



**Health CSOs Memorandum for the FY 2024/2025 Budget Estimates.**

**Presented to:**  
**Clerk of the National Assembly**  
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**Date: 20/May/2024**

## CIVIL SOCIETY INPUTS AND COMMENTS

**Public Health and Professional Standards (Code 1083)** The 2023/2024 budget for Public Health and Professional Standards focused on public health initiatives, disease prevention programs, and the enforcement of health regulations. Key areas of funding included vaccination programs, health education campaigns, and the regulation of healthcare standards to ensure quality and safety in medical practice. In the 2024/2025 budget, there is a modest increase in funding for Public Health and Professional Standards. This increment supports the scaling up of public health interventions, including expanded vaccination coverage, enhanced disease surveillance systems, and improved regulatory frameworks for healthcare providers. The increased budget also aims to strengthen professional standards in the healthcare sector through more rigorous training and certification processes for healthcare workers.

**Despite the above progress, below are some notable areas of attention worth looking at.**

Type of Budget Estimate (Program based, Development, Recurrent)	State Department Code	Issue of Concern	Justification	Recommendation
Program Based Budget	With a specific focus on 1082 and 1083	The targets do not have a base line unlike the budgets that have baselines	<p>With focus on the health budget, baselines guide the starting point for impact evaluation which therefore also guides the investment in association to the progressive target.</p> <p>Example Facility based maternal mortality rate per 100,000 deliveries stands at 355 whereas the target is 94 for FY24/25. The funding has indeed increased for RMNCAH but does this meet the investment appropriated.</p>	Have baselines for Targets to guide the finances to be invested.

<p>Program Based Budget</p>	<p>Public Health and Professional Standards Versus Medical Services 1082 &amp; 1083</p>	<p>Although the Bottom-up Economic Transformation Agenda (BETA) in healthcare, dubbed #AfyaBoraMashinani is focused on shifting to disease prevention and health promotion, the huge gap in funding does not demonstrate this shift. The maxim "prevention is better than cure" is accepted by many Kenyan policy makers, leaders, healthcare professionals, and communities, however, this is not reflective in the budget appropriation.</p>	<p>State department of medical services is allocated <b>100,013,407,719</b> which is about 3.7 times more than <b>26,834,935,123</b> allocated to State department of public health and Professional Standards.</p> <p>Non-Communicable Diseases Prevention and Control is classified under medical services and the budget estimates have been significantly reduced from 2,254,984,971 to 749,330,951</p>	<p>Public health intervention needs to be given equal consideration in financing.</p> <p>Non-Communicable Diseases Prevention is a function of preventive health which should be assigned to the State department of Public Health whilst control is a medical function. The Budget Policy statement 2024 allows a ceiling of 147599.8Million of which health has budgeted for 126,848,342,842 leaving about 20,751,457,158 that can be utilized for NCDs prevention under Public Health</p>
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<p>Development Expenditure budget</p>	<p>With a specific focus on 1082 and 1083</p>	<p>Vaccine Budget Cuts, and breakouts of vaccine-preventable diseases (Polio in 2023 and Measles in Garissa)</p> <p>CS Health has confirmed vaccine stockouts and shortages of some routine immunization antigens such as BCG, Rotar, Tetanus and OPV and Measles in various health facilities, compromising our ability to implement timely and effective immunization campaigns to prevent the</p>	<p>The FY2023/24 immunization budget saw a significant reduction of <b>Ksh 463,135,384</b> from 9,892,774,930 of the approved Budget Estimates to Ksh. 9,429,639,546 of the supplementary budget estimates. This has further been reduced to 7,807,656,455.</p> <p>In turn, the Vaccines specific budget experienced a substantial cut of Ksh 750 million, from</p>	<p><b>Protect the Vaccine and Immunization budgets during supplementary budgets.</b> Our children and future generation are at risk of suffering major vaccine-preventable diseases which poses negative economic impacts for the future.</p> <p>Kenya is in the Gavi accelerator transition phase meaning Kenya should be investing at least 80% of immunization and vaccine financing from</p>
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		<p>spread of measles and other vaccine-preventable diseases. This shortage of vaccines poses a grave risk to public health and undermines our efforts to achieve immunization coverage targets and reduce the burden of vaccinepreventable diseases in Kenya.</p>	<p>about 2billion to 1.25 billion. This comes at a time when Kenya's co-financing payments to GAVI in 2024 is US\$ 11,655,533, while total Gavi support is US\$ - 13,054,393 meaning that Kenya's co-payments are almost 50% of all vaccines needs. This situation is compounded by the fact that only 40% of counties had dedicated immunization budgets as of 2019. This will also affect procurement of immunization supplies (injection devices and incinerators) and affect financial and logistics support to ensure effective delivery of vaccines to the last mile.</p>	<p>domestic resources However, for FY23/24 KenyaFY 24/25 is investing halfbout (2,000,000,000 ) of what Gavi is investing (2,600,000,000)</p>
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Program Based Budget	1083 State Department for Public Health and Professional Standards	The PFM Act 70/30% threshold. State Department of Public Health and Professional Standards not meeting this threshold	Although the general health budget allocation meets the PFM Act requirements that at least 30% of total budget is allocated to development and at most 70% is allocated to recurrent budget, the state department of health has in the FY 23/24 and FY24/25 surpassed the thresholding by allocating over 70% on	The Bottom-up Economic Transformation Agenda (BETA) in healthcare, dubbed #AfyaBoraMashinani is focused on shifting to disease prevention and health promotion. This cannot be achieved in the financing does not meet the 70/30 threshold.
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			recurrent and less that 30% on development	
Recurrent	1083	Community Health Promoters National Contribution	There are documented 107,000 Community Health Promoters, with a commitment of government to allocate 3B for a cofinancing with county government to total stipend of 5,000 per CHP per month. A quick look at the 2584000000 provided for 107,000 CHPs for 1 year gives about 2,012 which is less the 2,500 that was committed	Renumerating CHPs is a BETA program and attention to meet the commitment should be adhered to.

		Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH	Although the specific Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) has increased, the general cut of the Curative & Reproductive Maternal Newborn Child Adolescent Health RMNCAH does is alarming at a time when the Facility based maternal mortality rate per 100,000 deliveries stands at 355	Curative and Reproductive Maternal Neonatal Child & Adolescent Health (RMNCAH) Services is a key Sector programme priority as outlined in the Budget Policy Statement 2024 but with the general budget cuts this undermines it being a priority program.
		TB Surveillance Budget Allocation missing	If we only focus on Procurement of TB Drugs and not address the Testing, then we might end	Allocation for disease surveillance under TB should ne included.
			up not finding people with TB	Additionally, the fact that TB is left under a different State department, while in implementation we usually compliment efforts for both TB and HIV, my suggestion is why can't the two diseases be under one department.

<p>General Health Budget allocation</p>		<p>What informed the budget cut for the health sector? -There raises concern on the general reduction in health budget allocation yet the government will be financing PHC services through the PHC Fund. In addition, donors are exiting, and the co-financing mechanisms require the government to put in more resources to cover the preventive and promotive services that the donors cover hence the need for more resources to the health sector</p>	<p>The need to accelerate progress towards sustainable domestic financing and contribute to the African Leadership Meeting (ALM) commitments requires that Kenya in the allocation of 15% of the national budget to health by 2030. With these budget cuts, Kenya is far from achieving the set targets. Total health allocation is 126848342842 of the estimated 2243054882910.</p> <p>UHC is domiciled under a Sub Programme called Social Protection in Health. A look at allocations shows that for 2024/25 the subprogram gets 11.68Billion In 2023/24 allocation was 21.82Billion</p>	<p>Budget Cuts in UHC are a reverse of what Kenya is committing to.</p>
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## **General Comments and Recommendations**

Notable budget cuts are experienced during the supplementary budgets. Health CSOs under the coordination of HENNET ask that such cuts should not be experienced as this undermined attainment of set targets. A good example is the vaccine and immunization budget cuts mentioned in the table above.

## **Conclusion**

We hope that you will review, address, and include our concerns raised in this memo.

**Yours faithfully,**



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