Decoding Country-Level UHC Financing Policy

FAMILY PLANNING ADVOCACY IN KENYA

PAI | KISUMU MEDICAL AND EDUCATION TRUST

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This publication was a joint effort between colleagues from PAI and Kisumu Medical and Education Trust (KMET) as part of the UHC Engage project. It was written by Lethia Bernard, senior project manager, UHC, PAI; Patricia Nudi Orawo, advocacy and policy lead, KMET; Monica Oguttu, executive director, KMET; and Rachel Milkovich, SRHR-UHC policy intern, PAI. This work was made possible through funding from the Bill & Melinda Gates Foundation.

UHC ENGAGE

Universal health coverage (UHC) is the defining health goal of the sustainable development era and requires country-specific health systems and financing changes. As governments across Asia and Africa introduce UHC financing reforms centered on nationwide health insurance schemes, policymakers have the chance to design reforms that deliver for women and girls from the beginning. Through the policy process, there are advocacy entry points for sexual and reproductive health and rights (SRHR) champions from civil society to engage alongside government counterparts. Advocates can use these opportunities to ensure decision-makers develop UHC policies that are rights-based; increase the availability, affordability, acceptability, equity and quality of sexual and reproductive health services and commodities; and bolster sustainable domestic financing for family planning (FP).

With this urgent motivation, PAI launched UHC Engage, a multiyear, evidence-based advocacy project that supports SRHR champions in countries where governments are introducing UHC-oriented reforms, including Ethiopia, Ghana, India, Kenya, Uganda and Zambia. PAI is working with civil society partners to prioritize SRHR within emerging UHC policies and share learnings from these local FP advocacy efforts to inform the global UHC conversation.

DECODING COUNTRY-LEVEL UNIVERSAL HEALTH COVERAGE FINANCING POLICY

Family Planning Advocacy in Kenya

The goal of universal health coverage (UHC) is inspiring landmark political and systemic change all over the world to guarantee access to the quality services people need — spanning preventive through palliative care — and financial protection to ensure they are not pushed into poverty by realizing their right to health care. However, the details of emerging policies at the country level are not widely available at the global and regional levels. Through the UHC Engage project, PAI and partners collaborated to develop a series of publications demystifying country-specific UHC financing policies to illustrate family planning (FP) advocacy opportunities and inform the international dialogue. As each country is in a different stage of UHC financing reform, these briefs deconstruct UHC policy processes in real time, illuminate multifaceted examples for advancing FP in UHC-oriented policies and offer insights across multiple contexts for sexual and reproductive health and rights (SRHR) advocates to strengthen global action.

In late 2018, Kenya's national government unveiled a pilot program in four counties — Kisumu, Nyeri, Isiolo and Machakos — to expand access to health care and reach UHC by 2022. Following this year-long pilot, the national and county governments are honing UHC programs and policies to meet the needs of their communities. Kisumu Medical and Education Trust (KMET), a health care provider and civil society organization (CSO), is working among local leaders and government officials in both the pilot county of Kisumu and at the national level to ensure that these UHC policies and programs are evidence-based and prioritize increasing access to FP. Alongside a new coalition that the organization helped to form, KMET will continue using its service delivery and advocacy expertise to ensure expanded FP coverage through a dual national and subnational UHC strategy.

Kenya's FP Snapshot

In its 2017 Family Planning 2020 (FP2020) commitment, the Kenyan government prioritized expanding high-quality FP access and choice, especially in areas that are low income, rural or overlooked in the current health care infrastructure. The government has also pledged to increase the modern contraceptive prevalence rate, reduce the number of adolescent pregnancies and strengthen domestic financing for FP at the national and subnational levels to fill gaps in service provision as well as decrease donor dependency.[1]

In Kenya, FP commodities are financed primarily by donors, which has been a consistent trend since the country's health system was devolved in 2013.[2] Nationwide, the public sector is the country's major source of contraceptive methods, providing contraception to 60% of current users. FP commodities are procured by the national government through the Kenya Medical Supplies Agency (KEMSA) and directly by development partners.[3]

To bolster its support for FP, the government committed through FP2020 to include FP services and commodities in all health insurance programs. However, this is not the case in the national government's new UHC scheme. As of August 2020, preventative and promotive

care — and specifically, FP — were not listed in the draft benefits package. Instead, the draft benefits package focuses on curative care, and only included a limited subset of reproductive health services at the hospital level. Importantly, whatever is not included in the national benefits package will not be covered by the UHC scheme. This omission threatens important gains and future access to FP, especially since it may force women and girls to make up for gaps in the scheme's coverage by paying out of pocket for FP commodities and services.

