

PRIMARY HEALTH CARE (PHC) MILESTONES AND ROLE OF CSOs IN ACTUALIZING PHC

HENNET MEMBERS MEETING

28th March 2024

Dr Salim Ali, DDMS

Head of PHC, MOH



Introduction To PHC

“Primary health care (PHC) is **essential health care** made **universally** accessible to individuals and **acceptable** to them, through their **full participation** and at a cost their can **afford**”

UHC:

Affordable, Accessible, Acceptable, Available and **high-quality** health for all Kenyans and those in Kenya

PHC:

Approach is the **most efficient** and **cost-effective** way to organize a health system



Why PHC: Impact of investing in PHC



- 1 • **High-quality, low cost** of care and **cost-effective** care for people and communities

- 2 • Supports **more equitable** distribution of health and reduce the health care **inequities** in their population's health

- 3 • Serves as an **early warning** mechanism to detect and stop disease outbreaks before they become epidemic and Pre-empt epidemics before they occur

- 4 • Good PHC **empowers** individuals, families and communities to be active decision-makers about their health

- 5 • Improve health through **access** to more appropriate services

- 6 • Targeted investments in PHC amplify efforts to improve health in the continuum of life, from birth to old age (KEPH).



KENYA'S COMMITMENT TO PHC: ALMA ATA (1978)



International Conference on Primary Health Care, Alma-Ata, September 1978

Convened by WHO and UNICEF, the International Conference on Primary Health Care, which met at Almaty, Kazakhstan (at that time Alma-Ata, USSR), in September 1978, adopted a declaration which calls for urgent and effective international and national action to develop and implement primary health care throughout the world and particularly in developing countries.

Members of the Delegation of Kenya to the International Conference on Primary Health Care.

ALMA ATA'S CALL TO ACTION:
"Urgent and effective international and national action to develop and implement PHC throughout the world and in particular in developing countries"

KENYA'S COMMITMENT TO PHC: ALMA ATA (1978)-2



On 12 September 1978, at Alma-Ata in Soviet Kazakhstan, representatives of 134 nations agreed the terms of a solemn Declaration pledging urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. The climax of a major International Conference on Primary Health Care, jointly sponsored by WHO and UNICEF



PHC Commitment: ASTANA (October 2018)

The accompanying
Vision for Primary
Health Care in the
21st Century

Reinforce the
commitment of
countries and
international partners

To make **concerted**
efforts to orient health
systems towards
primary health care
(PHC)

For accelerated
progress on **universal
health coverage** and
the health-related
Sustainable
Development Goals
(**SDGs**).

A Vision for Primary Health Care in the 21st Century emphasizes a **comprehensive PHC** approach by proposing three components of PHC:

1. Health in All Policies (**HIAP**)/ Multi-sectoral Action
2. **Empowering** individuals, families & communities
3. **Integrating** health services.



KENYA'S COMMITMENT TO PHC: ASTANA 2023

The international conference on Primary Health Care (PHC), in Astana, Kazakhstan theme was: '**Primary health care policy and practice: implementing for better results**'.

The Conference Objectives were:

1. To take stock of **progress** implementing the commitments in the Declaration of Astana on primary health care since 2018, including the impact of the COVID-19 pandemic, and demonstrate concrete results;
2. To shift focus **from concepts to action** by identifying implementation success factors based on country experiences; and
3. To identify policies and practices to future-proof primary health-care transformation for moving towards **universal health coverage**, for greater resilience in the face of emergencies, and better health and well-being.

GLOBAL COMMITMENT:SDGs GOALS 2030



Guiding policies and Guidelines

176

Constitution of Kenya, 2010

PART 2—COUNTY GOVERNMENTS

The functions and powers of the county are—

1. Agriculture, including—

- (a) crop and animal husbandry;
- (b) livestock sale yards;
- (c) county abattoirs;
- (d) plant and animal disease control; and
- (e) fisheries.

2. County health services, including, in particular—

- (a) county health facilities and pharmacies;
- (b) ambulance services;
- (c) promotion of primary health care;
- (d) licensing and control of undertakings that sell food to the public;
- (e) veterinary services (excluding regulation of the profession);
- (f) cemeteries, funeral parlours and crematoria; and
- (g) refuse removal, refuse dumps and solid waste disposal.

2017

477

Health

No. 21

FIRST SCHEDULE

(s. 25)

TECHNICAL CLASSIFICATION OF LEVELS OF HEALTHCARE DELIVERY

LEVEL 1: COMMUNITY HEALTH SERVICES

Functions—

- (a) Facilitates individuals, households and communities to carry out appropriate healthy behaviours;
- (b) Provides agreed health services;
- (c) Recognizes signs and symptoms of conditions requiring referral;
- (d) Facilitates community diagnosis, management and referral.

Note: The In-charge is the community health extension worker.

LEVEL 2: DISPENSARY/CLINIC

Functions—

- (a) This is a health facility with no in-patient services and provides consultation, treatment for minor ailments;
- (b) Provides rehabilitative services;
- (c) Provision of preventive and promotive services.

Note: The In-charge is a nurse or clinical officer.

LEVEL 3: HEALTH CENTRE

Functions—

- (a) It provides out-patient care;
- (b) Provision of limited emergency care;
- (c) Maternity for normal deliveries;
- (d) Laboratories, oral health and referral services;
- (e) Provision of preventive and promotive services;
- (f) In-patient observations.

Note: The In-charge is the clinical officer or medical officer with at least two years managerial experience.



REPUBLIC OF KENYA

MINISTRY OF HEALTH

Kenya Health Policy 2014–2030

Towards attaining the highest standard of health



Government's Agenda

The Bottom-Up Economic Transformation Agenda (BETA) 2022-2027

In this agenda targeted investment will be made in these five core pillars:

1. Agricultural Transformation
2. Micro, Small and Medium Enterprise (MSME economy)
3. Housing and Settlement
4. Digital Superhighway and Creative Economy
5. **Healthcare (Afya Mashinani)**



THE KENYA
KWANZA
PLAN
THE BOTTOM UP ECONOMIC TRANSFORMATION AGENDA 2022-2027



BETA Health Care Priorities

Adequate Human Resources for Health.

Effective Supply chain of HPTs for Commodity Security

Health Financing/UHC

Integrated Health Information System

Primary Health Care/Community Health Interventions



Legislative Framework towards Realization of Universal Health Coverage

1. Primary Healthcare Act, 2023;
2. Social Health Insurance Act, 2023;
3. Facility Improvement Financing (FIF) Act, 2023;
4. Digital Health Act, 2023;
5. National Health Procurement Board Bill, 2024
6. Quality Assurance Bill 2024

SPECIAL ISSUE

Kenya Gazette Supplement No. 190 (Acts No. 13)



REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT

ACTS, 2023

NAIROBI, 19th October, 2023

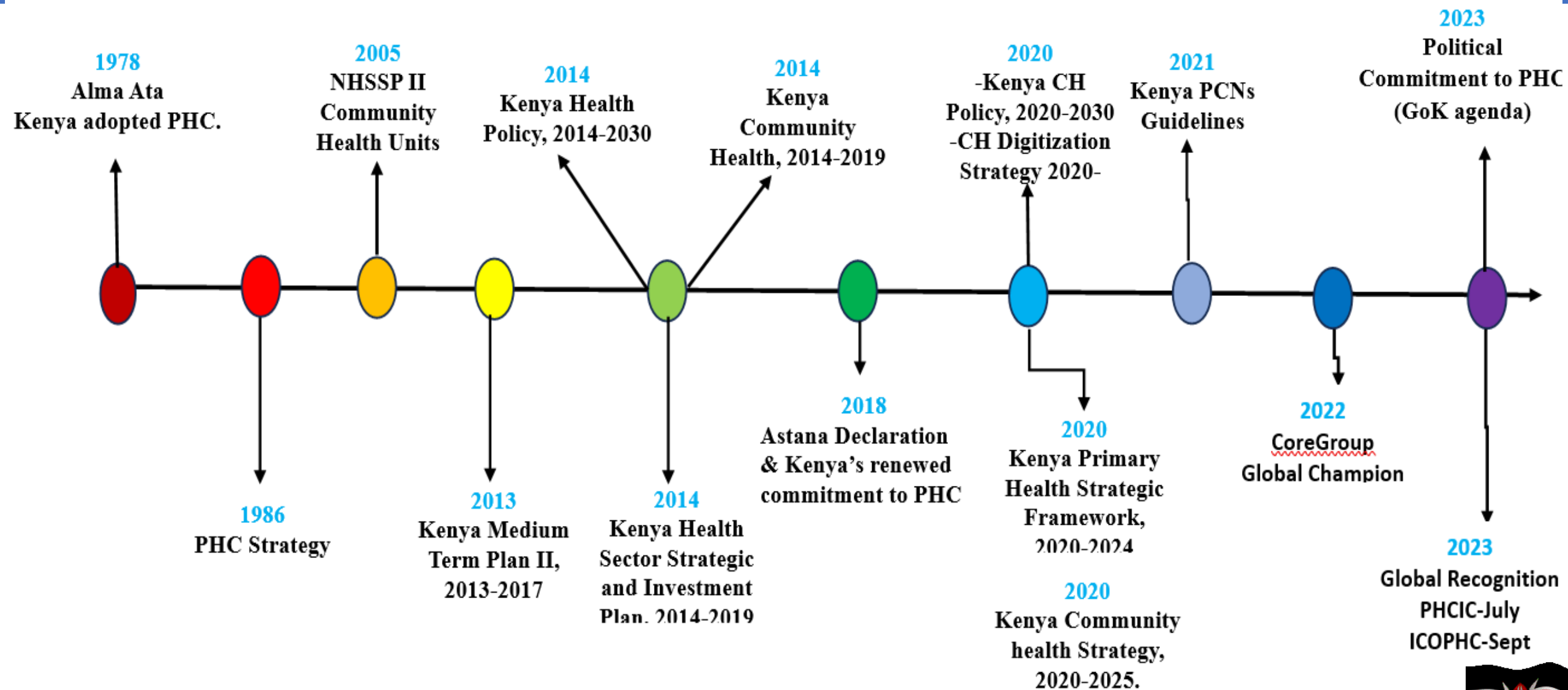
CONTENT

Act—

PAGE

The Primary Health Care Act, 2023 379

Evolution of PHC in Kenya



The 4 paradigm shifts to address PHC

Current state



Curative approach



Non comprehensive/vertical services



Fragmented primary healthcare structures



Non-Sustainable Financial support

Shift to



Preventive and Promotive approach



Comprehensive & Integrated services



PCNs to strengthen service delivery at level 3, 2 and 1

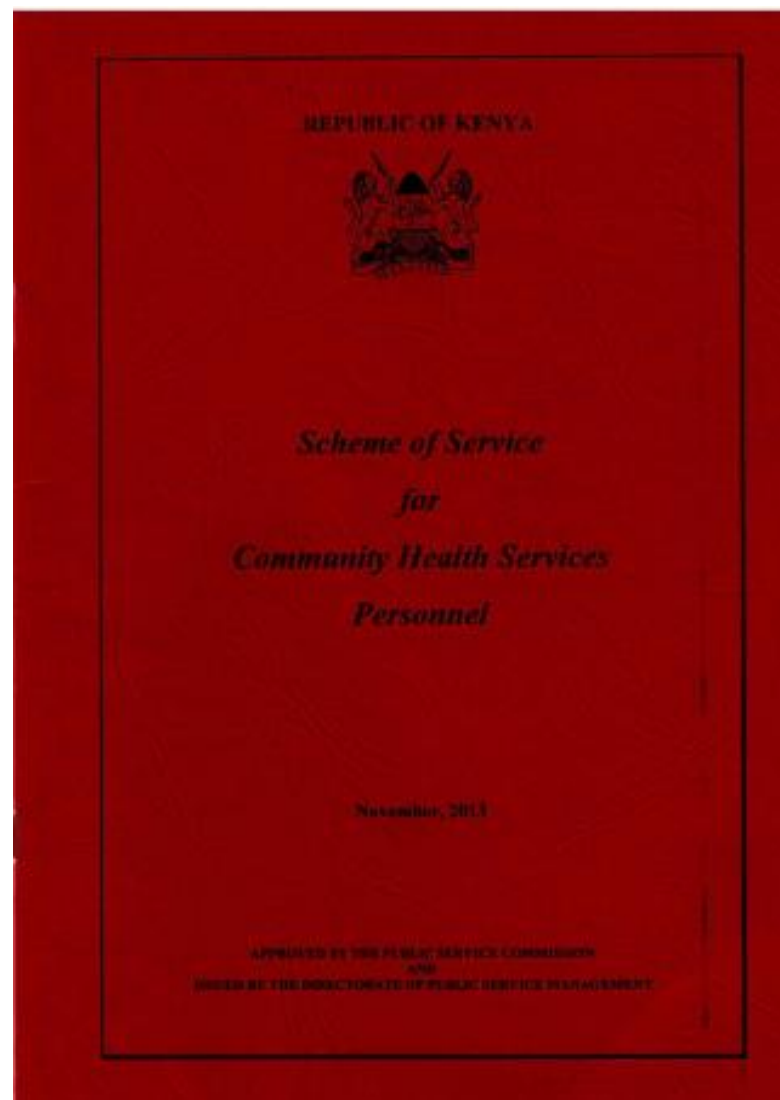


Sustainable Financing

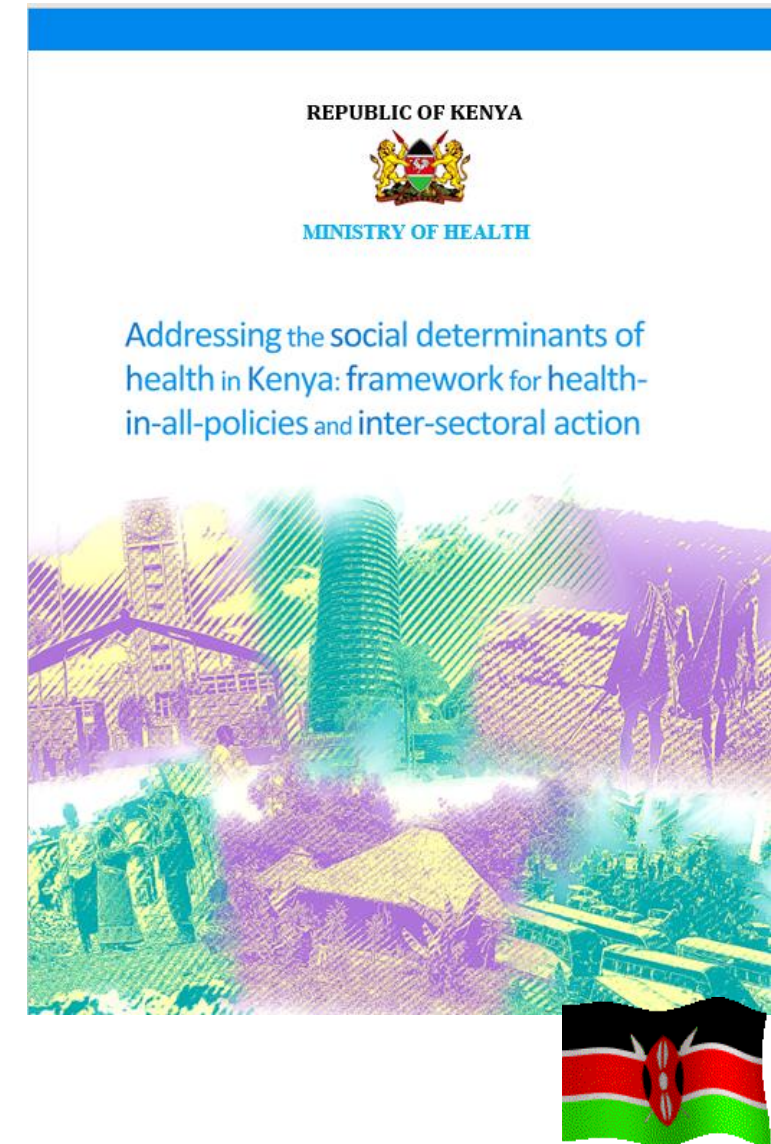
Goal: Enhancing preventive and promotive care to reduce the demand for healthcare commodities



