
NATIONAL DIALOGUE ON A PEOPLE- CENTERED UNIVERSAL HEALTH COVERAGE IN KENYA

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LIST OF ABBREVIATIONS

PHC	Primary Health Care
UHC	Universal Health Coverage
COVID	Corona Virus Disease
CHV	Community Health Volunteer
PGH	Provincial General Hospital
MCH	Maternal and Child Healthcare
PPE	Personal Protective Equipment
ICU	Intensive Care Unit
HDU	High Dependency Unit

OPENING REMARKS

(By Jack Oduor, Umande Trust)

The Umande Trust coordinator gave an opening remark where he introduced members of PHM as PHM was celebrating 20 years as a movement. The day was commemorated one day before the official day 12th December 2020 to set the agendas.

PHM is a membership movement composed of various organizations across the country, and he hoped that many civil society organizations would become members of PHM, to negotiate and advocate for the rights of health.

The day's discussion was about how PHM would like the government to drive UHC so that no one is left behind in terms of Health care. The discussion of the day was meant to derive at how people can get health care services at affordable rates.



Figure 1: Jack Oduor during his opening remarks

Introduction of PHM-Kenya

(By Eunice Owino, Centre for Women Empowerment in Technology - Homabay)

The People's Health Movement is a Global Network that brings together different organizations in different countries. The movement brings Health Activists, Civil Organizations, Academic Institutions, Researchers, human rights defenders, and public health professionals concerned with growing health inequalities and motivated by the call "Health for All – NOW". The main issues discussed in PHM Global are around primary healthcare. Looking at issues affecting healthcare starting from the grassroots level, and also talking of social empowerment and economic determiners of Health.

PHM Kenya works to track, defend and promote the realization of the right to HEALTH FOR ALL, as written in Article 43 of the Constitution of Kenya.

Background of PHM

Eunice informed the participants that PHM is celebrating 20 years as a movement. She reiterated that PHM was formed in the year 1972 in Bangladesh where 8 organizations came together and decided to form a charter which was endorsed as a movement in the year 2000. The movement would bring the entire global to champion issues on health. The 8 organizations that came together then were;

1. International Peoples Health Council
2. The Consumer International
3. Health Action International
4. Third World Network
5. Women Global Network for Reproductive Rights
6. Asian Community Health Action Network
7. Dag Hammarskjold Foundation
8. Gonoshasthaya Kendra.

The organizations affirmed that health is a social, economic, and political issue but above all a fundamental human right.

Vision of PHM

Eunice further talked about the vision of PHM. She said that the movement envisions Equity, Ecologically Sustainable and Peace. She emphasized that PHM looks at a world where a healthy life for all is a reality, a world that respects, appreciates, celebrates all life and diversities and enables the flowering of the people's ability and enrich each other. A world that enables people voices, guides, and shape lives.



Figure 2: Eunice giving her presentation

Structure of PHM

She said that PHM's Structure is whereby the organization assembles Global Steering Council and small secretariates. PHM Kenya Steers the Regional Council in Africa

Realization of Right to Health in Kenya

(By Harun Ndubi - Advocate of the High Court of Kenya)

This session was facilitated to enable everyone to understand what the constitution of Kenya states about health rights. Harun, encouraged participants to be proud of their country's ethics, culture, and diversity. He affirmed the commitment to nurturing and protecting the wellbeing of the individuals, family, community, and the relations. He further indicated that it was important to note that the wellbeing of individuals include; good health, avoiding situations that would undermine the good health and as article 43 of the constitution of Kenya states, every person has the right to the highest attainable standard of health including the right to health care services and reproductive health care.

He also stated that the County and National government needed to re-assess how they evaluate the question of healthcare services rather than to compete and appear as trying to contest in terms of power. He reiterated that the government's concern should be the welfare of the citizens, thus, the government should be responsible and accountable for the health care services.

