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Η Απουσία Πρόσβασης των Πολιτών της Κένυας στις Υπηρεσίες Υγείας της Χώρας τους

The lack of access citizens have to health care of Kenya

Authors: Ιωάννου Κ[1]., Σωτηρίου Σ[2]., Μουρούζη Κ[3]., Κωνσταντίνου Α[4]., Αργυριάδης Α[5].

1. BSc, MSc Κοινοτική Νοσηλευτική Νοσ. Μαιευτική Γυναικολογική Κλινική Λήδρα και Εξωσωματικής Γονιμοποίησης Λευκωσία Κύπρος
2. BSc, MSc Κοινοτική Νοσηλευτική Νοσ. «Αρχ. Μακάριος Γ'» Λευκωσία Κύπρος
3. BSc, MSc Κοινοτική Νοσηλευτική Νοσ. «Αρχ. Μακάριος Γ'» Λευκωσία Κύπρος
4. BSc, MSc Κοινοτική Νοσηλευτική Νοσ. Αγροτικό Κέντρο Υγείας Ακακίου Λευκωσία Κύπρος
5. Επίκουρος Καθηγητής Αντιπρόεδρος Τμήματος Νοσηλευτικής Πανεπιστήμιο Frederick Λευκωσία Κύπρος

Περίληψη

Εισαγωγή **:** Οι κάτοικοι της Κένυας αντιμετωπίζουν μεγάλο πρόβλημα στην πρόσβαση για υγειονομική περίθαλψη λόγω του κοινωνικοοικονομικού επιπέδου της χώρας, ενώ υπάρχει άμεσα ανάγκη για αλλαγή και βελτίωση της ποιότητας φροντίδας υγείας.

Σκοπός**:** Η συστηματική ανασκόπηση της ιστορικής πορείας και της εξέλιξης για την άνευ διακρίσεων πρόσβαση σε υγειονομικές δομές της Κένυας.

Μεθοδολογία**:** Η αναζήτηση πραγματοποιήθηκε στις βάσεις δεδομένων στις ηλεκτρονικές βάσεις δεδομένων Google, Scholar, Scopus, Science Direct και PubMed και αφορούσε στη χρονική περίοδο 1997-2018, με λέξεις κλειδιά για τον εντοπισμό των κατάλληλων άρθρων/μελετών και θέτοντας κριτήρια επιλογής/αποκλεισμού για την ένταξή τους στην εργασία.

Αποτελέσματα**:** Παρατηρήθηκε σε χώρες, όπως για παράδειγμα, η Κένυα κρίνεται αναγκαίο να εφαρμοστούν αλλαγές στο σύστημα υγειονομικής περίθαλψης, όσο αφορά στην ισότητα πρόσβαση, ανεξαρτήτως της οικονομικής τους τάξης. Για να επιτευχθεί αυτό, σημαντικό ρόλο διαδραματίζει η κυβέρνηση, με τις δράσεις και τις προτάσεις της, έτσι ώστε να ξεπεραστούν τα οποιαδήποτε εμπόδια. Πιθανές παρεμβάσεις, η χρησιμοποίηση δεικτών, στην κατανομή των οικονομικών πόρων της υγείας, για την προώθηση ισότητας, και η εξάλειψη των ανισοτήτων στο σύστημα υγείας της χώρας, καθώς επίσης και η επιδότηση δαπανών για υγειονομική περίθαλψη, αναλόγως εισοδηματικών κριτηρίων, έτσι ώστε να γεφυρώνεται το κενό ανάμεσα στις διάφορες κοινωνικές τάξεις.

Συμπεράσματα**:** Η υγειονομική περίθαλψη είναι ένα από τα πιο σημαντικά θέματα που αφορούν την διατήρηση υγείας του ατόμου. Είναι αναγκαίο να εφαρμοστούν αλλαγές στο σύστημα υγειονομικής περίθαλψης, όσο αφορά στην ισότητα πρόσβαση, ανεξαρτήτως της οικονομικής τους τάξης.

Λέξεις κλειδιά: Υγειονομική περίθαλψη, Κένυα, πρόσβαση, ισότητα.

Abstract

Introduction: Kenyans face a major problem in accessing health care due to the country's socio-economic level, and current research highlights the urgent need for the quality improvement of their health care system.

Purpose: The systematic review of the historical route and development of access in Kenya's healthcare system without discrimination.