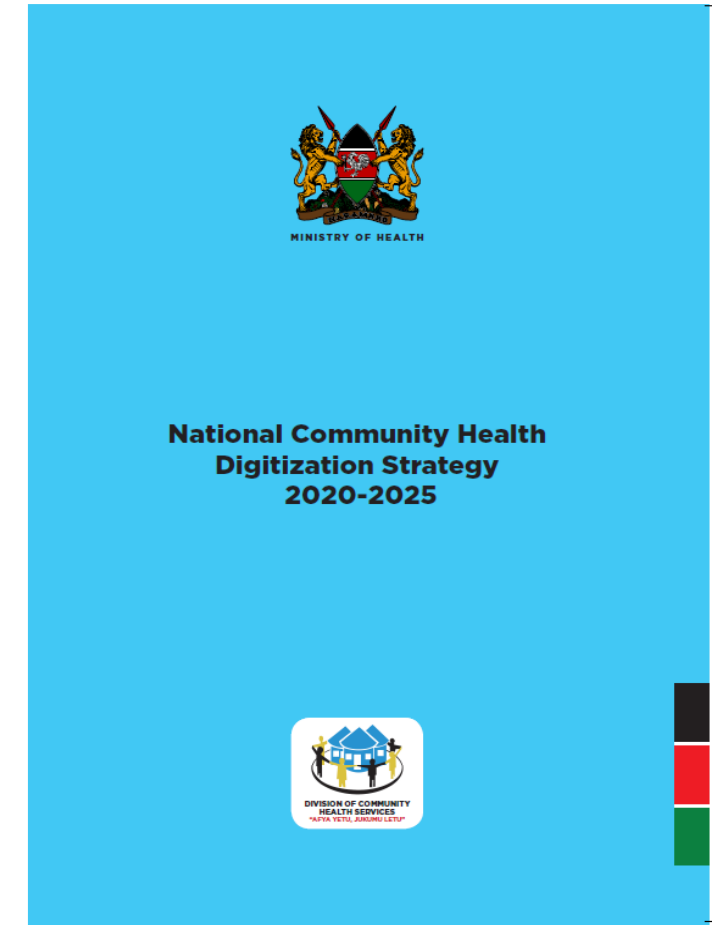
Guiding policies and Guidelines



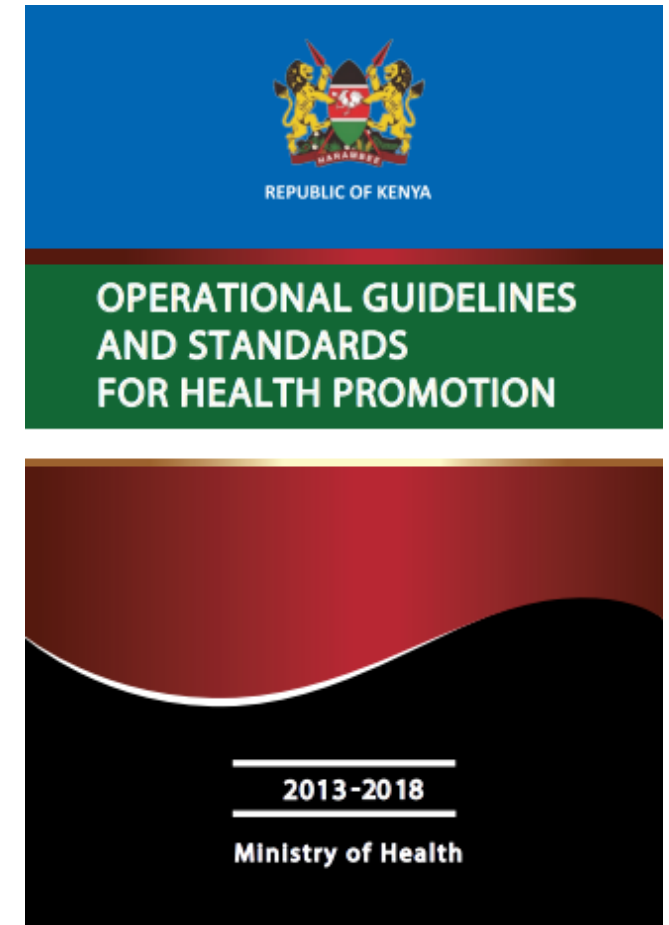
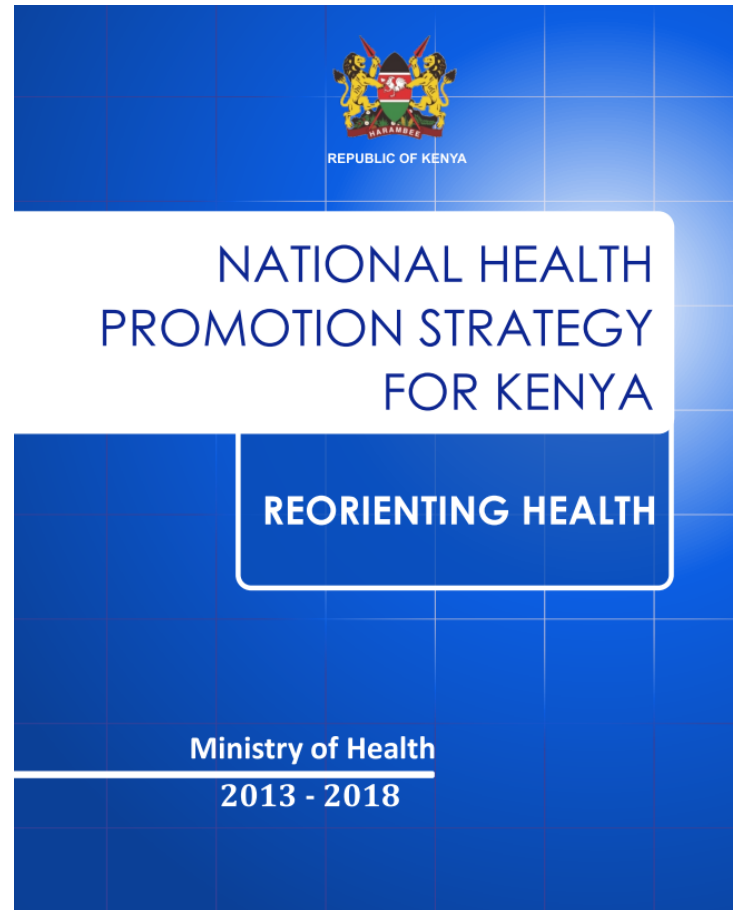
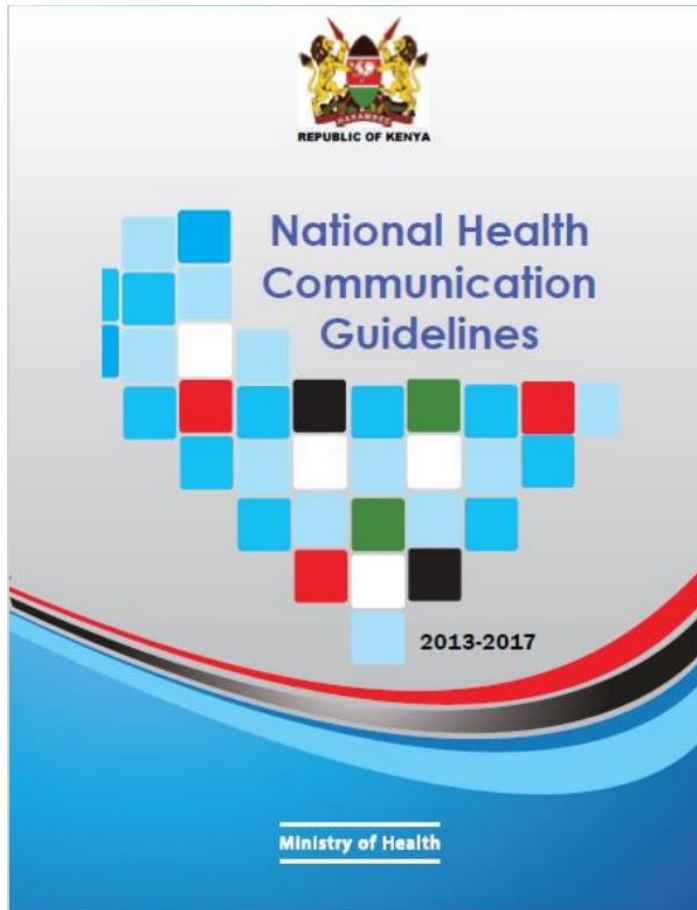
Guiding policies and Guidelines



