Republic of Kenya

Ministry of Health

The Kenya Health and Leadership Congress 2015
23rd – 27th February, 2015 – Intercontinental Hotel, Nairobi

CONGRESS COMMUNIQUE

We, the Kenya health sector stakeholders (National Ministry of Health, County Departments of Health; Development Partners in Health in Kenya and implementing partners; other sectors that have an impact on health; private health sub-sector; faith-based health sub-sector; Health sector Regulatory bodies; Health Sector Training institutions; Professional bodies and health workers' associations; Health Service Providers; and Constitutional Commissions) have participated in the Kenya Health and Leadership Congress 2015 held in Nairobi from 23 – 27 February 2015 at the Intercontinental Hotel, Nairobi under the theme, *"Transforming healthcare in a devolved system."*

We took stock of the health sector performance based on agreed priorities and reviewed progress made to improve health sector performance and reflected on the status of leadership, management and governance in the sector, emerging opportunities, priorities and gaps in the devolved system. We sought to generate consensus on priority actions required to improve health sector performance within the next one year and beyond.

We noted that devolution had provided immense opportunities for transforming health care in the country and underscored the need to re-dedicate efforts and mobilize political will at all levels towards supporting devolution and strengthening leadership, management and governance in the health sector for the realization of national health and development goals.

We further noted and acknowledged the significant progress made in the following areas:

- **Improving health service delivery through defining** Kenya Essential Package for Health (KEPH); development of health sector referral strategy and comprehensive referral guidelines; embracing of innovations and technologies-like use of mobile technology to expand outreach and mobile clinics

- **Infrastructure improvement** by constructing health facilities and equipping various health facilities with specialised equipment at national and county levels. The sector is exploring modalities of improving access to specialised services through Managed Equipment Services (MES)

- **Human resources for health** through development of Human Resource for Health Strategy and health workforce norms and standards; training of human

resources from both national and county levels; hiring of additional staff at the county level, clean-up of human resources

- **Health products and technologies** – Re-orienting the Kenya Medical Services Authority to respond to emerging needs and priorities of both national and county governments, for example, the development of a business model and increasing availability of drugs and technologies.

- **Health information systems:** development of Health Sector Monitoring and Evaluation framework, use of one health information system; the e-health standards and guidelines for inter-operability, standardized HIS training manuals; definition of data-set, indicators and integrated data collection and reporting tools; and increase in number of facilities registered in the master facility list

- **Health financing** by providing 3,129 households with insurance subsidies to enable them access health care; increase in NHIF registration to 4,968,649 members; providing 30,000 persons (elderly and OVC) with insurance schemes and allocating KShs. 3.7 billion and KShs. 3.2 billion – for free maternity health services and free primary health care respectively; adoption of innovative ways of providing financing health

- **Health leadership, management and governance** through strengthening of leadership and management capabilities; development and implementation of legislations, policies, programs, plans, Kenya Health Policy Framework 2014-2030, Kenya Health Sector Strategic Plan 2014- 2018, County specific Health Sector Strategic and Investment plan; enactment of county specific legislations; enhanced sector coordination between national and county government through Intergovernmental forum, CECs forum for health, improved private sector engagement

We however acknowledge that despite the progress made, challenges remain in the following areas:

- **Service delivery** demonstrated by low quality of health care; rising burden of non-communicable diseases; decline in some health indicators like immunization

- **Health Infrastructure:** Service delivery points still have inadequate infrastructure and equipment; some of the existing infrastructure is old and dilapidated. Prioritization of whether to build new infrastructure or improve existing ones

- **Human Resources for Health:** Inadequate and skewed distribution of human resource for health; management of human resources in transition; weak and unclear human resources development systems; and high turn-over of skilled staff across the two levels of government; frequent industrial disputes.

- **Inequity in access to healthcare services across the country**

- **Patient and provider safety as shown by p**oor rating of health systems on patient safety and quality at all levels of health care delivery

- **Essential medicines and technologies:** Inadequate supplies in service delivery points and specific commodities such as vaccines and anti-TB and anti-malarials, condoms etc
- **Inadequacy in financing health services and mechanisms**

From the foregoing therefore, we undertake to implement a wide range of commitments to address critical challenges and gaps to improve health services.