Methodology: The search was carried out in the databases Google, Scholar, Scopus, Science Direct, and PubMed and the period 1997-2018 was concerned, with keywords to locate the appropriate articles/studies and setting selection/exclusion criteria for the appropriate selection of the articles.

Results: It has been observed that in countries such as Kenya it is necessary to implement changes in the healthcare system in terms of access and equality, regardless of the citizens' financial class. To achieve this, the government plays an important role, with its actions and proposals, in order to overcome any obstacles. Possible interventions may be the use of indicators in the allocation of financial health resources, to promote equality, and the elimination of inequalities in the country's health system, as well as the subsidy for health care expenditures, depending on income criteria, so as to bridge the gap between the various social classes.

Conclusions: Healthcare systems are of the major factors in maintaining a person's health. It is necessary to implement changes in the healthcare system, in terms of access equality, regardless of the residents' financial class.

Keywords: Healthcare, Kenya, access, equality

INTRODUCTION

Many research projects focus on the lack of access that people from Kenya face the last years and this has been a very interesting issue of discussion among researchers (Obadha et al., 2019; Oraro-Lawrence et al., 2020; Kelly et al., 2020). The inequality in access to health care services has been attributed to differences in socioeconomic status majorly between the poor citizens and the rich. Other authors are of the argument that disparity in access to health care cannot only be attributed to financial aspects but also on other significant challenges that affect health in general (Dalinjong and Laar 2012).

In the year 2011, the 64th World Health Assembly reminded member countries of the need to escalate a health financing model which is sustainable towards achieving the Universal Health Care goal. The goal was to make sure that all persons are able to access health care which is of high quality at any time without having to worry much about its financing at the point they are sick (WHO 2010).

In Kenya, most of the citizens finance their health care from out of the pocket model which is highly inefficient. The health ministry is grossly underfunded and has not achieved previous goals which envisaged a 15% budgetary allocation to the health ministry based on the national budget. Kenya has experienced little progress over the years in bridging the gap of the vulnerable and poor citizens in their access to health care which has been manifested by poor indicators in health (Chuma and Okungu 2011).

Health care financing is one of the most critical pillars in the achievement of universal access to health care among all persons. Despite the many challenges Kenya is facing in the provision of health care, the country currently is considering how to review its financing models in health care in order to achieve equity and effectiveness among its residents (McIntyre 2007).

In 1995, Taiwan implemented universal health care and has achieved equity in access to health care and social protection with the system receiving a 70% satisfaction rating by the citizens (Jui-Fen and William 2003).

Removal of user fees is one of the policies many countries in Africa are committed to achieving in order to increase access to health services among its people. User fees have been documented as one of the major impediments in universal access to health care especially among the poor. (Mwabu et al., 1995). Kenya has achieved tremendous progress when it removed the user fees for all pregnant mothers attending public health facilities. The mothers deliver free of charge in public health facilities which have resulted in a two-fold increase in mothers delivering in health facilities. This has also seen a reduction in maternal mortality rates.

Considering the above, the above, the need to further investigate the issue of access to health services becomes apparent because the progress made on this issue is not yet sufficient and a broader study is required, as this is a cultural issue that reflects the representation of society.

Why health promotion is needed to address the lack of access to health care to Kenyans (need for change)?

One of the biggest problems in Kenya in policy implementation is the lack of public participation in major policies including health so that the citizens can contribute to issues, which are going to affect them. The health actors should be able to engage the public in matters of health care so that the public owns the policies and understand them well especially on health care financing if it is to achieve universal health coverage. The public should be engaged early enough before any policy changes to get their acceptability which is going to ensure that the implementation of health policies will be smooth (Gilson 1997).

Health promotion is needed to sensitize the public on the National Health Insurance fund so that they can enroll in large numbers to cushion them from financial distress when they are sick. This could be through mass campaigns by both the national and county governments. Community health volunteers could be instrumental in these campaigns since they are aware of the local people within their jurisdictions and also their health needs.

National Health Insurance Fund should also open offices at the lowest administrative units so that they can sensitize as many members as possible on the importance of joining the fund and the advantages they will accrue from it and also have a kind of social protection in their sickness

Health promotion is also needed to inform the people of the different services that are being offered and available in our health facilities. This can be done through advertisements especially in the local TV and radio stations especially using the local language the people can understand. Banners can also be placed in strategic areas where there is a mass movement of people. Administrators can use public meetings and market days to sensitize the public on the available health services and cost implications in the health facilities. The community health volunteers are also very important in informing the public to utilize the health services especially on the lower levels of service delivery (Kanyiva 2012).