Guiding policies and Guidelines



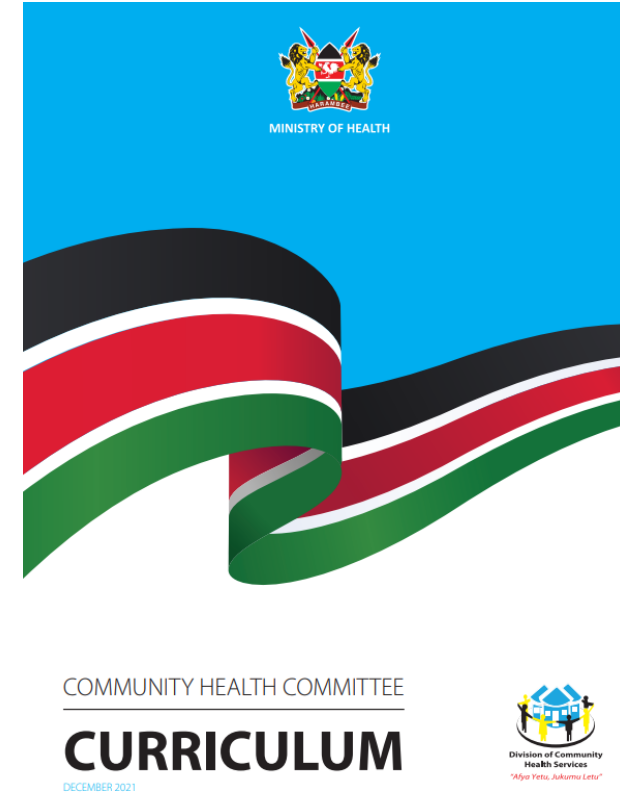
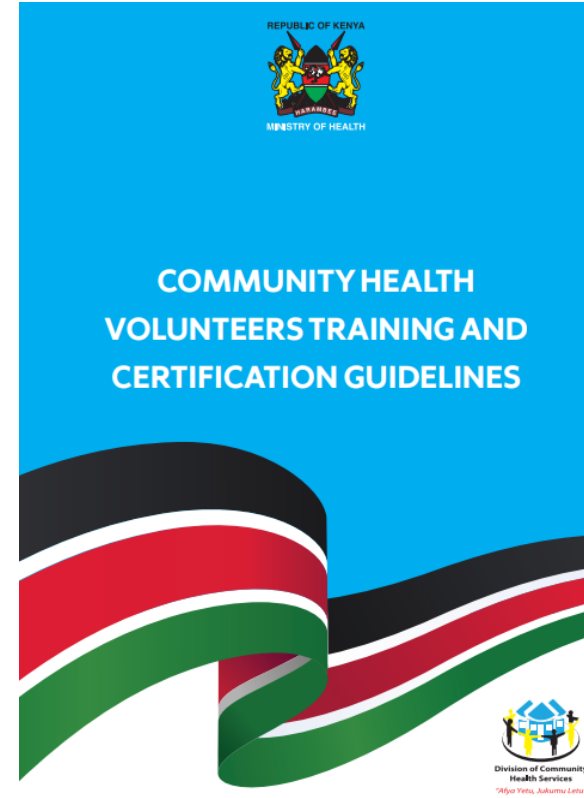
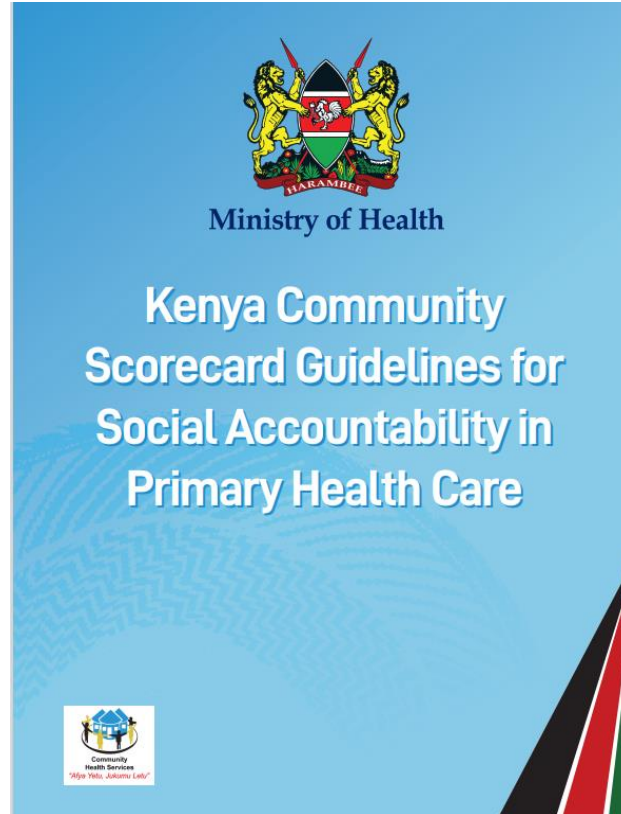
Health Promotion Documents



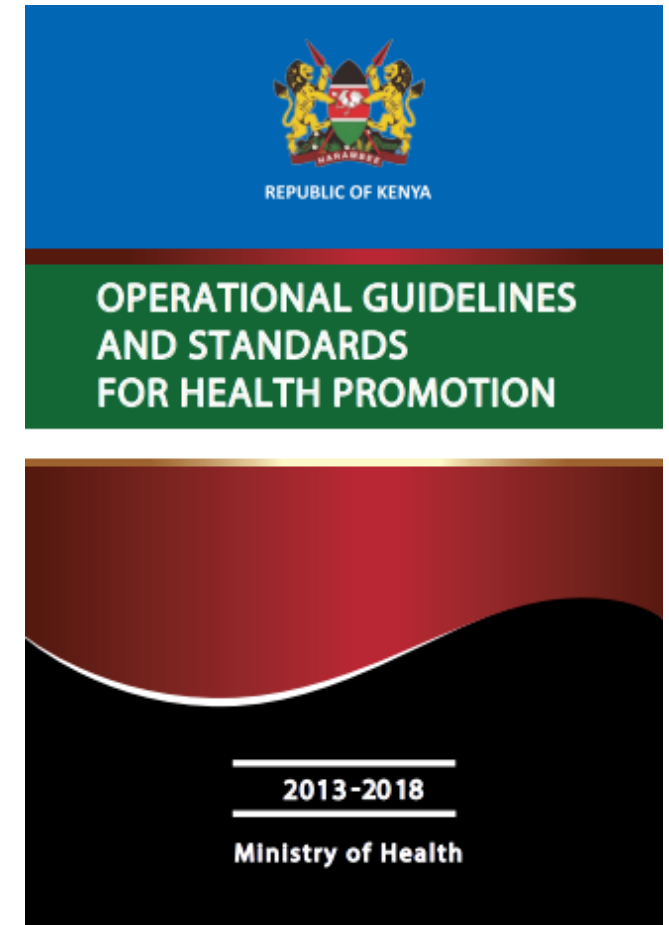
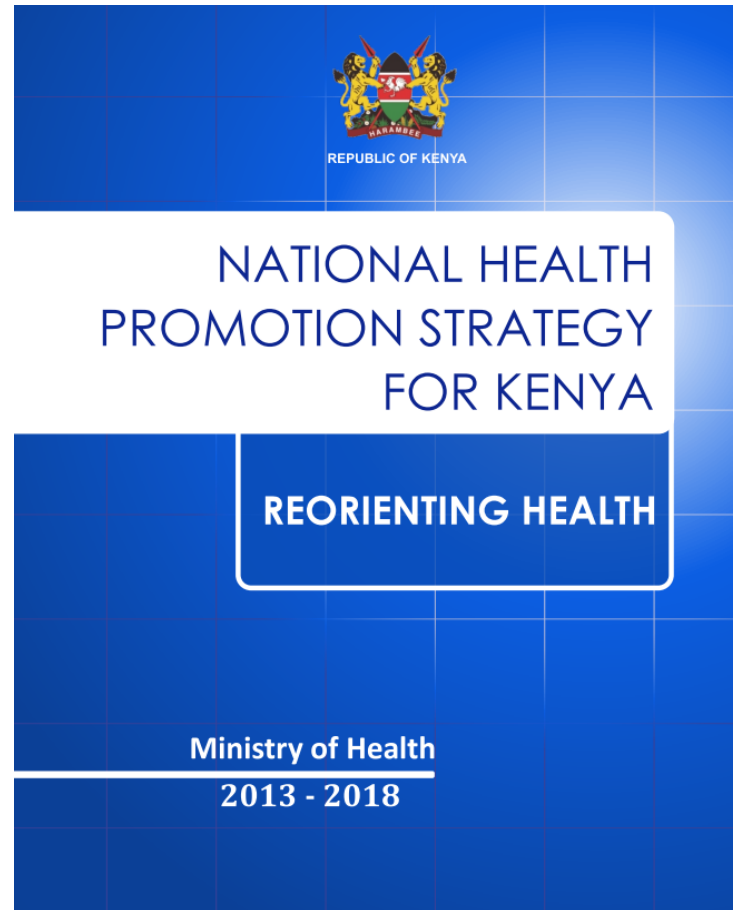
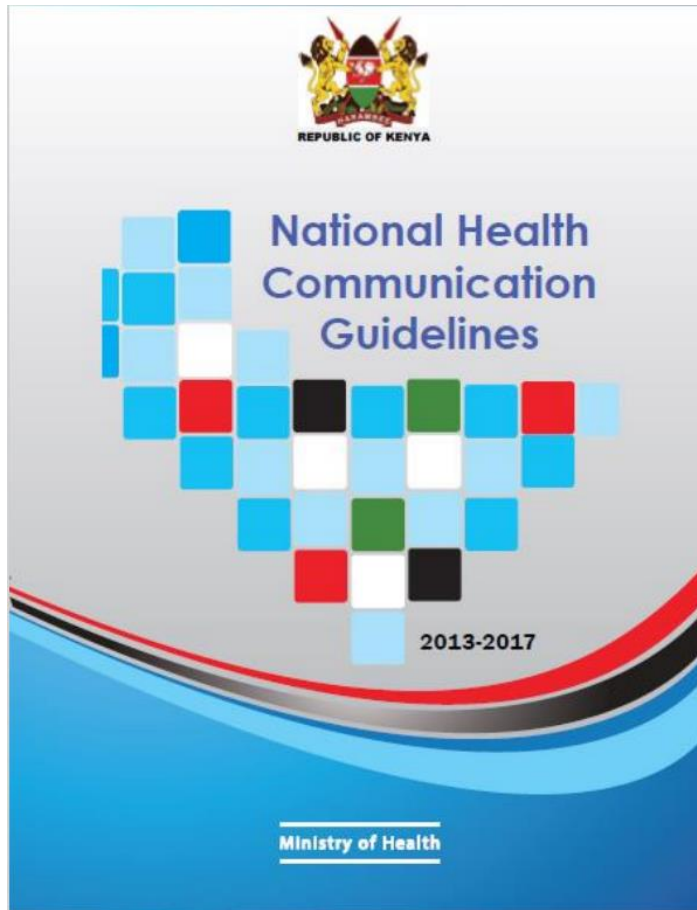
Formulated: HP Policy, M&E, Tracking Tools