He, however, lamented on the failure by the government to address the critical issues and emphasized the need to critically challenge the government on issues related to public policy including trade. He sighted an example of why the government allows advertisement by Coke and alcohol companies, yet the drinks harmful to health. The National government had failed in providing primary healthcare services that they are required to do, by deliberately refusing to meet the demand of resources at the county level in time

Based on the discussion, he advised that for UHC to work well, the government would have to be transparent, responsible, and accountable to secure health security. In conclusion, he emphasized the need for PHM and other civil societies to unite in questioning and asking the government for the prioritization of the services that the nation deserves



Figure 3: Harun Ndubi giving his presentation

Community Health workers Concerns

The Community Health Workers raised concerns about what the government and county government are doing concerning the emerging initiatives that are somehow competing with UHC. Different counties have different initiatives; like in Kakamega, there is Opanya Care, in Kisumu there is Marwa and Machakos also has a different one. The CHVs wondered what role the initiatives played in UHC and what was different about them that was not in UHC. They wondered where to draw the line, taking an example of the Oparanya Care that deals with maternal health care while UHC does the same.

Rachel from Mathare commended the CHVs for the good job they do in the community. She said that the discussion around UHC is concerned with access to health care, she also noted that the common person has the privilege to be covered by NHIF but not all are covered. As such, she wondered if pushing the UHC agenda would not divert the attention of people from holding the Governments accountable in giving Kenyans access to health care.

Roseline a CHV from Mukuru noted that in 2016/2017, an organization went to Mukuru and trained some CHVs on community health strategy; she realized that most of the issues in UHC discussion also connected to Community Health Strategy. As such, Roseline raised a concern that it was one thing to get the training and it is another thing to implement the strategy. She confirmed that most of the CHVs who are trained to do their work on a volunteer basis. She said that volunteering is not as effective as if one was on a consistent salary. She needed to understand what UHC was going to do to ensure there are funds for creation of awareness and for addressing issues around CHV remuneration. Otherwise, she feared that UHC may fail if the considerations on engaging CHVs are not made.

Dan indicated that PHM as a movement will push the government to address the issue of community participation, inclusion of community health workers, and payment for work duly done before the National roll-out. He said that before the President rollout UHC nationally, it should be anchored on a community-based model. By this, he meant that there was a need for a community structure to be set up. That there would be clinics, dispensaries and roads leading to the facilities before the national rollout. That there will be enough health care workers, and trained Community Health Workers who are included in the Health Care System just like South Africa has done.

Jakiwa a Community Health Worker from Mathare, said that a charter guided UHC, but when it came to Kenya, there were many policies in place. These policies started from the Community Health strategy, where by NHIF cost was Ksh. 60 but now it cost Ksh 500 and then there was the introduction of UHC. He further explained that In Nairobi alone, it has been a challenge to come up with a proposal of implementing quality health care that everyone can afford. He also reiterated the fact there are many other counties have come up with their own initiatives including the Mutua care and Oparanya care, his main concern was if it was really true that there cannot be a consensus on how to run the UHC initiative. Dan in his response affirmed that Kenya does not have a shortage of laws and policies; but he acknowledged that there were many laws, which are not being implemented. He noted that the shortfall comes on the oversight role of the civil societies. He lamented that if health had active citizens like on political rights, Health rights would be attained. He however, reiterated that UHC was to help with the commitment of sustainable development by the year 2030.

Nelson from Nyeri County suggested that PHM should take the mandate to create awareness from the county levels to the grassroots to ensure success. He was alarmed to hear that there

had not been conversations around health between the county and national assembly and he wondered what the Nyeri county has been doing on health.

Doris shared her concern on how much the community is uninformed. She stated that the community lacked so much information on NHIF and the officers at the ground have done little to create the awareness. She wondered if PHM had the mandate to create awareness as she was convinced that people do not seek health services because of lack of knowledge. She mentioned that many people are not aware about Linda mama and so do not enjoy those benefits.