Current policy responses to access to health care among citizens

Universal health care is a major policy mandate for many countries in the world as it was a resolution by the World Health Organization (WHO) for all countries to adopt it. It looks at the health system which is accessible and affordable and encompassing the issues of promotive, preventive, curative, and rehabilitative aspects (WHO 2010).

In Kenya, most policies on access to health care had negative consequences (Obadha et al., 2019). The introduction of user fees or cost-sharing in 1989 had negative consequences on health care access. This policy change made health care inaccessible to most Kenyans especially the poor who could not afford the user fees introduced in all the government facilities (Deolitte 2011).

Universal health coverage and equity in the provision of health care especially among the underprivileged is a key policy worldwide. Most of the discussions about the lack of access to health

care are discussed at Universal Health Care forums but the irony is that the poor population needs mostly health care services than the rich ones but they yet lack access to the same level (Argyriadis and Argyriadi 2019).

The Kenyan president, since his election for the second time, sets Universal Health Care as one of the priority areas in the implementation of the BIG FOUR agenda (Projects of affordable housing, food security, universal healthcare, and enhanced manufacturing are set to be funded to the tune of 450 billion representing 14.6 percent of the 2019/20 financial year budget in his government. The project has earnestly started by piloting in four out for the 47 counties upon which if successful it will be rolled out in the whole country (Arucy 2019).

A County in Kenya by the name Makueni has already imple - mented its version of Universal Health Care. In this model, every household pays Ksh 500 per year which covers the whole nuclear family. The family is, therefore, able to access all health care services offered in the county for the whole year without having to pay anything. This has resulted in greater access to health care services in the county as evidenced by a great number of patients seen in its facilities. Though there is an influx of patients in the county because of the Universal Health Care, the biggest challenge has been to maintain the quality of the services because of the overstretched facilities, commodities and health workers (Mutiso et al., 2019).

Current health promotion interventions designed to address the lack of access to health care

The biggest health policy intervention is Universal Health Care of which the world and Kenya, in particular, are adopting. Universal Health Care is a system whereby people can access health services without having to suffer financial challenges when paying for the services Though still in infancy stages in Kenya, this will go a long way in reducing health inequalities in the country if well implemented and sustained (WHO 2013).

One of the major interventions in addressing the lack of access to health care by the Kenya government is the National hospital insurance fund (NHIF). NHIF has been there but only 29% of the population is covered by it both the principal members and their dependents. Another challenge on National Hospital Insurance Fund has been that it has been spending a large percentage of its finances on administration other activities other than on beneficiaries' health expenses. This is being addressed to make sure that beneficiaries benefit more and the package has also been reviewed to cover more health services. The Kenyan government has started massive and aggressive campaigns to enroll millions of its people in NHIF through sensitization in counties and the national government officers (NHIF 2014).

Of the recent past, NHIF has started coving outpatient visits and even complex operations as opposed to previously when it only covered the inpatient stay alone. Also for the premiums were increased by more than 100% so that it can cover more services among its members (GIZ 2016).

The country (Kenya) this year's imported 100 Cuban specialist doctors to see if it can bridge the gap especially in rural and marginalized areas where services of specialist doctors are currently unavailable or in shortage (Chuma and Okungu 2011).

Current barriers to addressing the lack of access to health care in policy/programmers

The country is dependent on donor funds in the provision of health care especially HIV/AIDs, TB, and Malaria. Mismanagement of the funds and lack of equity in the utilization of the funds has been a key impediment. The donor's channel funds directly to projects or project areas which compromises equitable access to health care and therefore having a pool of the funds through health ministry budget can reduce these inequality gaps of donor funds since everyone is likely to be reached without preferences (McIntyre et al., 2008).

Efforts to increase access to NHIF have also been discussed especially among those working in informal sectors like the NGOs. In Kenya, informal workers have been reluctant to join NHIF because it imposes tough penalties for those who pay their premiums late because these persons have no guaranteed times of earnings like the formal sector who contribute through the check-off system every month. This discourages the informal sectors from joining NHIF (Kimani et al., 2012).

Poverty makes most persons unable to access health care. Health care costs have also contributed to high poverty levels in many countries, especially in Africa. The out of pockets payments for health care which is the predominant method of financing in many countries in Africa has continued to impoverish many people since most of them incur high expenditures in health depriving them of other basic wants (Xu et al., 2003).

