

# Health Policy Plus: Kenya and East Africa

## Overview

The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development, has worked in Kenya since 2015 to improve the enabling environment for equitable and sustainable health services, supplies, and delivery systems, focusing on policy development, implementation, and strengthening capacity. A chief concern has been to increase domestic resources—including with in-country partners and the private sector—for financing healthcare that is aligned to country strategies and priorities. HP+ supported the national government and decentralized health structures to increase sustainable financing for the health sector and supported East African member states to promote universal health coverage.

## Support Sustainable Financing at the National Level

As a contribution to discussions on promoting sustainable financing for health in Kenya, HP+ has supported the development of major policy reforms to accelerate the attainment of universal health coverage, including the launch of Linda Mama (see Box 1) and advocating for increased domestic resources for health and key strategic programs. One of the signature policy initiatives that [HP+ supported was the Kenya Health Financing Strategy \(2020–2030\)](#). The strategy provides a blueprint for steering the country toward achieving universal health coverage, including strengthening health systems and attaining the highest standards of health for Kenyan citizens. Since 2015, HP+ has supported several efforts to generate evidence to inform the strategy and has advocated for increased domestic resources for

## Box 1. Resources to Improve Maternal and Newborn Health

The Linda Mama program removed fees for maternity services at public facilities—estimated to save 18 Kenyan women every day from dying in childbirth. Building off of HP+’s predecessor project, which supported an [evaluation](#) of outcomes for the program, HP+ supported efforts to place the program under the National Health Insurance Fund to expand access, secure sustainability, and support the Kenya *Vision 2030* goal of free primary healthcare. HP+ analysis helped set the reimbursement rate for services and inform the allocation of about 4.6 billion Kenyan shillings to expand the program. The Linda Mama program was a policy success celebrated in a [short HP+ video on “Why Policy Matters.”](#)

health overall and for key diseases, such as HIV. This support included:

- Publishing a [Health Financing System Assessment, 2018](#), a critical document that gathers evidence to inform advocacy for increasing domestic resources.
- [Costing implications](#) of the 2016 HIV guidelines on the use of antiretrovirals to inform implementation and resource mobilization.
- Assessing [service delivery and financing](#) of HIV care in the private sector and assessing HIV resources available within roads project budgets.

- Publishing [National Health Accounts](#), which track the flow of health sector funds.
- Strengthening [the capacity of government staff](#) in program-based budgeting.

Evidence from HP+ helped mobilize \$25.4 million for HIV, \$16.8 million for family planning, and \$15.5 million for malaria for fiscal years 2021/22 through 2022/23. For HIV commodities, evidence-based advocacy has helped the Ministry of Health establish line items in annual budgets with successive increases in allocation—adding \$166 million in the fiscal years from 2016/17 to 2021/22, with projections for 2022/23 and 2024/25 totaling about \$134 million.<sup>1</sup>

## Support Sustainable Health Financing at the County Level

HP+ strengthened the capacity of county health teams to plan, budget, and advocate for allocations to fund health and priority health programs (reproductive, maternal, newborn, and child health; HIV; and malaria). The project's support helped health departments secure an estimated \$135,000 for reproductive and maternal health in four counties; \$221,000 for HIV in four counties; and \$136,000 in eight counties for malaria in fiscal year 2021/2022. HP+ also assisted county health departments to estimate resource needs, assess potential funding sources, and track allocation and expenditures through analysis of county health accounts and national and county budgets and expenditures. This work is reflected in a brief on [influencing county budgets](#), a [summary from nine county health accounts](#) to inform policy and budgeting, an [analysis of national and county health budgeting](#), and an [analysis of county public health expenditures](#).

<sup>1</sup> Currency provided in U.S. dollars uses the current exchange rate.

## Support East African States to Promote Universal Health Coverage

HP+ developed a resource tracking tool to help East African Community (EAC) member states track government commitments to universal health coverage and health financing for the Sustainable Development Goals. The data informed development of a regional profile used to identify additional resources. HP+ also supported the activities of an EAC expert working group and regional think tank on health financing, which included two expert working group meetings—in 2016 to finalize and validate the EAC health policy and in 2019 to review partner states' progress in implementing financing initiatives for universal health and HIV coverage. In addition, HP+ supported the EAC secretariat to develop advocacy materials to facilitate dialogue during the second EAC joint ministers' and donors' roundtable in 2019. Advocacy helped mobilize financial and technical resources for EAC health investment priorities and funds to combat cross-border health challenges.

## The Way Forward

To sustain gains and improve capacity building, evidence generation, and budget advocacy, the government of Kenya should work to: implement the 2020–2030 Kenya Universal Health Coverage Policy, continue developing evidence-based policies to guide reforms, fully understand the pooling arrangement in the healthcare financing system to better spread financial risks, and entrench a purchaser-provider split so third-party payers are totally separate from healthcare providers to mitigate inefficiencies in service delivery. Social protections should be further explored to address inequities in access to healthcare for more vulnerable populations. Finally, stakeholders need to continue exploring innovative mechanisms for domestic resource mobilization to foster health sector sustainability.

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