Kenya's Commitment to UHC

Following a long record of promoting UHC, the government of Kenya publicly renewed its commitment to achieve this goal by 2022 so that every citizen has access to quality health services without facing high out-of-pocket payments. Policymakers have elevated UHC in core national development and policy frameworks, including the Big Four Agenda and overarching Vision 2030 Agenda. The Ministry of Health (MoH) has also listed UHC as a key objective in the most recent Kenya Health Sector Strategic Plan.[4]

Historically, Kenya's National Hospital Insurance Fund (NHIF) was the government's primary vehicle for delivering health care to all. The NHIF is a national, public institution established in 1966 that began as a mandatory program for formal sector workers to contribute through income-based payroll deductions and later expanded to become available for the informal sector, where membership is voluntary and contributions are set at a flat rate. Despite its goal of expanded population, service and financial coverage, the NHIF has had many challenges and fallen short of expectations. The benefits package is mostly limited to hospital-level care and there are gaps in primary health care (PHC) and FP coverage. Only 16% of all Kenyans are registered under the NHIF and over time, these individuals have reported limited financial coverage of the services that are included.[5,6]

The details of emerging policies at the country level are not widely available at the global and regional levels.

To advance the UHC agenda, the government of Kenya has sought to implement reforms at the NHIF, KEMSA and the national referral hospital system as well as to train health workers to meet the standards set under the Healthcare Regulatory Framework.

Kenya's Financing Reform Toward UHC: Expanding a Subnational UHC Pilot Program

The national government selected four of Kenya's 47 counties for the pilot based on disease burden and provided support for each to focus on a specific health issue. For example, in Kisumu county, the UHC pilot program centered on communicable diseases, with special attention for HIV/AIDS and tuberculosis. Across all four counties, the program was directed to adopt a PHC approach that would entail scaling up immunization services; maternal and child health services, including FP; skilled delivery; as well as antenatal and postnatal care.

In December 2018, Kenya's national government introduced a year-long UHC pilot program, Afya Care: Wema Wa Mkenya, in the counties of Kisumu, Nyeri, Isiolo and Machakos so individuals could access affordable health care without experiencing financial hardship.[7] Shortly after the pilot ended in December 2019, the government shared its plans to scale up the program into a nationwide UHC scheme. Later in 2020, it was announced that the NHIF would undertake this expansion.

Funding for the pilot phase was split between the national and subnational governments. The national government allocated 70% of funding for the pilot program, and counties were tasked with meeting the 30% difference from their own budgets. National government funds went directly to KEMSA for procuring commodities, while counties financed the health facilities and service delivery. During the pilot, county residents received a UHC card that allowed them to access a range of health services in the public sector.

This pilot phase was intended to inform next steps for a nationwide expansion of the program, but plans for this rollout were unknown until early 2020. While the national government was slow to share official evaluation data from the UHC pilot program, civil society in Kisumu county observed that its coverage focused on curative over preventive care and excluded FP; there were insufficient supplies, human resources and facilities to meet the demand; referral systems were unclear; and information gathering was not conducted systematically.

PILOT EXTENSION: NATIONWIDE UHC SCHEME

Without publicly sharing outcomes from the UHC pilot, the national government announced in early 2020 its plans to expand the program nationwide by distributing a UHC extension agreement to county governments. Under the proposed agreement, counties that sign on would receive funding to implement the new national UHC scheme. In practice, the national government would undertake the following — according to the benefits package — on behalf of the counties: procuring commodities through KEMSA, covering services and training health workers through national programs. County governments would be responsible for funding all commodities and services that are not included in the benefits package.

To guide the national rollout of the UHC scheme, the MoH is finalizing a unifying policy framework: The Operational Manual for the Universal Health Coverage Scheme (Operational Manual for the UHC Scheme). Originally, the ministry planned to launch and implement this framework by September 2020, but the target date has since been delayed. In the Operational Manual for the UHC Scheme, the MoH is expected to assign the NHIF with implementing the pilot extension; separately, the national government is introducing plans for the NHIF to manage the nationwide UHC scheme with a unified benefits package.