In many countries including Kenya, there is a lot of emphasis on curative medicine than preventive medicine. Curative medicine is very expensive while preventive medicine is cheap. This has been a big challenge in the allocation of resources since curative medicine is championed more than preventive medicine of which it should be vice versa (WHO 2013).

High disease burden is a major barrier to universal access to health services. Many countries especially the developing ones with Kenya included are faced with high morbidity and mortality rates from both communicable and non-communicable diseases. These diseases include HIV/AIDS, Malaria, TB, diarrheal diseases, cardiovascular diseases, cancers, and diabetes (Ranson, Sinha and Chatterjee 2006).

The percentage of persons who utilize health services is still low in comparison with developed countries Many people still do not visit health facilities when sick due to poverty and many cultural and religious groups (Ranson, Sinha and Chatterjee 2006). There is a chronic shortage of health workers in most of the developing countries Kenya included. This has a hampered provision of quality health services. This has been caused by many countries not employing enough health workers over the years. Other causes of shortage are poor pay of health workers hence mass resignations for green pastures (WHO 2013).

Distance to health facilities is a major factor hindering the effective utilization of health services. The average distance to health facilities especially rural and marginalized areas is still very high. Physical infrastructure in some areas is very poor including the roads and the transport modes (McIntyre 2007).

Long waiting times in health facilities discourages citizens from utilizing health facilities. This happens at different service points including the consultation rooms, laboratories, radiology, and even pharmacy.

Most of the public health facilities lack vital medical types of equipment, especially for diagnosis and management. These medical equipment are for laboratory, radiology, cardiology, renal, and another department which are very important to assist doctors in diagnosis and treatment. Some hospitals lack well- equipped theatres, HDUs, and ICUs (Freedman et al., 2005).

The attitude of health workers has always discouraged people from utilizing health services even in well-funded facilities.

Potential interventions that might work

There is a need to have priority based indicators in the allocation of health resources to promote equity. The need-based indicators should revolve around issues dealing with the size of the population, infant mortality rates, and under-five mortality rates. There should also be equity targets based on each health facility and the different geographical areas since there is a tendency of allocating more health resources to the developed areas that the underdeveloped areas (Freedman et al., 2005).

In a study in Ghana, the argument was that although the gov - ernment looks at ensuring that the citizens contribute to their health care through pooled resources as in NHIF and other contributory schemes of health insurance, most citizens prefer the government to fully fund health since they pay taxes (Dalinjong and Laar 2012).

The sustainable development's targets are the poor and the people in informal sectors of the community is an approach that can be introduced in health care financing which is through community-based insurance approaches. However, the question that will be asked is who will fund the venture. If this approach can be well developed, it can cushion the poor and underserved segment of the population who pay their health care costs from their pockets (Ranson et al., 2006).

For Kenya and even other countries to achieve universal health care mechanisms should be put in place that are going to ensure major reforms in health care which will enable the majority of people to benefit from inclusion and access to health care without feeling the effects of the health care costs. For citizens who already have basic access to health care, the government should roll out more structures that will ensure more benefits for them to access even more benefits.

Another option could be mandatory health insurance for everybody which is can be enforced through legislation so that a big pool of money to fund health care is achieved. Though this option is good, it is difficult to implement because the poor will be affected since some people will not afford even little amounts. Countries like France, German, and Japan have implemented this though, for African countries including Kenya where people living on the lesson than a dollar day are many, it becomes a bit complex to implement. Countries like Singapore have tried the compulsory methods even among the informal sectors by initiating voluntary contributory health schemes which were later legislated and have shown success. This leads to ownership and sustainability with persons also being at the forefront of taking care of their health (Bentes et al., 2004).

Subsidy on health care costs particularly targeting the poor is also a viable option. This includes making sure the poor pay the little money they can afford while the government bridges the gap. This will serve two purposes, that the poor contribute towards their health care costs and at the same time the government assists them by paying for them a certain percentage and hence also removing the dependency syndrome.

CONCLUSIONS

Healthcare systems are of the major factors in maintaining a person's health. It is necessary to implement changes in the healthcare policy, in terms of access equality, regardless of the financial class of the residents. The above study comprehensively described the difficulties in accessing citizens' health services that reflect the deep cultural structures of society. Inequality, poverty, and interest in the physical, mental, and social well-being of a society are key components of a civilized political system that has much to offer in a place, like Kenya. The recent study of the literature shows that there has been a lot of attention paid to improving conditions, but there is still significant space for improvement.

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