Beatrice, an activist of Community Health Workers from Mathare shared her concerns on County Council Hospitals (Kanjo Hospitals). She said that the people who stay around the facilities do not have a voice about the services offered. Beatrice shared her experience when she took her child to the community hospital and she only had Ksh. 100 but the hospital needed Ksh. 200. She said that the hospital asked her to go back with the child so she could raise the full amount required to be attended to. She said that it would be fare if during this pandemic of COVID 19, no nurse nor doctor should ask the patient to go back to pay full amount especially when someone's health is at stake. She appealed to the leaders in the slums and human rights activists to condemn such acts. She explained further that in some scenarios even old people would be sent back when they do not have adequate money for medication. She emphasized that it is discriminating against the elderly and that it not proper. Beatrice Concluded by saying that CHVs to work together including the young and the old to overcome the issues affecting their communities even during this COVID 19 pandemic.

Dan in his finalized remarks of the session wished that KTN media who were present would record such issues and air, even though, he noted that much work need to be done to amplify these voices from the top

Panel Discussion

Moderator: Michael Arunga

Panelists

1. Winnie from Makueni County
2. Jacob from Machakos County
3. Ndegwa from Nyeri County
4. Christine from Kakamega County
5. Valentine from Isiolo County
6. Grace from Mombasa County
7. Mary from Kisumu County
8. Emma the president of Federation of Africa Medical Student Association

The moderator, Michael Arunga, introduced the session by stating that the panelists would present about the issues around UHC in their counties, the lessons learned and the recommendations to be considered in the national roll out of UHC.

Makueni County

Winnie from Makueni County started by saying that, Universal Health Coverage (UHC) is a global program meant to ensure that all individuals and communities receive the health services they need without suffering financial hardship. She stated that UHC was rolled out in Makueni in 2016 and the program started with the elderly who received treatment free after paying a subscription fee of Ksh. 500.

Winnie stated further that, currently there are 236 health facilities located at least 5kms from each other, compared to 109 facilities in 2013 that were sparsely located within the county. She said that the benefits of UHC are enjoyed admission to discharge, she shared her experience of delivering in 2018 to a baby who had meningitis and they stayed in the hospital for two weeks, the UHC helped to clear the bill that accumulated.

She, however, noted that the "free nature" of UHC was a challenge to the capacity of health facilities. She gave an example that in 2016, level four hospitals would serve 300 patients per day, but currently, there is an influx whereby, the facility serves around 1000 patients per day. This becomes overwhelming to the nurses, doctors, and space available in the facility.

She also mentioned effective budget utilization as another challenge faced by the county and noted that it might affect

the sustainability of

UHC. She explained that out of the 7.5B allocated to Makueni County, the department of health takes 3B, which is over 40% budget of the entire county allocation. Noting that there are nine departments in the County, the Health Department receives a high allocation that should be properly utilized for UHC to be sustainable. She emphasized that proper utilization of the budget would ensure that there is enough personnel and medical equipment as well as empowered Community Health Volunteers (CHV).

In conclusion, Winnie said that unless Makueni County increases the capacity of staff and creates awareness for both the community and Community Health workers, the project would flop.

Isiolo County

Valentine noted that there were successes of UHC in Isiolo County but she shared her concern about sustainability. She explained that UHC was to decongest referral hospitals by ensuring that patients were treated in the nearest primary facilities. She noted that in the county, facilities are sparsely populated with a distance of 50 km from each other forcing the patients to travel long distances to facilities that had inadequate personnel and medical equipment. She noted that pregnant mothers suffered the most especially during complicated birth.

She further explained that in Isiolo, there are three sub-counties; Isiolo, Merti, and Galbutull, and some are far from the referral hospital. She gave an example that if a pregnant woman is transferred from Merti, which is 300 kilometers from the referral hospital, chances of survival



Figure 4: Panelists from different counties during the panel discussions

for the mother and the unborn child is minimal because of the poor roads. She noted that though the UHC has success stories, the poor roads and the long distances covered by the patients are a challenge, especially to the pregnant mothers.

