributed to sanitation related illnesses like cholera. There are also pockets of neglected tropical diseases such as lymphatic filariasis.

Health system status and challenges: The sector has defined the Kenya Essential Package for Health (KEPH) based on a life cycle approach to delivery of a comprehensive healthcare package across 6 levels of care. Government is the main provider of health services, but the private for-profit and the private-not-for-profit providers also serve a significant proportion of the population. Roll-out of KEPH is hampered by inadequate quantities and qualities of resources (human, infrastructure, financial), and still evolving institutional capacity to manage the available resources.

¹ Kenya Integrated Household and Budget Survey, 2005/2006; ² Health Management Information System Report, 2008; ³ Kenya Malaria Indicator Survey, 2007; ⁴ Kenya AIDS Integrated Survey, 2007; ⁵ WHO Global Tuberculosis Control Report, 2009, ⁶ Ministry of Medical Services and Ministry of Public Health & Sanitation, Kenya National Health Accounts 2005/06; March 2009

Total population ¹	37.2 million
% Under 15 ¹	43.3
Life expectancy at birth ¹	52.1
Under-5 mortality rate per 1000 ²	92
Maternal mortality rate per 100 000 live births ²	414
Total expenditure on health as % of GDP ³	4.6
General government expenditure on health as % of general government expenditure ³	6.1
Human Development Index Rank, out of 177 countries ⁴	148
Adult (15+) literacy rate ⁵	61.5
Adult male (15+) literacy rate ⁵	64.2
Adult female (15+) literacy rate ⁵	58.9
% population with access to improved drinking water source ⁶	57
% population with improved access to sanitation ⁶	42

Sources:

- ¹ Kenya National Bureau of Statistics, Kenya Facts and Figures 2008
- ² Ministry of Medical Services, Kenya Facts and Figures, 2008
- ³ WHO Statistical Information Services, 2008
- ⁴ UNDP Human Development Report, 2007/2008
- ⁵ Kenya National Bureau of Statistics: National Literacy Survey 2007
- ⁶ WHO/UNICEF Joint Monitoring Programme, Progress on Water and Sanitation, 2008

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Clearly articulated Government vision and strategy; Government-led reform process Global health partnerships provide resources for addressing health challenges Robust private sector, robust economy and a strong civil society Regional and sub-regional integration provides opportunities for harmonization of cross-border health and economic activities 	<ul style="list-style-type: none"> High burden of communicable diseases and a growing burden of noncommunicable diseases Weak health systems; distribution inequalities and disparities; low health services utilization Inadequate health infrastructure, human resources and other health care inputs Inadequate platforms for procurement, financial and information management to support health services decentralization Lack of comprehensive approach to intervention in some key areas

PARTNERS

The country has elaborated a Sector Wide Approach (SWAp) to health sector coordination and support. There are 3 categories of health partners comprising: **Government of Kenya** – provides stewardship, coordination and regulation, as well as service provision through a decentralized system. **Implementing partners** - comprise all other actors providing health services to Kenyans, and they broadly fall into private-for-profit institutions; private-not-for-profit (such as faith-based, nongovernmental and civil society organizations) and traditional health practitioners. **Development partners** (DPs) comprise all international partners supporting the health sector, including bilateral and multilateral partners, foundations and global health initiative partners. These DPs are organized around the Development Partners for Health – Kenya (DPH-K) group, to which WHO is the Secretariat. WHO engages with development partners on financial and technical levels, involving networking, advocacy, collaboration and facilitation for health development.

According to the National Health Accounts⁶, 29.3% of health expenditure is public, with 31.0% from donors and 35.9% from households. Coordination mechanisms are continuously being strengthened between the various partners, with a Code of Conduct guiding partner engagement in the sector. The major development partners including DANIDA, DfID, GDC, Italian Cooperation, SIDA, UNICEF, USG, and the World Bank came together under the Joint Support program to design areas of focus for their support. There is also active engagement with the formal faith based and the nongovernmental service providers. Underlying socioeconomic factors and cross-border issues require a broader based partnership platform, encompassing governance, political reform and regional collaboration to address underlying determinants of health and to tackle cross-border health challenges.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Global health partnerships provide potential resources for addressing health challenges Paris Declaration provides opportunities for Harmonization and Alignment of all partner inputs into the health system and a common M&E framework Primary health care approach 	<ul style="list-style-type: none"> Slow implementation of reforms affecting public and partner confidence Socioeconomic, gender and geographical inequalities coupled with poor harmonization and alignment of national health priorities Significant off-budget financing by development partners in health Over-reliance on external support for key health interventions Social conflict, population displacement and vulnerability to emergencies and disasters (internal and cross-border)

WHO STRATEGIC AGENDA (2008-2013)

Supporting scale up of priority essential health interventions in routine and emergency situations at the household, community and national levels

- To prevent and reduce the health, social and economic burden of communicable and noncommunicable conditions
- To reduce morbidity and mortality and improve health during key stages of life, while promoting active and healthy ageing for all individuals
- To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact

Advocacy for policies and strategies to address determinants of health

- To address the underlying social and economic determinants of health
- To improve nutrition, and food safety throughout the life-course and in support of public health and sustainable development

Supporting governance and facilitating the strengthening of health systems for universal and equitable access to quality health services

- To improve governance, financing, staffing, organization and management of quality and accessible health services informed by evidence and research
- Ensure improved access and quality of medical products and technologies, including appropriate regulation, safety and standards on traditional medicines

Providing technical leadership on matters of health and promoting partnership and networking

- Provide leadership, based on WHO norms and standards, foster partnership and collaboration in health to advance health development
- Strengthen the capacities of the country office to enable it to carry out its mandate efficiently and effectively



Kenya Minister for Public Health Beth Mugo distributing ITNs to children



Vaccination campaign in Kenya

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/ken/en/>

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WHO/DGR/CCO/09.03/Kenya

Updated: May 2009