

JOINT COMMUNIQUE ON HEALTH BY HEALTH CSOS AND HEALTH COMMITTEE OF NATIONAL ASSEMBLY

5TH AUGUST 2024 | 7.00AM | FAIRMONT THE NORFOLK
HOTEL NAIROBI



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KENYA

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Overview

According to World Health Organization (WHO), parliamentarians play an essential role in health by enacting legislation, budget appropriation, representation of constituencies and providing oversight to ensure government's accountability and transparency, encouraging multisectoral action.

Additionally, legislatures ensure national implementation of global and Country commitments, fostering the meaningful participation of citizens in the public planning and decision making, as well as engaging in international partnerships. On the other hand, health CSOs play a critical role in bringing to light viewpoints and voices of communities and citizens, availing fresh knowledge on health matters, providing evidence-based recommendations and lived experience drawn from different community constituent voices towards policy and legislation for improved health outcomes.

Over the years, Kenya has strived to improve the socioeconomic status of her citizens, including attainment of the highest standard of health in a manner responsive to the needs of the Kenya population. Amidst the changing landscape such as dwindling donor financing for health, Kenya's austerity financial measures in FY24/25 and climate change impact on health, a multisector approach between different players including the national assembly health committee, Civil Society Organizations, Government Ministries and the faith sector, is needed now more than ever to accelerate the achievement of the health outcomes.

On the 5th August, we the undersigned representatives and actors in health sector, convened to deliberate on the state of health in Kenya. The forum focused on;

- Appreciating governments efforts in prioritizing health through Afya Nyumbani for Universal Health Coverage
- Recognize the overall gaps in achieving desirable outcomes in health including;
 1. Inefficiencies in the uptake and implementation of health investments and resources.
 2. Overreliance on dawdling donor resources and funding and limited investments in domestics resources from both national and county governments for health and further recognizing the short period between now (2024) and the set SGD target 2030.
 3. The full implementation of global and national commitments as well as the different health policies.



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However, we are cognizant of the gaps that are barriers to the attainment of national health targets, these include:

Highlighted Health Areas of Focus

Family Planning

Contraceptive use directly and indirectly affects development outcomes, including those captured within the SDGs. The analysis of different data sets for Kenya has shown that family planning provides huge health and economic benefits to the country. It is estimated that an investment of one shilling in Family Planning would return 51 shillings in terms of present and future economic growth contributions. In the FY24/25 supplementary budget, Family Planning and Reproductive Health budget were not allocated for resources, this will be a big challenge in the achievement of the Kenya commitments.

Tax on health commodities

The Kenya Government has imposed taxes on different health products and commodities including condoms, medical equipment's among others. These taxes have affected the access to key commodities including condoms which play a big role in STI and HIV prevention as well as act as a family planning product.

TB

We appreciate the Milestones the Country has achieved in TB response in the past years including coming out of the list of high MDR TB countries and achieving the 2020 and 2022 SGD Targets. However, Kenya is still grappling with huge funding gaps for TB response with about 25% of the total needed funds available, leaving a whopping 75% unfunded need (around 14Billion). Allocating funding to TB is critical to bridging the gap in ensuring seamless supply of health commodities to promote timely access of all health services, thereby achieving the national and global TB targets.

Immunization

In FY 2022/23, the estimated proportion of children under one, fully vaccinated was 84.7% a decrease as compared to FY 2021/22 of 88%. This discrepancy was due to spatial vaccine shortage affecting coverage. The situation is likely exuberated by the national stockout of vaccines in FY 23/24 due to delayed release of 1.25B allocated for immunization. It is estimated that every \$1 spent on childhood immunizations in Africa returns \$44 in economic benefits. Investing in immunization keeps children healthy and safe from preventable diseases. Gavi has been supporting Kenya's national vaccination program since 2001, providing vaccines and related supplies but risks plunging into a crisis as Gavi transitions out in 2029. Kenya currently provides about 50% of the required 80% -90% co-financing for immunization.

Primary Health Care

Primary Health Care (PHC) is the gateway to attaining Universal Health Coverage (UHC), and in Kenya, the PHC Strategic Framework (2019 – 2024) was developed to support this. However, learnings from the UHC pilot bring to light a set of factors that pose a risk towards the attainment of the Sustainable Development Goal (SDG) 3 goal.

Upon the enactment of the Primary Health Care Act 2023, the PCN set ups was rolled out with a target to set up 315 PCNs. MoH has shown commitment and led the process of setting up and gazetting PCNs. However, the biggest contribution has been from Civil Society Organizations and development partners posing a challenge in ensuring sustainability beyond partners' support. The National and County Governments' are encouraged to prioritize resource allocation for PHC to ensure functionality and sustainability of the PCNs.