She also noted that when a patient is referred to other hospitals outside the county, the UHC would cease to cover the medical expenses as such forcing the patients to suffer the financial hardship that UHC tries to reduce. A patient from Isiolo to Kenyatta National Hospital would be expected to cater for their bills.

She reported that UHC has ensured medical supply in the health facilities including the dispensaries. She, however, noted that the facilities lacked laboratory equipment to conduct simple tests forcing patients to travel long to get tested.

In conclusion, she reiterated that the success of UHC is dependent on the decongestion of the higher-level hospitals by equipping the primary health facilities to ensure that basic healthcare needs do not have to be taken to the higher levels. She suggested that the County needs to ensure enough supply of medical equipment to enable the CHVs and the doctors to work well. She talked about the need to consider salaries and remuneration of the medical personnel to be within the standards of the country. She encouraged that the COVID 19 pandemic to be considered as the next phase of UHC is rolled out.

Machakos County

Jacob reported that Machakos County was the first to improve health care in the country. He gave an example that in the year 2014, the County procured 17 improved ambulances and that was the reason it was chosen by the UHC pilot scheme. He mentioned that in Machakos County, health budget allocation increased from 18% to around 22% and of the county budget during the UHC pilot. He further stated that seven new facilities were gazetted during the UHC pilot rollout that also created new job opportunities. He also noted that there was the upgrading of four level 3 facilities to level 4.

Jacob said that there was an increase in the number of CHVs to 22,250 in the county. He said that the increase helped reduce the workload in the health facilities. He also testified that the Governor of the County Government of Machakos Dr. Alfred Mutua established a working cancer research and treatment center that gives free services paid up for by the County. He also said that 16 medical camps were established offering health services to at least 250 patients per day. There were also 12 facilities upgraded to level 3 offering also Maternal and Child Healthcare (MCH).

Nyeri County

Ndegwa said that in Nyeri County, UHC was implemented as a pilot due to high rates of Non-Communicable diseases and he noted that there are improvements in the status of health in the county. He reiterated that the objective of UHC was to increase access to better health care, to give good quality of health to all Kenyans, and to reduce the financial hardships among the majority of Kenyans who were poor. He acknowledged that it was a good idea but noted that there Nyeri County faced several challenges but also learned some lessons.

He gave a history of Nyeri referral hospital that was previously known as Provincial General Hospital (PGH) for the Central Province of Nyeri. He said that majority of people from Nyeri County would go to the hospital to seek better health care services at PGH then. He alleged

that, when UHC was rolled out, a good number of patients in the neighboring counties, registered for UHC in the County leading to many people being registered for UHC even though they were from neighboring counties. This led to an increased number of patients at the hospital increasing the workload for the medical staff and therefore affecting the quality of services delivered. Ndegwa also noted that there was a challenge with the referral system from the lower levels to the higher levels.

Ndegwa reported that from the finances that were promised to the County government of Nyeri, 80% was given to KEMSA for the supply of drugs and that it was not clear if the remaining balance was wired to the county or not to help pay the staff. He also reiterated the fact that much emphasis was on the higher-level hospitals instead of the lower levels that have a higher burden for primary health care.

Mr. Ndegwa complained that the citizens had inadequate information about the difference between NHIF and UHC and they did not even know which one was free. He said that as much as the county expected that government would reduce out of pocket payment, which has been reintroduced again. He suggested that the County to consider having different payment plans and be able to waive for patients with little ability to pay, even though he noted that there was confusion with how NHIF operated.

In Conclusion, Mr Ndegwa said that the County had benefits of UHC including more nurses being employed even though there is still inadequacy. He also noted that there is the realization of the importance of healthcare and as such, the need for preventive measures, a conversation he noted was ongoing with the community.