Policy Process

NATIONAL LEVEL:

DEC. 2019

NATIONAL GOVERNMENT LAUNCHES UHC PILOT IN FOUR COUNTIES

President Uhuru announced a year-long pilot program to kick off the government's progress toward UHC.

EARLY 2020

NATIONAL GOVERNMENT ANNOUNCES UHC PILOT EXTENSION

To expand the UHC pilot to a nationwide program, the national government distributed agreements for county governors to sign in order to receive financial support for implementation, initially intended to begin in the 2020-2021 fiscal year.

LATE 2020

MoH DEVELOPS OPERATIONS MANUAL FOR THE UHC SCHEME

The MoH is developing a unifying policy framework to guide implementation of the national UHC scheme, detailing its financing, administration, benefits package as well as roles and responsibilities between the national and county governments.

LATE 2020

COUNTY GOVERNMENTS IMPLEMENT NATIONAL UHC SCHEME ACROSS 47 COUNTIES

The MoH's Operations Manual for the UHC Scheme will provide guidelines for implementing the scheme in September 2020.

SUBNATIONAL LEVEL (KISUMU COUNTY):

MARCH 2020

GOVERNOR OF KISUMU SIGNS ONTO UHC PILOT EXTENSION

The governor of Kisumu county signed onto the UHC pilot extension in early 2020, but like the leaders of other county governments, had to await next steps from the national government.

AUG. 2020

MEMBERS OF THE COUNTY ASSEMBLY EXPLORE COUNTY HEALTH INSURANCE BILL

To be proactive and rectify PHC gaps from the pilot program, Kisumu government officials announced plans to launch a county-specific health insurance scheme to cover preventive and promotive care.

LATE 2020-2021

COUNTY EXECUTIVE COMMITTEE DEVELOPS AND IMPLEMENTS KISUMU COUNTY UHC POLICY GUIDELINES

The County Executive Committee for Health will lead the development of the Kisumu County UHC Policy Guidelines, in close coordination with the national-level version, the Operations Manual for the UHC Scheme.

The Operational Manual for the UHC Scheme outlines that the program will be financed by a UHC Fund. This UHC Fund would be comprised of contributions from numerous entities, including the national treasury, MoH and county governments. This funding will then be transferred to the NHIF, to purchase and provide health services for all people under the UHC scheme; county departments of health, for conditional grants; and KEMSA, for procurement of health commodities. In addition to managing its own formal and informal sector contributions, the NHIF will also bear responsibility for transferring funds directly between contracted public and private facilities according to preset provider payment agreements.

The benefits package is a core component of the Operational Manual for the UHC Scheme. In August 2020, the draft benefits package excluded promotive and preventive services, as well as FP, and delegated the primary responsibility of providing this care to the counties. Though unclear, this responsibility may also imply new FP purchasing and procurement roles between the national and county governments. However, counties do not currently finance or procure commodities on their own and may not be prepared for this responsibility. This discrepancy could not only threaten to disrupt current FP gains and future access, but also risks an outsized focus on hospital-level care in the UHC scheme.

SUBNATIONAL: KISUMU COUNTY PLANS

Following the UHC pilot program, government officials in Kisumu affirmed their commitment to PHC and community health services by increasing funding in the county budget for this care. Additionally, the county governor has agreed to sign onto the UHC pilot extension. To fill the existing PHC gaps in the nationwide program, Kisumu policymakers are in the early planning stages of introducing the county's own complementary health insurance scheme targeting preventive and promotive services. The scheme would cover health insurance for people in Kisumu living in poverty, with the goal of reaching 45,000 households identified as low income during the UHC pilot registration in 2018.

Kisumu government officials are now turning their attention to the legal framework of the county-level health insurance scheme, both through legislation and implementation guidance. The conceptualization of a county health insurance scheme bill is currently underway through discussions among decision-makers. To meet the needs of the community from now until the legislation is enacted, the county government has signed a memorandum of understanding with the NHIF for funding and health insurance coverage for people living in poverty. Government officials have also begun to develop the Kisumu County UHC Policy Guidelines to direct the implementation of the county health insurance scheme in alignment with the national Operations Manual for the UHC Scheme.

FP Advocacy Opportunities

In Kisumu, KMET and coalition partners are tracking and engaging in both national and subnational UHC policy processes. This dual strategy affords advocates the opportunity to ensure complementary policies and FP inclusion at all levels of government and service delivery.