NATIONAL MINISTRY OF HEALTH

- **Emergency and disaster preparedness:**
  - Provide stewardship in streamlining management of emergencies management
  - Review, validate and launch the national policy on emergency medical services
  - Launch 5-year strategic plan on disaster risk management for the health sector
  - Set up emergency operations centre –(EOC)
  - Develop guidelines on stock piling of medical supplies for sector emergency preparedness

- **Essential services and risk reduction:**
  - Provide Policy and guidelines,
  - Collaborate with other sectors in addressing social determinants of health.
  - Create demand for health services through community involvement and health promotion
  - Increase budget allocation for health and enhance HMIS

- **Improve quality of health service provision;**
  - Finalize the Kenya Health Improvement Policy and Strategy
  - Embrace the use of appropriate health technologies
- **Non-communicable diseases:**
  - re-define the scope of Primary Healthcare to capture Non-communicable diseases
  - Mobilize funding towards reduction of the burden of Non-communicable diseases
  - update training to mainstream Non-communicable diseases
  - Improve data management and use for Non-communicable diseases
  - Invest in research for Non-communicable diseases
- **Human resources for health**:
  - Explore policy options to facilitate innovative mechanisms for sharing specialists in health to bridge inequities;
  - Work with health regulatory bodies to ensure continuing professional development coordination and compliance;
  - Adopt innovative ways of learning by embracing e-learning and blended learning in pre and in-service training
  - Work with county governments to streamline the issues of human resource management and development. These include promotions, file transfers, redesignation among others

- **Universal health coverage**
  - Provide stewardship and leadership in support towards UHC
    These include:
  - Update the legal framework to respond to emerging insurance needs and priorities;
    - Allocate more funding for UHC to bridge the gap;
    - Explore innovations in health services delivery like social franchising;
    - Expand NHIF coverage and enhance the package
    - Explore and expand other social insurance mechanisms
    - Invest more in education and community outreach programs to expand uptake of insurance
    - Disseminate UHC roadmap to counties
- **Managing an effective referral system:**
  - Disseminate the health referral strategy
  - Continue phased implementation of the health referral strategy and guidelines;
  - Finalize referral tools and have them validated and rolled out;
  - Continue technical assistance to counties
- **Leadership, management and governance**
  - Provide policy and guidelines for Health Systems Management and training
  - Scale up HSM training to counties
  - Establish career ladder for health managers through a scheme of service;
  - Standardize trainings;
  - Launch and operationalize Kenya Institute of Health Systems Management to regulate trainings;
  - Expedite pending policies on establishment of health facility committees and County Boards at appropriate levels
  - Finalize the health financing strategy,
- **Partnership and coordination**
  - Provide stewardship in sector partnership and coordination
  - Through:
  - Reactivation of sector partnership principles and sector coordination structures at national and county levels to bring all key sector partners together; develop new TORs and guidelines.
  - Clarification and strengthening of partnership linkages between county and national levels.
  - Development of a new health sector "Code of Conduct" that sets out terms of engagement and commitments of partners.
  - Develop/activate/agree on common strategies and investment plans for key areas.
  - Work towards one sector plan
  - Mapping of health sector partners to establish where they are and what they are doing.
- **Health Information, monitoring and evaluation and Research**
  - Provide stewardship in sector planning and M&E
  - Disseminate the monitoring and evaluation framework
  - Assist counties to set up M&E units
  - Provide Health sector research agenda

- Facilitate annual sector review stakeholders meetings
- Provide a framework for translation of research findings into policy

COUNTY GOVERNMENT

- **Emergency and disaster preparedness**
    - Constitute multi-sectoral county emergency and disaster response teams;
    - Develop and operationalize county disaster management plans; g
    - Generate and use data for informed decision making in DRM;
    - Embrace innovation, technology and research in DRM;
    - Allocate funds for DRM;
    - Set minimum standards for DRM preparedness
    - Capacity building for DRM

    Essential services and risk reduction:
    - Ring fence FIF for local facility development.
    - Increase budget allocation for essential health services;
    - Create demand for health services through outreaches and health promotion;
    - Improve quality of services based on a national standard (KQHMS);
    - Upgrade facilities to offer KEPH;
    - Collaborate with other sectors to improve care;
    - Generate and use data for informed decision making;
    - Use standard centrally linked National EMR (DHIS) for data management

- **Non-communicable diseases:**
    - Work with national government to re-define the scope of primary health care to capture NCDs;
    - Increase funding towards preventive and promotive health services to reduce the burden of NCDs;
    - Update training to mainstream NCDs;
    - Improve data collection, analysis and use of data for informed decision making including establishing cancer registries
    - Have wellness centers as part of essential services to promote prevention of NCDS
    - Include commonly used drugs for NCDs in the Essential drug list relevant to each region.
    - Develop palliative care services including hospices

- **Communicable conditions and NTDs:**
    - Allocate more financial resources,
    - Strengthen laboratory (Diagnostics), and the referral labs,
    - Stock NTD drugs at the health facilities,
    - Accurately and timely report and use information at the point of collection;
    - Address issues of MARPS and hard to reach populations including nomads.
    - Enhance quality of capacity building at all levels and all cadres
    - Increase funding towards preventive and promotive health services to reduce the burden of NTDs including zoonotic diseases.
    - Collaborate with research bodies to develop new therapies for NTDs.