Kakamega County

In Kakamega County, Christine stated that the deaths of mothers during labor was increasing when Governor Oparanya came up with Oparanya Care to encourage mothers to visit health facilities whereby they received Ksh. 2000 for every visit. It was noted that these women would use the money to start different income generation activities instead of keeping the money to facilitate their next visit. She said this prompted the governor to come up with a micro-managing finance act where the women would get some money to start businesses instead of using the Oparanya Care money.

She noted that there were challenges with paying Ksh.500 for NHIF. Through the CHVs, the Households were encouraged to pay the premiums in a smaller bit. The CHVs would invite the NHIF officer during the community dialogues to facilitate payment in installments. She stated that the challenge with NHIF is that the money that comes to the counties as revenue is misappropriated or reallocated to other projects. She says that UHC should be linked to the community for it to be successful.

Christine shared her experience as a CHV when she realized that her neighbor was sickling and had many children who were also sick but rarely sought medical services because she could not afford them. She was able to seek support from facilities around and get the family tested for Malaria and TB and then she later referred this family to the nearest health facility for treatment. She says that without community structures, UHC may not meet its objectives.

In conclusion, Christine gave progress about Kakamega County where she noted that there are efforts to equip level two and three hospitals to help decongest level five hospitals. She noted that level four hospitals are currently being constructed in 12 sub-counties and that there is a standard design for level one facilities to have maternity, female, male, and children

wards. She however noted that there is a shortage of medical officers and nurses. She noted that the County is trying to employ more health workers and recognize the CHVs because most of the work in levels one, two, and three is done by CHVs.

Mombasa County

In her introductory statement, Grace noted that just like in Kakamega, Mombasa County had an initiative by the governor Ali Hassan Joho that was supported by World Bank and National Government took a model of UHC and NHIF to help residence get health services. She said that the initiative helped improve the health service delivery in the county. She noted that Dengu fever and Chikungunya disease which were only found in Mombasa contributed to the County getting the support with the healthcare initiative.

Christine noted that there was a big knowledge gap among the citizens and the political leaders. She commented that recently in October 2020, when the governors were in Mombasa to discuss the UHC, the County Health Committee was asking the MCA's about the UHC but the MCAs understood little about UHC and did not know their role in UHC at the county level

The other limitation Christine talked about was about the shortage of medical supplies and equipment. She noted that even though World Bank funds the initiative, Mombasa has the biggest referral hospital on the Coast serving six sub-counties. The supplies are inadequate and patients are forced to spend out of pocket to buy medicine.

She also noted that there is mismanagement of funds in the County as every financial year there is increased allocation to health but there is no improvement in the health sector.

In conclusion, Christine however said that there were lessons learned from the challenges faced by the county including:

- That Majority of Kenyan citizens do not have health-seeking behaviors
- That UHC should not be a political matter as healthcare is one of the strategic Sustainable Development Goals

President of Federation of Africa Medical Students Associations.

Emma introduced the Federation of Africa Medical Student Associations as a network of medical students who are very passionate about Global Health, Primary Health Care, and Universal Health Care coverage. She said that their vision is to become a strong network of medical students who are aware of and responsive to global health issues including COVID-19.

She indicated that their initiatives are similar to what UHC does. She said that they have a global health leadership policy and advocacy training coming up. She acknowledged that PHM is also a close sponsor and she appreciated that they collaborated with PHM in a conference that happened in February, whose theme was **Notifying Primary Health Care to attain Universal Health care coverage**. She acknowledged the speakers from PHM including Mr. Dan Owala and Miss Penninah Khisa.

She disclosed that they are aware that UHC is one of the Big Four Agenda and as a federation; they have goals, which they aim to achieve by the year 2022. She affirmed that because of the goals they have, they could not leave health care workers behind

Emma stated that one of the issues to address is in regards to the policies. She said that in Kenya, there are very good policies on paper but not being implemented. Therefore, she emphasized the need to hold leaders accountable and ensure monitoring and evaluation of those policies.