To advance a unified advocacy strategy, KMET and partners convened in late 2019 to form a first-ever SRHR-UHC Alliance comprised of local and international organizations from each subcounty in Kisumu. The coalition has been instrumental in amplifying SRHR advocacy at the county level by strategically distributing tactics based on organizational strengths and individual relationships with decision-makers. As a health care provider, KMET has worked with the Kisumu county government through the UHC pilot phase and the extension period to share direct experience delivering care and contribute insight for strengthening FP access and service delivery.

The SRHR-UHC Alliance's collaboration has fostered a multifaceted advocacy strategy and enabled KMET and partners to influence the policy process at various stages.

National Level

POLICY PROCESS

National government launches UHC pilot in four counties. (Dec. 2019)

National government announces UHC pilot extension. (Early 2020)

MoH develops operations manual for the UHC scheme. (Late 2020)

County governments implement national UHC scheme across 47 counties. (Late 2020)

ADVOCACY OPPORTUNITIES

Securing the inclusion of the FP in the National UHC scheme benefits package

Guaranteeing FP access and quality in the Operations Manual for the UHC Scheme

Subnational Level (Kisumu County)

POLICY PROCESS

Governor of Kisumu signs onto UHC pilot extension. (March 2020)

Members of the county assembly explore county health insurance bill. (Aug. 2020)

County Executive Committee develops and implements Kisumu County UHC Policy Guidelines. (Late 2020 – 2021)

ADVOCACY OPPORTUNITIES

Ensuring the inclusion of FP in the county health insurance scheme benefits package

Prioritizing FP access and quality in the Kisumu County UHC Policy Guidelines

NATIONAL LEVEL:

1 **Securing the Inclusion of FP in the National UHC Scheme Benefits Package**

As of this writing, FP services and commodities are not listed in the draft benefits package of the national UHC scheme. To ensure equity and expanded access, as well as reverse donor dependency, KMET and partners are advocating to include FP in the benefits package so that the new UHC Fund can finance these services and commodities. The SRHR-UHC Alliance has also been coordinating with nationwide coalitions — such as the Health NGOs Network, also known as HENNET — to advocate for this change with national policymakers.

2 **Guaranteeing FP Access and Quality in the Operations Manual for the UHC Scheme**

The MoH has requested technical assistance from health CSOs, including KMET and its partners in the SRHR-UHC Alliance, as it develops the Operations Manual for the UHC Scheme. Advocates have the opportunity to use county-level experience and evidence in ensuring the national-level guidelines feature high standards of quality for service provision, equitable provider reimbursement for FP services and commodities as well as other implementation considerations that will impact FP.

SUBNATIONAL LEVEL (KISUMU COUNTY):

3 **Ensuring the Inclusion of FP in the County Health Insurance Scheme Benefits Package**

Since FP was not covered during the UHC pilot program and it is currently omitted in the draft benefits package for the national UHC scheme, KMET and partners are advocating for full FP coverage in the Kisumu UHC scheme benefits package, which will focus on preventive and promotive care.

Additionally, KMET and CSO colleagues contributed to the development and launch of the county's 2019-2023 FP costed implementation plan, which identifies reproductive health supplies and FP integration as two of the top priorities for Kisumu. While the government drafted the costed implementation plan, civil society provided technical input to support a strong evidence base for FP advocacy within the county's broader UHC policy reforms.

4 **Prioritizing FP Access and Quality in the Kisumu County UHC Policy Guidelines**

Government officials are in the initial stages of developing the Kisumu County UHC Policy Guidelines and have requested KMET's technical expertise. Advocates have the opportunity to advise on the framework's guidance to expand FP access, ensure high standards of quality for service provision and make recommendations for provider reimbursements for FP services and commodities, among other FP advocacy priorities.

The Next Decade and Beyond

As KMET and its partners continue to make headway on ensuring UHC reforms in Kenya increase access to FP, advocates are readying themselves for the long haul. Prioritizing FP in UHC financing policy reforms is only the beginning. To reach universal sexual and reproductive health access through UHC, major policy and programmatic changes are needed across complementary parts of the health system, including the health workforce, service delivery, supplies, governance and information systems. Civil society champions like KMET will remain pivotal to government efforts to achieve effective, sustainable change during this decade of action and following the global target date of 2030.

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