Community Health

The Role of CHPs in Community Case Management; PHC Act 2023, Offences and Penalties Section 231b (Part IV)

Role of Community Health promoters (CHPs) in providing diagnostics and treatment of malaria in communities that are hardest to reach. Community Case management of malaria by CHPs has been consistent with practices recommended by WHO, UNICEF, and other international health agencies. WHO, UNICEF, and other international agencies have jointly called on countries to adopt and promote policies and programs that have strong community-based components to deliver interventions for diarrhoea, malaria, pneumonia, newborn care, and acute severe malnutrition. It is also one of the Key strategies by the Kenya Malaria Strategy towards Malaria elimination and eradication.

HIV Prevention, Care and Treatment

Kenya is committed to achieving the UNAIDS 95–95–95 HIV testing and treatment targets among people living with HIV within all sub-populations and age groups. Over the year, we have seen progress in reduction of new HIV infections in Kenya, as evidenced by the decline in HIV prevalence among adults (15–49 years) in the general population, from 8.7% in the year 2000 to 3.7% in 2022, in the same regard, new HIV infections in Kenya declined from 101,448 in 2013 to 22,154 in 2022, a 78% reduction rate. In the wake of reducing donor funding, we stand a risk of losing the achieved gains and being off track in the achievement of the 2030 target of ending AIDS and new HIV infections, if domestic financing for HIV is not priorities.



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Keys Asks from CSOs to National Assembly Health Committee

1. Kenya to meet the ICPD25 commitments on unmet family planning need by 2030 including the allocation of funding for Family Planning.
2. Reclassification of condoms as a medical commodity and not a medical device to improve availability and access towards HIV prevention.
3. Allocate funding to TB to bridge the gap to ensure access to TB services thereby achieving the national and global TB targets. Invest toward the 75% funding gaps.
4. Ensure Seamless supply of health commodities to promote timely access of all health services.
5. We ask for the full honoring of the GAVI of co- financing of the immunization program under the GAVI transition guidelines. Kenya is at the accelerator phase requiring 80%-90% co-payment, but allocation is just about 50% in the FY24/25 budget appropriation.
6. Mitigate the risk of vaccine shortage due to delayed disbursement of funds from the national treasury. Kenya in April reported vaccine stockouts due to delayed release of 1.25B from treasury.
7. Amended the PHC Act 2023 to allow CHPs to do community case management of the specifically pneumonia, diarrhea, and malaria according to the recommendations by the WHO on Integrated Community Case Management Framework (ICCM) and integrate other community health players.
8. Embrace the vital role of media as a main stakeholder in promoting health through awareness creation and promoting political goodwill for health.
9. National Assembly to facilitate the gazettelement of the National Research Committee.
10. The increased domestic financing towards HIV Prevention, care and treatment in the wake of reduced donor funding.
11. Oversight the Ministry of Health in the Health donor transition plan and roadmap.

Keys Asks from National Assembly | Health Committee to Health CSOs

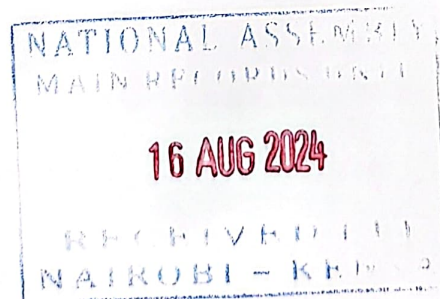
1. In addition to accountability, health CSOs engage with different government agencies to supplement health interventions and efforts.
2. CSOs engage in tracking health budget implementation develop a shadow report and dissemination national assembly health committee and other stakeholders.
3. Health CSOs to outline and cost health functions for both national and county governments.
4. Generate draft amendments to the PHC Act 2023 to allow CHPs to do community case management of the specifically pneumonia, diarrhea, and malaria according to the recommendations by the WHO on Integrated Community Case Management Framework (ICCM) and integrate other community health players.
5. Adopt, disseminate and scale best practices in promoting successful healthy outcomes.

Commitments

- The Chair of the National Assembly Health Committee, Hon. Dr. Robert Pukose committed to ensuring more structured quarterly engagements with health civil society organizations.
- Civil Society Organizations under the coordination of HENNET committed to working closely with the National Assembly Health Committee Secretariat to bringing to light the emerging concerns in health.

Signatories:

AHF Kenya, Health NGOs' Network (HENNET), Stop TP Partnership-Kenya, Nephak, Bajeti Hub, Catholic Medical Mission Board (CMMB) Kenya, Mesha, WACI Health.



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