The other issue that Emmah felt need address is human resources for health. She said there is neglect regarding healthcare workers who are not getting PPE's, She even talked about a colleague who died out of COVID. She said there is a need for the government to check the policy of the ICU's and HDU's and ensure that high standards are observed because there is no value in having ICU and HDU that are of poor standards.

She emphasized the need for absorbing doctors after their internship as there is a high rate of unemployment among the doctors yet there is a need for their services in the health facilities.

Lastly, Emmah affirmed that it would be very important for the government to facilitate vaccination of all health care workers because they work in high-risk areas. In conclusion, Emmah encouraged all civil societies to embrace the spirit of solidarity and cooperation working towards achieving Universal Health Coverage. She emphasized that there is strength in togetherness and that the voices of everyone matter, must be heard, and addressed.

Kisumu County (Mary)

Mary started by indicating that Kisumu was one of the pilot counties for UHC. She indicated that one of the challenges that UHC faced in Kisumu was having people from other counties registering in the County. She also noted that most citizens were not involved in the design, planning, and implementation of UHC and that could affect its success.

Mary registered her concern about having parallel initiatives in the county. She indicated that there is a health care scheme called **Marwa**, which was launched by the governor in October 2020. She wondered where the UHC was placed because she believed that instead of coming up with a parallel scheme, the county should strengthen UHC and also the system to achieve the set goals.

She reported that Marwa was launched for 67M and the first face had been rolled out with 45,000 beneficiaries. She said the initiative was targeting 90,000 beneficiaries in the whole county. She was concerned that UHC could be dead in Kisumu with the coming of Marwa

Closing Remarks

Different counties had different closing remarks.

Isiolo County suggested that there is a need for civil societies to organize themselves for UHC to succeed. There was a suggestion that mental health issues affecting the health workers and communities which need solutions.

From Makueni County, it was noted that if UHC would be implemented well, it will be able to sustain the health care in the community. Nyeri county's team suggested that the county government needed to look at prevention rather than cure. The County should also look at the CHV medical covers and have their wellbeing. The team encouraged PHM to register all medical and community workers in the Network.

Machakos County team indicated that the government needs to reduce out of pocket payment and establish a large pool so that the government's revenue could cover those who cannot afford medical services and to empower the enumerators and the CHVs. Kakamega felt that the issue of NHIF to be addressed. From Mombasa, it was noted that the issue of drug addiction has been reduced by disallowing kiosks around schools and education facilities.

The participants also suggested that the personnel must be strengthened and for UHC Primary Health care should be Key. The CHVs were congratulated good job they do in the community. There was the feeling that the only language the government understands is protest. It was emphasized that UHC should cover all other diseases, not just a few. It was reiterated that the CHVs have been undermined and it was time they were paid, appreciated, and respected.

Conclusion

Peninah Khisa, the Regional Representative of PHM in Africa gave her closing remarks stating that the day's meeting was for the people and from the expressions, the participation was good and she encouraged everyone to join PHM. She restated that the spirit of PHM started in the year 2000 yet not much has changed in health. She affirmed that the struggle continues until they achieve their goal. Miss Khisa asked the National Coordinator, to organize people to peacefully protest the issues contested.

Dan Owala, the National Coordinator of PHM-Kenya, asked about the way forward. He also asked if there was a need to start a petition. He emphasized the need to look at the issues from the perspective of the community. He also reiterated to need to speak in one voice for UHC to grow.

He noted with concern the needs of Community health workers. He reiterated the demand of the participants that the government to consider supporting the health workers by providing them with work related equipment and remuneration. That the CHVs are not only volunteers but also part of Health fraternity that hold important role in the community. Dan recalled the journey of paralegals before a bill that became an act of Legal Aid was passed. He related the attitude in that journey with the government attitude towards CHVs. He urged the participants that in order to succeed to have CHVs included as health personnel, they would need to remain in contact and continue to strengthen their voice. He affirmed that if they do not work together, they would not succeed in silos.