PHC Documents Launched In 2022-1



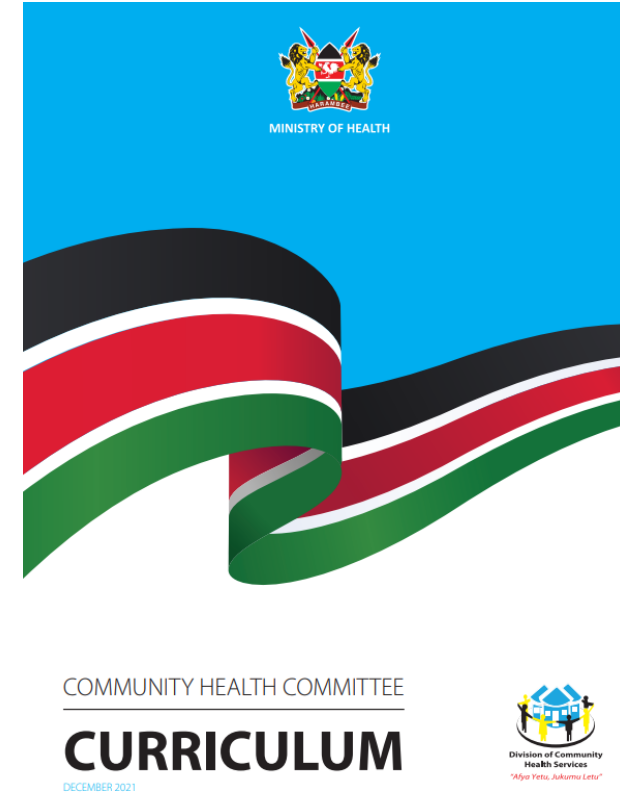
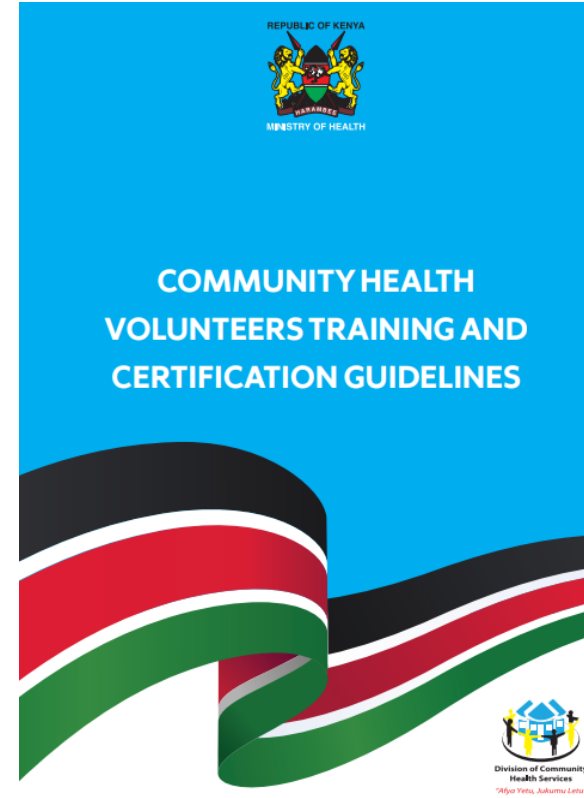
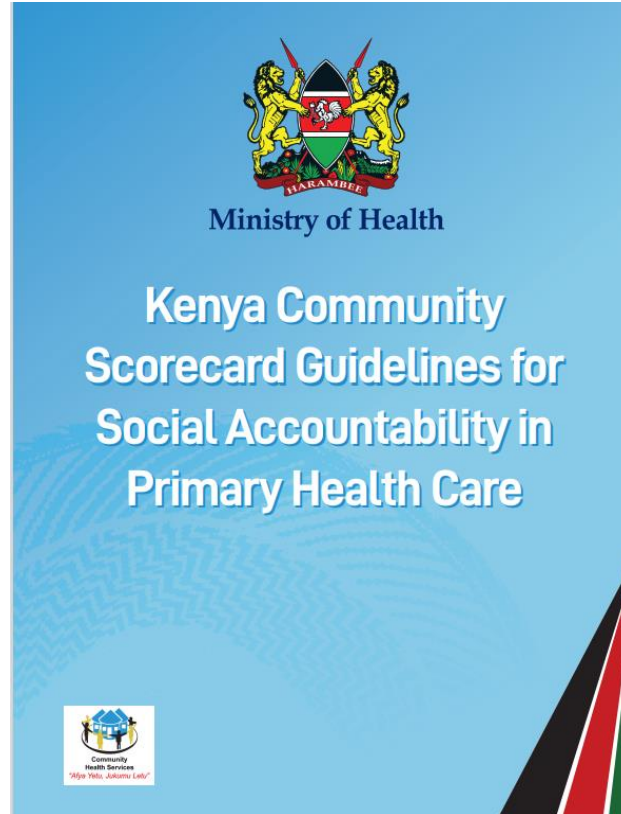
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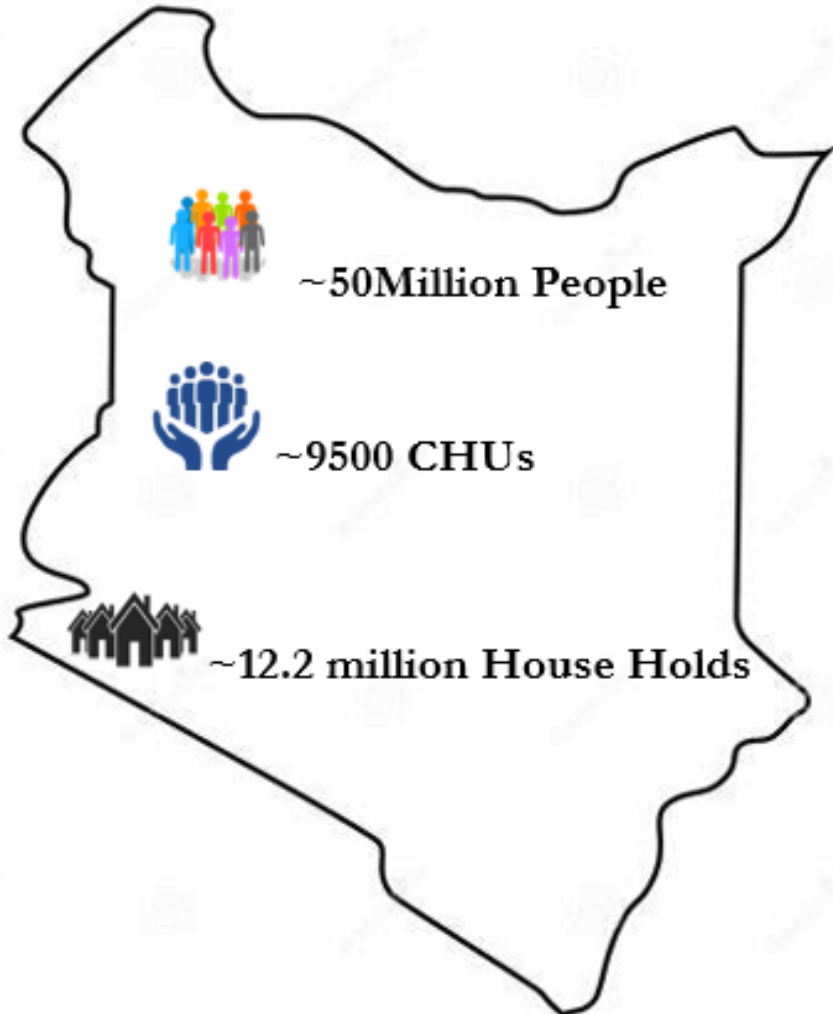


PHC Documents Launched In 2022-1



Community Health System

Aim: Creating demand for health services by improving community awareness & positive health Seeking behaviours



Community Health Services

A Community Health Unit (CHU)

-Population covered	~5,000
No of CHPs	~10
-Households covered	~1,000
-No of CHAs	1
-No of HHs per CHP	~100
-No of CHCs	~ 5-7

