



HENNET CSO Review and Contribution to the Kenya Health Sector Strategic Plan 2023-2027

Presented to Mr. Stephen Macharia Director of Planning Ministry of Health

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The Health NGOs' Network (HENNET) is a membership organization that seeks to promote civil society's roles and engagements to transform Kenya's health sector to enhance their responses towards health needs of Kenyans with a vision of a health Kenyan Society. HENNET was founded in 2005. We are the unbiased coordinator and convener of the CSO health sector.

Our strategic position in health gives us a unique niche in representation of health CSOs in policy and decision-making processes, articulating and highlighting the needs of the different constituents of the CSOs that we represent. Our strategic positioning mandates us to Coordinate capacity building initiatives, enhance creation of strategic partnerships, collaborations, networking, and facilitate information sharing among health CSOs.

We wish to acknowledge the deliberate decision by the Department of Planning at MoH led by Mr. Stephen Macharia to engage with health civil society through HENNET in this very important and process of generating the KHSSP. This is vital in health CSOs aligning their interventions with set government priorities. Nevertheless, our accountability as CSOs will be from a point of knowledge and understanding what the set targets are.

The HENNET CSOs Contribution

On 20th November, health CSOs under the umbrella of HENNET convened virtually to review the Kenya Health Strategic Plan to offer amendment and propositions. Mr. Macharia, having given the summarized overview of the plan, CSOs embarked on reviewing the draft plan. Below are contributions generated for consideration.

Objective and Focus Area	Concern/Justification	Recommendation
Chapter 4 4.2.2 Service Delivery	According to the PCN Guidelines, Primary Health Care (PHC) is essential health	Include a focus area as below Enhance communities'
Focus Area 2: Enhancing service delivery through an integrated and responsive primary healthcare approach.	care based on practical, scientifically sound, and socially accepted methods and technology, made universally accessible to individuals and families in the community through their full participation. However, little has been invested in enhancing the knowledge and understanding of communities of PHC/PCN.	awareness and understanding of Primary Care Networks for a mindset shift in accepting the PCN model for efficiency in primary health care service delivery.
Chapter 4 4.3 Health Leadership and Governance Focus Area 1: Strengthen health sector coordination and partnerships.	The Draft KHSSP 2023-2027 Global Health Security Agenda (GHSA) outlines that ensuring health security at all levels of society relies on coordinated multi-sectoral action.	Amend the focus area to include a multi-sectoral approach. Strengthen a multi-sectoral coordination and strategic partnerships in alignment with the Kenya Health Sector Partnerships and

		Coordination Framework 2018-2030, Public-Private Collaboration Strategy 2020-2030, and the Intergovernmental Relations Act 2012 among others.
Chapter 4 4.3 Health Leadership and Governance Focus Area 5: Promote performance-based management for health.	External reports from different stakeholders are vital in deterring performance of different health programs. External Partners could support by Collect and analyze data to ascertain and validate performance of health program implementation. Community score cards would also be vital in offering performance evaluations.	Amend the focus area to include in collaboration with sector players. Plan and conduct health sector performance reviews in collaboration with all health sector players.
Chapter 4 4.4 Human Resource for Health Focus Area 4: Develop a sustainable community-level health workforce aligned with the Primary Health Care agenda.	Human resources in the PHC agenda should be as guided by WHO as guided by population (threshold) minimum of 44.5 health workers per 10,000 people to achieve universal health coverage by 2030.	Provide for a focus area to identify innovative approaches to meeting the set WHO standard.
	Sustainability of CHPs is a critical concern. It is also worth noting that CHPs have been given an over whole of responsibilities. Every community intervention is being implemented through CHPs. As much as this is an effective model, there needs to be regular and sustainable renumeration. Without proper tools and functional tools, the program risks failure.	Provide for a focus area to advocate for regular and sustainable renumeration of CHPs both at national and county level.
	According to a situation of Adolescents in Kenya 2024 by NCPD In Kenya, the population is young with 46 percent (21.9 million) of total population below the age of 18 years with those in the ages of 10-19 (adolescents) constituting 11.6 million. Despite efforts to harness the demographic dividend, the transitions for adolescents	There is almost no mention of specific interventions towards the provision of adolescent and youth-responsive health services. Provide for a focus area to meet the health needs of adolescents including disaggregation of data to include adolescents in health monitoring and evaluation