Dan emphasized that the government should fix the health care needs before talking of BBI. He reiterated that no one should be left behind. He also informed the participants that PHM will make a petition to contest the issues identified and invite the participants. He said that they will commemorate the World Health Day in 2021, April 7th and encouraged the participants to join the planning now and have a memorable event that will shake the country and have impact.

Annex I: PRESS RELEASE



Kenya rolls out its Universal Health Coverage after completing the pilot phase early this year, when the world commemorates the Universal Health Coverage this Saturday, a day set aside to celebrate milestones gained.

The People's Health Movement Kenya, and citizens whose rights to healthcare are enshrined in the Constitution of Kenya under article 43, will lead the celebrations, even as the country faces teething challenges within the health sector.

The following declaration is made on behalf of the people:

Financing the planned UHC national roll-out: We urge the government to review the current NHIF subscription model currently being rolled out as the basis for UHC in Kenya. It risks advancing inequalities. As a people-centered movement, we emphasize the need for a tax-based model of unified public provider and payer for health services. The current insurance based model will not ensure universal coverage since it is reliant on subscriptions and incomes. The payment of private healthcare providers using the public coffers will simply drive up costs on the Treasury's bill while supporting an inequitable health system. The 'delivery' model, which refers to the health services, should be based on Primary Health Care. This has strong emphasis on the community and clinic/health Centre levels as well as community participation and inter-sectorial action to address social determinants.

We also ask the government to ensure that there is constant adequate supply of medical supplies and equipment in public health facilities.

We are asking for an expansion in the essential health benefit package to include comprehensive in-patient and out-patient services, in both public and private health facilities.

We ask for an increase in the number of healthcare workers in public health facilities to help address the growing demand for healthcare services, to support UHC.

We are asking for an increase in the number of healthcare facilities within the counties.

We ask the government to Lay down a robust monitoring and evaluation mechanism to track, learn and improve the delivery of UHC.

We ask the government to anchor UHC on a strong and enabling national policy framework.

We ask the government to ensure that policies for UHC clearly highlight the costs, indicate who is covered and the extent of the cover. It will enable us to move from curative to prevention.

Asks to NHIF as basis for UHC Kenya

1. What strategies are NHIF using to ensure there is health insurance coverage to all Kenyans (those in formal, informal and the vulnerable populations)?
2. What contribution is NHIF making to strengthening the public health system to ensure that its members access quality health services irrespective of their social status?
3. How is NHIF ensuring transparency and accountability in its operations? Have the corruption loop-holes been sealed?
4. What reforms is NHIF undertaking in line with devolution?
5. Can NHIF as currently constituted realize universal health coverage?
6. Can NHIF report to the general public what percentage its funds goes to the private facilities.

In regards to Corruption, we demand that The Ethics and Anti-Corruption Commission and the Directorate of Criminal Investigations fast-track independent investigations on the already suspected cases of corruption at national and county levels involving **KEMSA, MES, Afya Gate Scandal, and COVID-19**. The Office of the Director of Public Prosecutions (ODPP) should ensure timely prosecution of those adversely mentioned in these cases, while the Judiciary should facilitate the speedy hearing and determination of these cases so that those found culpable are charged.

The Auditor General must conduct an independent audit of all UHC and the COVID-19 funds. These resources are intended for response efforts to entities that include the national and county governments, and the COVID-19 Emergency Response Fund Board. The audit should include the different government institutions that access public resources for response to the COVID-19 pandemic.

The plight of Health workers: We support the notice for industrial action by our health workers, and demand that the government moves with speed to resolve the current outstanding issues raised by the Unions.

In conclusion, it's important for the government to realize that we as consumers of healthcare service delivery and contributors of NHIF scheme, have a say and participate in making decisions that affect our lives.

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