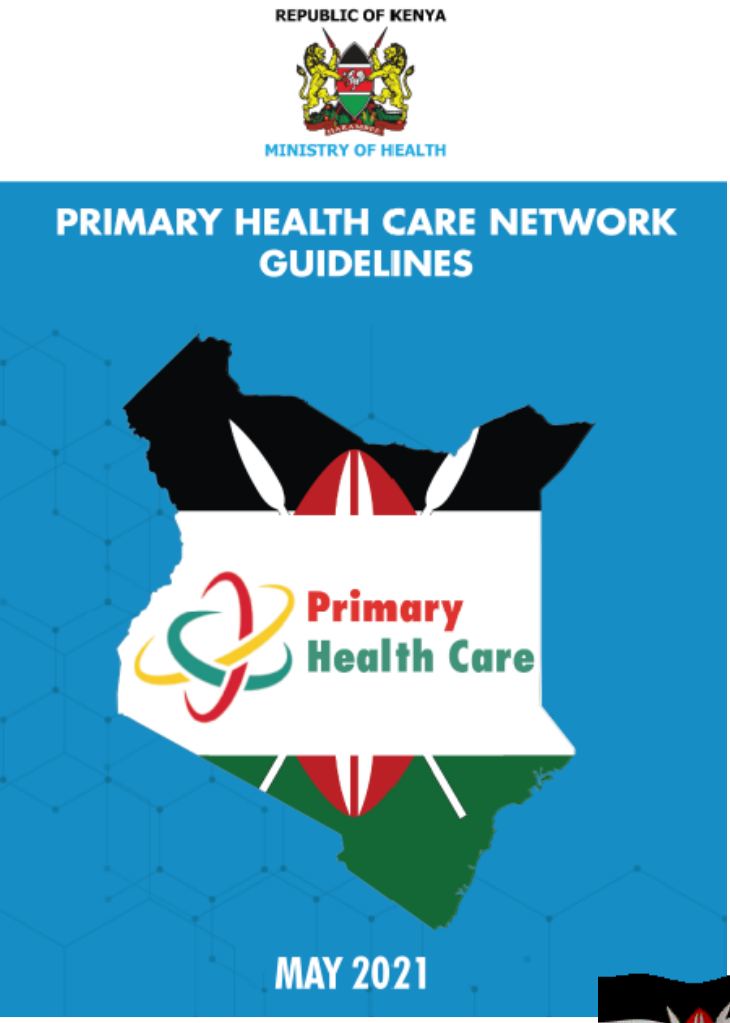
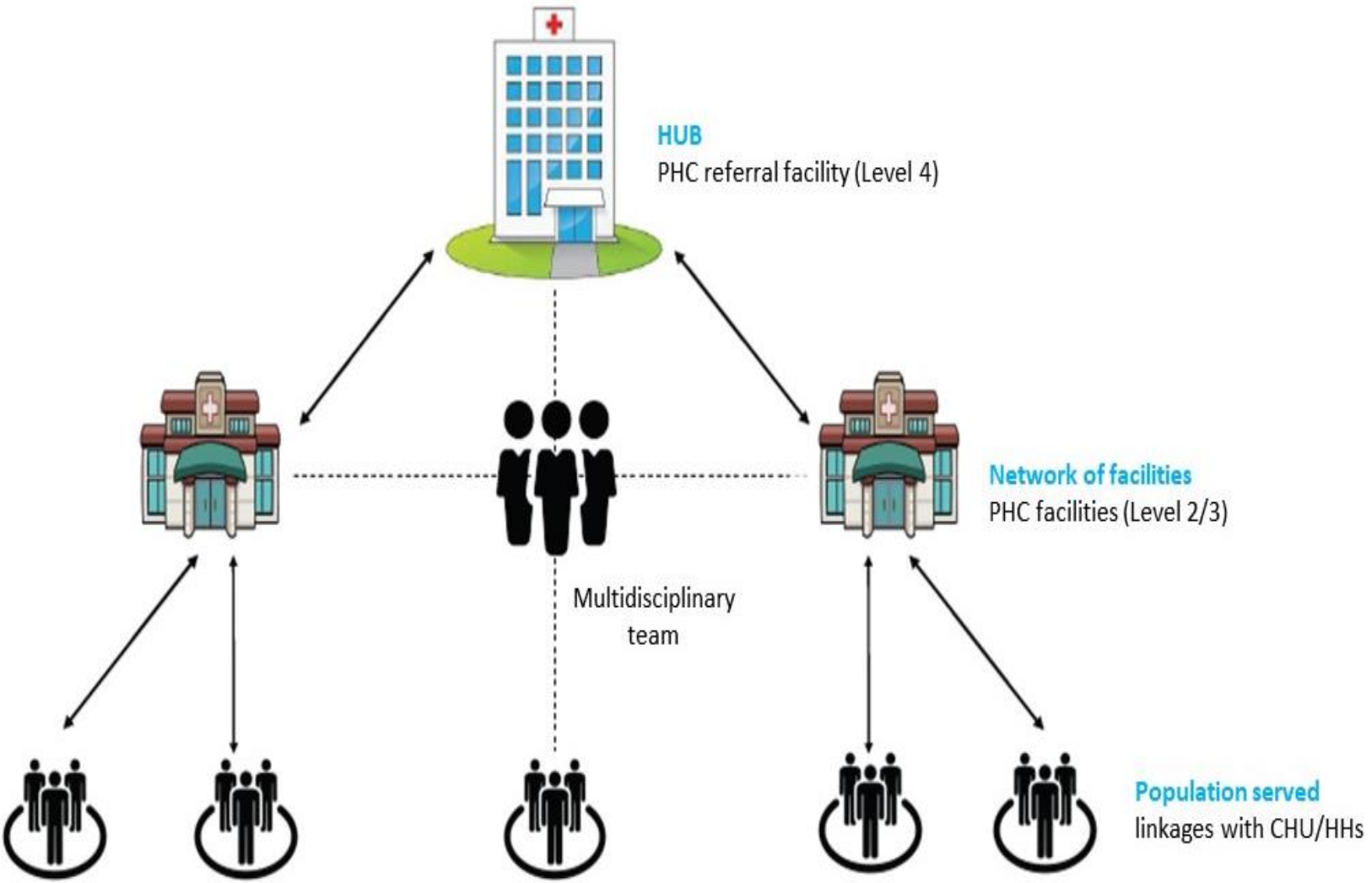
**Source: Community Health Strategy 2020-2025*

Community health workforce

CHPs	- 106,320
CHUs Coverage	- 9,400 CHUs (96%)
CHAs/CHOs	- 3,250 (34%)

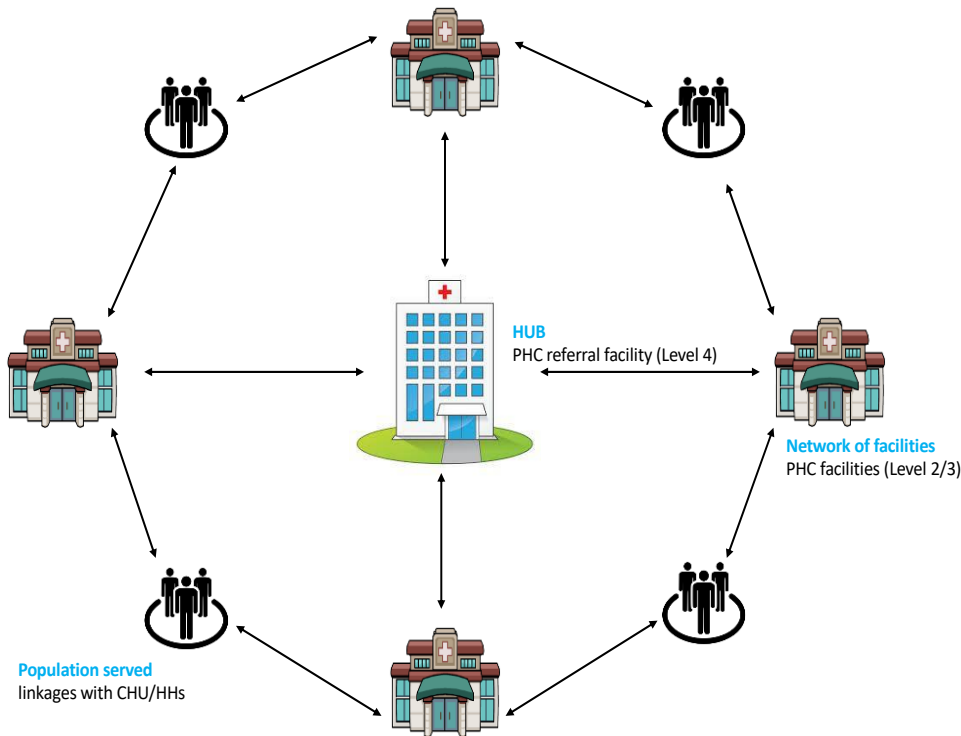


The Primary Health Care Network (PCN)



Primary Health Care Networks (PCNs)

A **PCN** is an administrative health region established to efficiently improve access to coordinated primary health care (PHC) services.