- **Improve quality of care**
  - Adopt and adhere to KQHMS to set standards for health
  - Provide a regulatory framework for QA for Health
  - Develop capacity for HR in the counties
  - Adopt result based financing to promote QA for health.
  - The conditional grants to be given to each county to develop level 4 and 5 facilities to enhance equity and equality across the counties
- **Human resources for Health:**
  - Develop HR management and development policies .
  - Establish HR departments in the MOH at the county level.
  - Explore innovative mechanisms for sharing specialists pool to bridge inequities;
  - Commit public finances for Comprehensive budgeting for existing and new HR
  - Work on a structure with health regulatory bodies to ensure CPD coordination and compliance and appoint CPD coordinator in all counties;
  - Develop incentives for attraction and retention of HCW in the service.
  - Improve the work environment for HCW

- **Universal health coverage:**
  - Develop a uniform policy on UHC at County level
  - Lobby for more funding for health services delivery and
  - Encourage more innovations in health services delivery like social franchising;
  - Encourage Counties to provide NHIF cover for the aged
  - Embrace the Community health strategy, provide incentives to attract and retain community health personnel at tier 1
- **Health commodities and technologies:**
  - Establish and strengthen a QA system for commodities and technologies
  - Strengthen supply chain management including PPP arrangements.
  - Establish standard warehouses for commodity and mangement.
  - Strengthen systems for improving appropriate use of medicines
  - Address the deficit in HRH for HPT management
  - Digitize Commodity Inventory Management
  - Re-activate the Health Commodities Technical Working Group (TWG) formed after the last Council of CECs forum
  - Modernise technologies including adoption of e-Health
- **Managing effective referral system:**
  - Modernise and digitize the referral system
  - Pursue collaboration and resource pooling to access highly specialized services
  - Modernise diagnostic services including outsourcing specialised services
  - Include and strengthen the community health services and strategy in the referral system.

- **Leadership, management and governance:**
  - Clarify the structure and composition of county health management structure.
  - Allocate resources leadership, management and governance capacity building
  - Lobby accredited training institutions with capacity to offer HSM at county level to partnerStrengthen and build capacity for oversight committees or Boards for institutions
  - Develop healthcare management into a professional cadre with a scheme of service in the health sector
  - Prioritise scale up of HSM training in counties with relatively high proportion of health manager not prepared for their positions
  - Establish county/regional teams to oversight training of members of County assembly and staff at health facilities and refresher courses
  - Expedite gazettement and launch of health facility boards and county stakeholder forums as appropriate
  - Leverage PPP opportunities to mobilise resources to sustainably fund the HSM course across public and private sector including FBOs, Scholarships
  - Design curricula to train county and community health committees on governance
  - Prioritise implementation of community health strategy - strengthen structures for community engagement and appropriate models to address the gaps evident in client interviews
  - Create synergies among the training institutions
  - Proactively engage counties to market their programs
  - Interrogate existing findings from the recent capacity assessment and review the curricula
  - Training of frontline health workers
  - Institutionalization of HSM
  - Encourage staff and HSM alumni to join HeSMA
- **Partnership and coordination**
  - Strengthen collaboration and coordination within counties especially between the County Health and Finance Departments and between counties and national government
  - Establish partnership principles and sector coordination structures at county level to bring all key sector partners together; develop new TORs and guidelines.
  - Develop/activate/agree on common strategies and investment plans for key areas.
  - Map health sector partners to establish where they are and what they are doing.
- **Information management**
  - Develop and Implement a Health Information policy
  - Strengthen data Quality Assurance
  - Develop cross talking EMR systems with DHIS
  - Allocate funds for Health Information Systems
  - Develop HR for HIS
  - Develop a regulatory framework for HISM
  - Integrate program Information systems (e.g malaria, HIV,TB) into one central HIS

DEVELOPMENT PARTNERS

- Support and participate in developing and implementing a new **sector coordination and partnership framework** with all key health sector partners. In particular, DPHK would like to see a forum where GOK/MOH, counties, DPs, NGOs/FBOs and private sector can collectively interact on a more regular basis. With sector partners, jointly develop and sign a new health sector Code of Conduct that sets out partnership terms of engagement and partner commitments.

- Work with MOH and county governments to define and establish **DP resource mapping and reporting systems**. Undertake DP resource mapping for MTEF period 2015/2016 – 2017/2018.

- Work with MOH to finalize the **health financing strategy** towards achieving Universal Health Coverage. Look for new opportunities to harmonize, consolidate and streamline DP financing and other resources for the health sector. At higher level (Development Partners Consultative Group, Treasury, MODP) agree on guidelines for DP engagement with counties.