	come with some multiple and intersecting challenges that need significant public and policy attention that is evidence-based	and training of health worker to respond to offer adolescent and youth responsive services.
Health Financing: Focus Areas One	Under Focus Area one it is worth noting that provision has been given to Develop specific programs that are best suited for external funding and are focused on innovations in service delivery. In the advent of donor transition, the sector needs to ensure the donor transition strategy/roadmap is finalized for implementation.	Add a focus area to provide for the finalization, and dissemination of the Kenya Health Sector Donor partners transition strategy and implementation roadmap
	According to the National Ethics and Corruption Survey (Necs), 2023 Ministry of Health ranks second at 13.2% and County Health Services (39.1%). This undermines advocacy efforts for increased budgetary allocation. The document does not provide for mechanisms to address such challenges in resource mobilization. Corruption robs Kenyans of their right to UHC.	Provide a focus area to Implement existing strategies to address corruption and misconduct in health service delivery and health funds management. Institute reporting lines for such misconduct.
	Key challenges have been experienced in the timely release of funds from treasury. Example is the vaccine stockouts early 2024 in the whole country because treasury had not released the allocated 1.25Billion for vaccine procurement. Deliberate efforts should be made to strengthen the collaborative efforts between MoH and MoF	Provide for a focus area to Adopt and customize existing toolkits such as the USAID Toolkit For Ministries Of Health To Work More Effectively With Ministries Of Finance.
Health Financing: Focus Areas One Focus Area 2: Increase the number of households with health insurance.	There is a target between the focus area on Signing up households under the new Social Health Insurance Fund (SHIF) scheme targeting 85 per cent households are	Outline the fraction of indigents to be financed and the budgetary allocation required for their coverage. Replace the term "mandatory" in "Mandatory Social Health

	enrolled under the SHI scheme and the focus on Instituting mandatory prepayment revenue generation from the population. 85% means 15% is given leeway. And mandatory means not paying becomes an offence. To encourage sign-ups, demonstrate the value proposition for SHIF	Insurance" with "contribution" to encourage voluntary participation. Periodically review and consolidate fragmented insurance pools and funds covering informal sector indigents under UHC allocations.
4.5 Health Products and Technologies	HENNET stresses the need for stringent quality and safety measures for Health Products and Technologies (HPTs).	Provide for enhanced pharmacovigilance and quality control of HPTs
.5 Health Products and Technologies Focus Area 5: Strengthen Traditional and Alternative Medicine (TAM).	The Health Laws Act No. 5 of 2019 in Kenya recognized traditional medicine as a health product. Although the Pharmacy and Poisons board provides the registration on herbal products regulations need to be institutionalized to govern the sector.	Provide for a focus area to provide a law to govern and regulate the sector Additionally strengthen robust research and development (R&D) to provide scientific evidence and define the scope of TAM practitioners' work descriptions
4.5 Health Products and Technologies Focus area Focus Area 4: Ensuring adequate, safe, and equitable supply of blood, blood components, cells, tissues, and organs	The case of Nairobi County that struggles with access to blood, blood components, cells, tissues, and organs referring patients to Kenyatta Referral Hospital	Provide for decentralization of blood banks and related services from national to county levels to promote self-reliance and reduce operational burdens.
4.7 Health Infrastructure: Focus Areas and Interventions Focus Area 1: Expand and enhance physical infrastructure of healthcare facilities (buildings) in line with the set norms and standards for improved services delivery.	Before expanding and enhancing the physical infrastructure of healthcare facilities (buildings) in line with the set norms and standards for improved services delivery, first conduct audit of available facilities and resources	Provide for a focus area to audit all existing facilities to ascertain the required investment. Integrate PHC models to reduce the burden on higher levels of care. Ensure sustainable financing and equitable resource
		allocation for health services.

1.1.1 Conclusion

The Kenya Health Sector Strategic Plan (KHSSP) 2023-2027 provides a comprehensive framework for addressing health challenges and achieving Universal Health Coverage (UHC). HENNET's contributions highlight critical gaps and offer actionable recommendations to enhance the plan's effectiveness.

By addressing these issues, the KHSSP can achieve its strategic objectives and ensure equitable, accessible, and quality healthcare for all Kenyans. Critical gaps, particularly in PHC models, health financing, human resources, and infrastructure development, must be addressed to ensure effective service delivery. Adequate and equitable resource allocation, combined with strategic advocacy and robust monitoring frameworks, will be vital in achieving the overarching goal of Universal Health Coverage. By integrating these actionable insights, the KHSSP draft can be strengthened to serve as a robust roadmap for Kenya's health sector transformation over the next five years.

Lastly, we recommend country wide dissemination of the KHSSP in all the 47 counties, and all players in health for effective implementation, monitoring, and evaluation.

Yours faithfully,

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This memo is submitted on behalf of Partners that joined the Review Meeting organized by HENNET in partnership with the Director of Planning Ministry of Health on 20th November.