Structure

The PCNs are designed to have a modified 'hub and spoke' model. The hub is a L4PHC Referral facility and supports the PHC facilities (the spokes) and community health units (CHUs).

Coordination and Governance of PHC

Multi-Disciplinary Team

A team of health professionals, working together to provide comprehensive and continuous person-centred PHC services for individuals, families and communities.

Primary Care Network committee (PCNC)

- ✓ SCHMT
- ✓ Private
- ✓ FBO
- ✓ Partners
- ✓ Community Health Committee Member
- ✓ MDT rep



Scope for PCNs Sensitization Scope

- **PHC** as a global agenda-SDGs
- **BETA** –Government Plan
- **UHC**-National UHC Policy
- **Health Financing-Partners**, FIF, NHIF, OOP
- **PHC**
 - **National Updates**
 - PHC-Strategic Framework, ACCE framework
 - PHC Costing: KPHCSF, PCNs
 - PCNs Guidelines
- **Community Health** Policy, Strategy and Score card
- **Health Promotion**: ACSM, Health Communication, Program setting
- PHC implementation in a **county**
- **PHC assessment** tools and assessment
- Digitization of a PCN
- PHC-VSPs and **MEAL**



Status of Primary Health Services

Health Facilities

- Density **2.2/100,000**
- Approx. **15,000 (7,240 PHC)**
- Public health facilities **50%**
- PCNs established **130/315 (41%)**

HPT and Basic Equipment

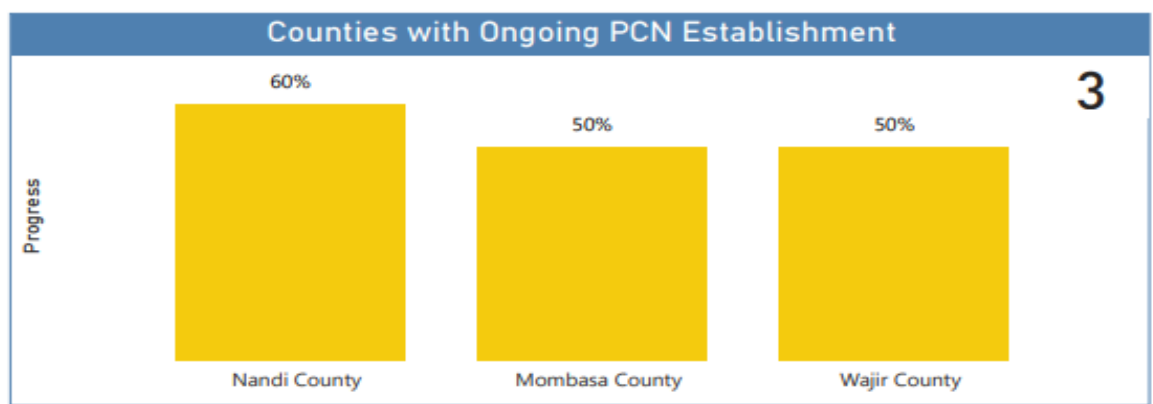
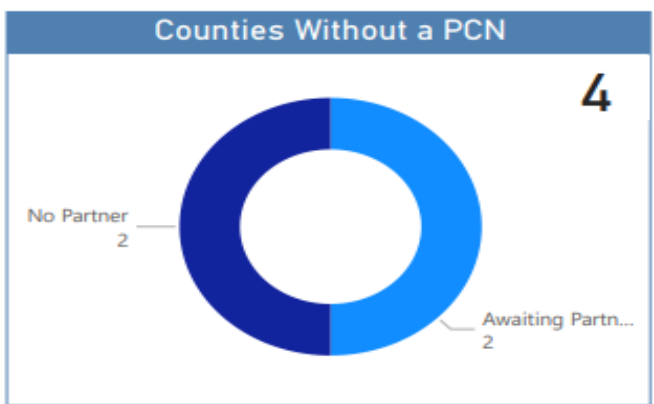
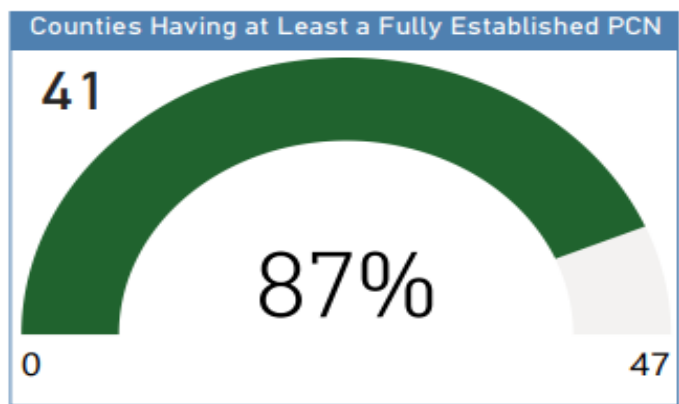
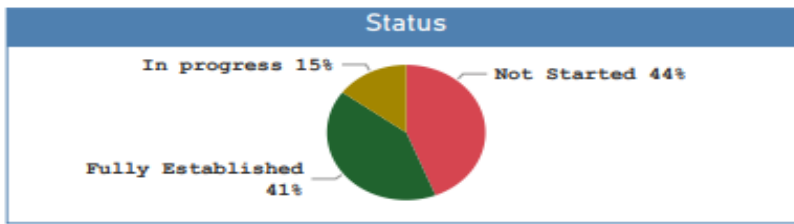
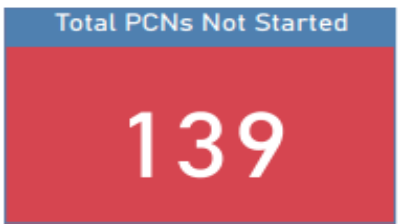
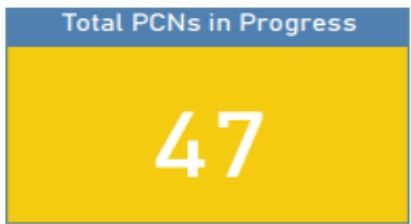
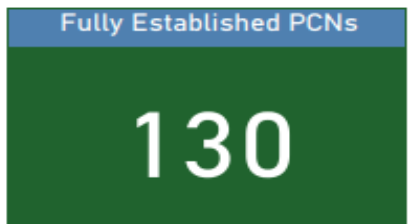
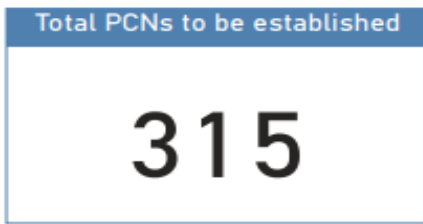
- Mean of availability of basic equipment: **77%**
- Health facilities with all the basic equipment items **24%**
- Mean availability of essential medicines (EMs) **44%**
- Dispensaries on ave. had about a third **of Ems** **37%**
- (As per the KHFA 2018)

HRH

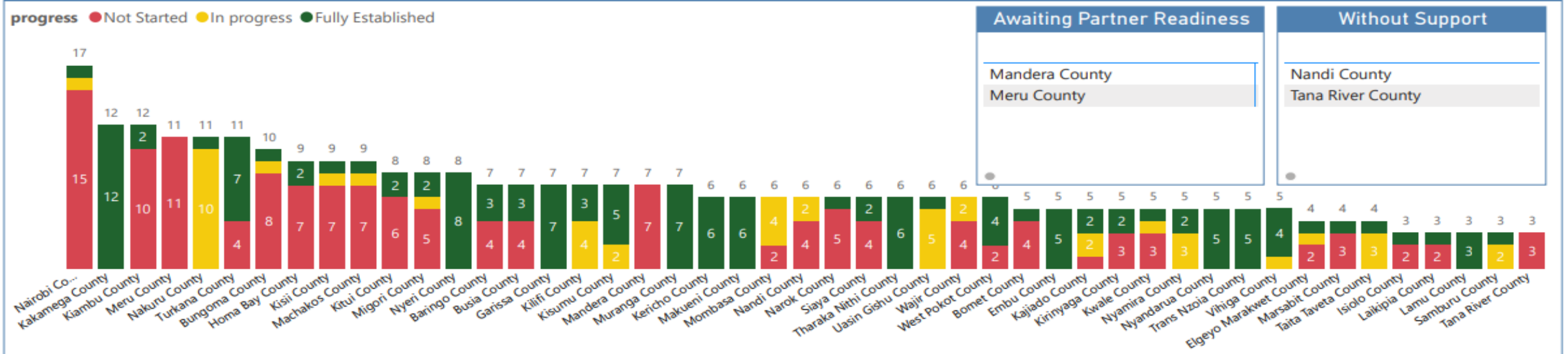
Core health workforce density **1.38/1,000 (WHO 4.45/1,000)**