- Prioritise and provide well-coordinated DP support to **MOH and county capacity building**, with particular attention focused on strengthening leadership, management and governance capacity, and strengthening systems for accountability and results.

- Continue to support National and County **health systems strengthening** and **quality service delivery** including HIV/AIDS, TB, Malaria, Reproductive Health & Family Planning, Maternal and Neonatal Health, Child and Adolescent Health, Nutrition, Non-Communicable Diseases.

CIVIL SOCIETY/NGOS IMPLEMENTING PARTNERS

- Integrate programs into the county and national health systems and align to county and national priorities and strategies

- Strengthen capacities of national and county governments to plan, implement, document and share experiences in service delivery to improve national health goals

- Partner with government and other agencies in implementing health programs at all levels and especially so at the community level

- In order to achieve the broad commitments adopted in this congress, the civil society will scale up our investment and support to strengthen leadership, management and governance to enable devolution to work. In particular, we commit ourselves to:

- Integrate programs into the county and national health systems and align to county and national priorities and strategies

- Strengthen capacities of national and county governments to plan, implement, document and share experiences in service delivery to improve national health goals

- Partner with government and other agencies in implementing health programs at all levels and especially so at the community level

- Expand the scope for sustainability within the Kenya Quality Model for Health and to mobilize additional resources to support services

- Strengthen community – facility linkages regardless of facility ownership and guided by jointly agreed norms and collaboration principles
- Facilitate proactive collaboration among CSOs on the one hand and with other sectors, such as water, education or agriculture to address the social determinants of health, on the other
- Mobilize resources strengthen the systems of transparency and accountability for health services delivery at both county and national levels
- Expand and coordinate legal and policy dialogue through coordinated CSO networks and coalitions in pursuing better health of communities based on common principles
- Support mechanisms to facilitate a harmonized health information system, expand information sharing and promote data use for planning and decision making
- Advocate for mutually beneficial partnerships with both national and county governments to promote quality health services through formal mechanisms of resource sharing (HRH, drugs etc)
- Partner with government and other agencies in implementing health programs at the community level.
- Strengthen community – facility linkages regardless of facility ownership and guided by jointly agreed norms and collaboration principles
- Expand the scope for sustainability within the Kenya Quality Model for Health and to mobilize additional resources to support services

FAITH-BASED ORGANIZATIONS
- Advocate for mutually beneficial partnerships with both national and county governments to promote quality health services through formal mechanisms of resource sharing (HRH, drugs etc)
- Partner with government and other agencies in implementing health programs at the community level.
- Strengthen community – facility linkages regardless of facility ownership and guided by jointly agreed norms and collaboration principles
- Expand the scope for sustainability within the Kenya Quality Model for Health and to mobilize additional resources to support services
- Support mechanisms to facilitate a harmonized health information system, expand information sharing and promote data use for planning and decision making
- Facilitate proactive collaboration among CSOs on the one hand and with other sectors, such as water, education or agriculture to address the social determinants of health, on the other
- Work within established budget, policy and planning forums at national and county level to articulate the needs of communities
- Advocate for formal structures for collaboration, resource sharing with the national and county governments to address health priorities of mutual interest.

PRIVATE SECTOR

- Strengthen partnership with public and faith-based facilities to improve health services delivery
- Support county governments and national governments to enhance innovations and access to specialised care
- Support initiatives to strengthen leadership and governance in the public faith based health organisations through engaged participation in their health governance bodies
- Maximize a client-centered approach through integration of services and systems
- Routinely provide feedback and information on the state of the enabling environment for better regulation and governance of the health sector
- Support mechanisms to facilitate a harmonized health information system, expand information sharing and promote data use for planning and decision making
- Expand investments health workforce development
- Strengthen linkages between the public and private sector to improve financing
- services delivery and capacity strengthening of the health workforce
- Strengthen the sharing of knowledge, technology and skills between public and private sector agencies

Agreed and signed on Friday the 27th Day of February 2015, in Nairobi as follows:

Mr. James Macharia
Cabinet Secretary
For: Ministry of Health   Signature

Hon. Jack Ranguma
Governor, Kisumu County   Signature
For: ~~Council of Governors~~ COUNTY GOVERNMENTS

Ms. Barbara Hughes
Chair, DPHK   Signature
For: Development Partners in Health Kenya

Dr. Samwel Mwenda
FBOs Chair
For: FBOs   Signature

Dr. Amit Thakker
KHF Chair
For: Private Health Sector   Signature

Dr. Asha Mohammed
HENNET Chair   Signature
For: CSO/NGOs