

## **Kenya - Consultative Group Meeting , 2003.**

### **Joint Donor Statement on Health.**

#### **Introduction.**

Since the Millennium Development Goals were set in September 2000, Kenya has only made some marginal gains in immunization and access to clean water (but not access to sanitation). The majority of the other health-related indicators have deteriorated with evidence even suggesting that infant mortality is actually increasing. A step change is needed in the quality of services ( health and water) if progress is to be made. The International Development partners congratulate the government on increasing the budget to health and allocating the increased resources to rural health centres and preventive activities. The provision of effective essential health services for poor people is key to economic recovery and achieving the MDGs for health in Kenya. The International Development Partners are willing to work with the Ministry of Health and support its efforts to implement a coherent effective and efficient health programme which focuses on delivering essential services to poor people.

#### **Recent Developments.**

We strongly support the strategy for health services in the ERS Investment Programme. We are particularly pleased to see the commitment to improve synergy and reduce fragmentation and thereby reduce inefficiencies in the health sector. The ambitious commitment to increase spending on health from 5.6 % to 12% of GDP and to focus that investment on interventions that will benefit the poor will be critical if the GoK's target to reduce the IMR by 25% and reduce the MMR by 20% are to be achieved.

The increased resources expected from the Global Fund provide the opportunity to improve services for malaria , TB and HIV/AIDS all key to achieving the MDGs. But they will only do so if the systems are in place to ensure additional resources translate into better services for poor people on the ground.

The Joint Review of the Decentralisation of Health Services that took place in October 2003 is seen as a promising beginning to more joined up working within the MoH, and with development partners

#### **Key Challenges.**

The 1998 DHS survey showed increasing use of family planning, but increasing child mortality, high maternal mortality, and high unmet need for family planning. It is unlikely that 2003 DHS will show significant improvements and there is evidence that infant mortality may have actually

increased. The achievement of the MDG particularly related to infant mortality will need an increased focus over the period of the ERS.

The key challenges in the health sector to achieve the MDGs will be :

Health Sector reform to enhance capacity and strengthen the health system to deliver decentralised effective services in partnership with the private sector, NGO's and the Mission hospitals,

Reallocation of existing resources and the introduction of efficiencies to delivery essential health services, particularly preventive services for mothers and children,

Increased commitment to improving water and sanitation infrastructure and services, accompanied by health education on hygiene.

Increasing commitment to improving the nutritional status of children under 5.

The proposed National Health Social Insurance Scheme ( NHSIS) is unlikely to result in any improved services for poor people over the period of the ERS. Therefore it is important that the MoH review the existing user fee system, which is excluding poor women and children from essential preventive services, and consider an alternative strategy to finance and deliver essential services for poor people.

It is critical that the successful application to the Global Fund does not distort the MoH's commitment to pursuing a programmatic approach which seeks to allocate resources effectively and builds capacity to deliver all essential services. Key components will be: the development of a new jointly agreed National Health Strategic Plan, a jointly agreed and supported monitoring and evaluation plan, an annual sectoral public expenditure review to evaluate the effectiveness of actual expenditure against the objectives of the National Health Sector strategic Plan which is fed into the medium term expenditure framework.

Regular procurement of essential medicines , including family planning commodities remains a problem that requires to be addressed to avoid stock outs in health centres.

The evidence is explicit concerning the link between female education and infant mortality and maternal mortality therefore better education opportunities for girls will be important in achieving the MDGs for health.

Better integration between the Ministries whose work is key to health outcomes ( health, water, agriculture , education).

### **Priority Action.**

A strengthened partnership between the MoH and the development partners in Health. The development partners are committed to supporting a Government led prioritised and coherent health programme but there has been a lack of strategic dialogue with MoH. The partnership that has been developed between the MoE and development partners could be a useful model.

Improved capacity of the health system to deliver services for poor people through reducing corruption, wastage, improving efficiency and an increased budget, particularly for preventive services.

A commitment from the MoH that the procurement of Anti Retroviral Medicines will not reduce their commitment to the procurement of essential medicines to treat the main causes of mortality in children in Kenya, malaria, acute respiratory infections and diarrhoea.

### **Donor Harmonization.**

Recently most co ordination between the MoH and Development Partners has taken place around the development and approval of the Global Fund proposal. Whilst acknowledging that this has brought a wider range of partners together further efforts are needed to co ordinate partners, better services depend crucially on co ordination around the implementation of the National Health Strategic Plan.