PCN Establishment Progress Update



PCN Deployment Status by Counties



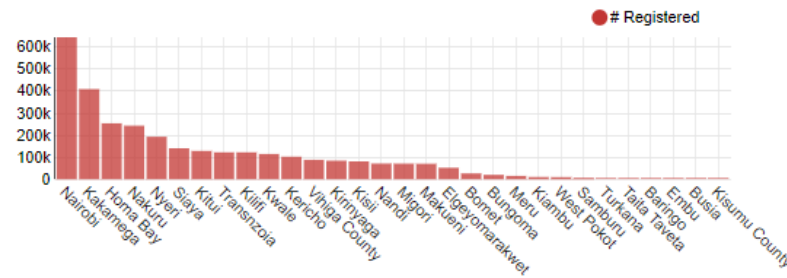
Afya Nyumbani Progress

Counties

31

National Target: 47

Households Registered



Registration & Activity - All time

Enrolled CHPs

73.1k

National Target: 103K

Households Registered

3.15M

National Target: 12.5M

Screened for diabetes

1.78M

Referred for diabetes

27.1k

Active CHPs

38.6k

*rendered a service post-registration

Screened for hypertension

1.29M

Referred for hypertension

58.4k

Households visited

1.93M

*Post-registration



Afya Nyumbani Progress

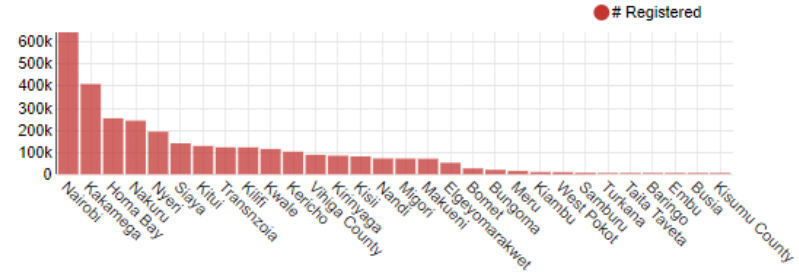


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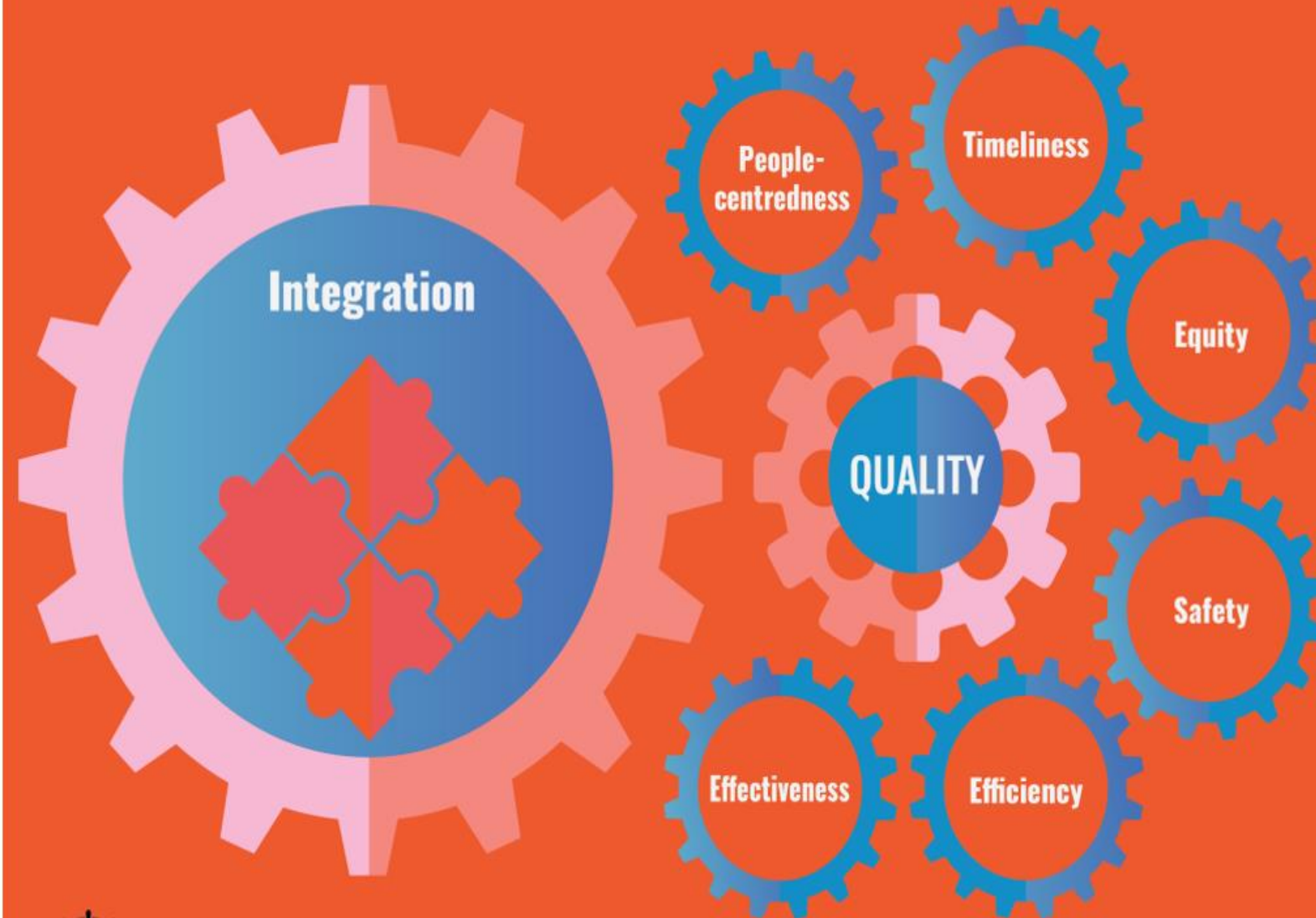
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*Post-registration



Qualities of a functional PCN

PCNs enables
Integration Across



1. Health Levels
2. Disciplines /HWs
3. Programs
4. Sectors
5. Community
6. PHC & PH

Preliminary Outcomes due to PCNs Operationalization

Kisumu

- Innovative commodity delivery –drones
- Private Public Partnership-FBO part of a PCN
- Comprehensive integrated service delivery

Lamu

- Visit to Households by Medical Officers
- CS & Surgeries in spokes
- Referral to the newly established Hubs; reducing referrals to the County RH

Garissa

- Primary Care Networks in all the 07 sub counties (100% PCN)
- FIC increased from 66% in year 2019 to 87% in year 2022, deliveries from 77% to 98%

Kwale

- Facilities sharing a common lab
- Screening on HTN & D.M has identified clients with these diseases and referred
- Use of Mobile scan to increase access to reproductive health

Our success so far - Achievements -1

- **PHC is a Government led agenda to achieve UHC**
- **Policy documents** development done
- Developed a PHC orientation package for Health Care Workers -WHO
- **Family Physicians** deployed to counties (including the 48 Cuban trained)
- **PHC Act** in existence
- National **mapping of all the PCNs** done using KHIS data
- Establishment of PCNs going on
- **PHC documentation** in 7 counties (PATH) & audit report for HRH for PHC (16) counties
- PHC implementation documentation done in Garissa and Kisumu-WHO
- **Sensitization** of COGs CECs, CDH, FBOs and special Groups



Our success so far -Achievements -2

- **Investment Cases** for CH and PHC with a ROI of 1:9 and 1:16 respectively
- **Costed** the Kenya Primary Health Care Strategic Framework and PHC services
- Government sponsored **400 community health officers** to undergo 2-year certificate training at the KMTC
- Established a National CHPs **registry**, 107,000 CHPs mapped
- **Community Health Units coverage of 96%**
- eCHIS roll done in counties:41 already reporting
- Procurement of the CHPs Kit (100k) and mobile phones for 110,000 CHPs



ROLE OF CSOs IN ACTUALIZING PHC

1. Engage in Policy directions: Formulation, development and influence
2. Implementation of PHC: Planning, interventions, assessments
3. Accountability:
 1. Social empowerment
 2. Government checks and balances
 3. Partners accountability: In Health and non health sector
4. PHC Advocacy to different audiences: Government, Private, Partners, Communities
5. Communication: PHC publicity and Health Communication
6. Social Mobilization when needed
7. Dealing with Social Determinants of Health

Focus Areas To Improve PHC

1. Address the 6 WHO building Blocks-LMG,HRH, Services, HPTs, Financing, HIS
2. Level one interventions financing
3. Reorientation on are initiators of health
? Government, Partners, Private
4. Registration on SHA
5. Shift to Level Zero empowerment: Household Individuals
6. Functionality and Operationalization of PHC towards achieving UHC

PHC AS PERSON CENTERED

- Person Centered and most of all
- PEOPLE HAPPINESS CENTER



Afya Yetu, Jukumu Letu
(Our Health, Our Responsibility)

ASANTENI SANA