Kenya currently has 17 doctors for every 100,000 people, half the number that WHO recommends, and there is little chance that this target will be reached soon.

This does not take into account the rate of population growth and staff attrition. There are various options for the new government; it may choose to offer a national health insurance scheme funded by contributions mainly from employees. Such a package would be an extension of the proposed National Hospital Insurance Fund that has met opposition from trade unions, the private sector and other interest groups.

The idea of a national insurance scheme is not new in Kenya, having first been mooted by the KANU government in 1991 then aggressively advocated by the first NARC regime in the early days of this millennium and then by the current government.

The other option on the cards is free healthcare for all Kenyans financed through accelerated national budgetary allocations. Such a scheme would be similar to the current free primary school education model, which largely depends on funding from Treasury and donors.

Among the three main healthcare financiers, the government provides the least amount of funding, meeting 29 per cent of the healthcare costs. Private households provide most the funding at 36 per cent followed by donors at 34 per cent.

When we asked several experts at the ministries of health whether the promises being made by the competing politicians were viable, they were reluctant to get involved in case they were seen to be partisan but singled out infrastructure and personnel as being key.

The chairman Kenya Medical Practitioners and Dentists Union, Dr Victor Ngari, says to that to significantly reform the health sector, a comprehensive programme would be required for the development of human skills.

"This is possible but it will require huge resources, political will and proper planning. It has been difficult to retain well-trained personnel without proper remuneration and good working tools and the right environment."

Dr Ngari says the devolved government faces the extra challenge of making sure that top health professionals are well paid so that they are attracted to work in less developed counties. "But most
CALLO STORY

getting better healthcare

Deficit: Number of health facilities still way below WHO recommended targets

BY STANDARD REPORTER

Only about half of Kenyans seek medical care when they fall sick, and this is among the health issues the next government has to deal with. One of the most daunting tasks will be to increase the number of health facilities to meet the World Health Organisation’s recommendations; the WHO recommends that the nearest hospital should be not more than five kilometres from where people live. The distance from health centres is attributed to thousands of avoidable deaths every year.

“We have seen even non-emergency patients die because they cannot reach the appropriate medical facility in time or cannot afford to travel,” says Mr. Joseph Omach, a programme officer with the Childhood Cancer Initiative. The programme has been running a half-house in Nairobi where cancer children referred to Kenyatta National Hospital from far-flung areas get free accommodation as they attend to treatment. Kenya has 16 overworked cancer doctors, all who operate from Nairobi, and a handful of cancer nurses many of whom work using obsolete facilities.

Dr James Njoroge, who runs several alternative medicine clinics in Nairobi, says those running for political office must address these issues. Kenya has 6,700 health facilities half of which are run by the Government with the rest under private and faith-based organisations. Considering that only a half of Kenyans have physical access to a medical facility within the recommended five kilometre radius, the country will need to double its medical facilities to more than 15,000 at a cost many times the country’s total annual budget. The construction and equipping of the modest Mamma Lucy Hospital in Nairobi cost an estimated billion. Comprehensively the suggested establishment of referral hospitals in the 47 counties with specialised cancer diagnostic and treatment facilities would require a massive investment.

Last year, the Aga Khan University Hospital in Nairobi established a cancer and heart disease centre at a cost of Shs. 6 billion with the capacity to treat 10,000 cases in the coming 20 years. It is estimated that 82,000 Kenyans are diagnosed with cancer annually. These estimates do not take into account the cost of consumables, maintenance and human skills. But even before the next government thinks about new medical facilities, current amenities are old and dilapidated and do not meet modern medical infrastructure standards, the 2013 Health Sector Working Group Report says.

“On average, 30 per cent of the equipment in our public medical facilities and research laboratories are obsolete or unserviceable,” says the public sector audit group. The lack of equipment will continue to be a major challenge in the coming years, according to Dr Patrick Akuku, head of the Department of Internal Medicine at the University of Nairobi. “Sometimes we are just overwhelmed when patients die because the doctors cannot fully utilise their expensively acquired medical skills for lack of proper staff and equipment,” says Dr Akuku.

important is to ensure there is enough security across all counties.”

For example, Nairobi with only about eight per cent of the population, holds more than 30 per cent of all doctors, while the Rift Valley, with almost 30 per cent of the population, has only about 20 per cent of physicians.

Data made available by the ministries of health indicate that if the incoming government is serious about fulfilling meaningful healthcare reforms, it will be required to hire about 50,000 nurses in addition to doubling health centres and dispensaries around the country.

Kenya has seven nurses for every 6,000 residents against World Health Organisation’s recommendation of 16 nurses for the same group. At the current cost of training, it would cost an estimated Shs. 11 billion to train that number of nurses at a cost of Shs. 2 million per nurse.

However, it is the training of doctors that poses a challenge both in terms of cost and time. Currently the country has about 6,000 doctors in the private and public sectors, and to meet the WHO recommendations, the new government would have to train and hire about 2,700 doctors immediately.

To train this number of doctors would require about Shs. 35 billion at Shs. 2 million per individual. But even with this money at hand, the capacity to train that number of doctors within a reasonable timeframe could pose a problem in fact, with the

CONTINUED ON PAGE 4
HIV still the top killer disease and poses headache for state

BY GATHIKA GITSONYE

The next government has its work cut out in tackling Kenya's top killer diseases. HIV and non-communicable diseases are still the top killers in Kenya, claiming almost a third of all deaths in the country.

Since the epidemic began in 1984, HIV has claimed the lives of at least 1.7 million people in Kenya. In 2011, an estimated 90,000 Kenyans died of AIDS-related causes according to the current Kenya AIDS Epidemic Update. During the same period, about 22,000 Kenyans died from various cancers.

Dr. Willis Akhware, head of Disease Prevention and Control at the Ministry of Health and Sanitation, says a ceremony observing the World Cancer Day at Kangemi, Nairobi, Dr. Akhware had said indications are that cancer would continue to claim more lives unless dramatic preventive control and treatment are undertaken without delay.

While containing the emerging threat of cancers, heart, diabetes, and other non-communicable disease may be more challenging than HIV, managing HIV has reached a critical point.

For example between 2007 and 2008, Aids-related spending accounted for 24 per cent of total government expenditure on health, while future financing for the disease are projected to go up. But while this looks substantially high, it is only a small per cent of the total allocations to HIV.

"The international donor community accounts for more than 80 per cent of all HIV spending in Kenya, amounting to about 40 billion annually," says the AIDS Update which is prepared by the UN and Kenya government.

But it is bad news for the incoming government because this flow of donor money is either declining or plateauing off and experts predict a huge funding gap in coming years.

The US government, the single largest source of HIV funding in Kenya, is capping its financial support for HIV programmes in the country. At the same time, the Clinton Foundation has discontinued support for paediatric treatment while PEPFAR has capped the number of antiretroviral patients it will support over the next two years at 190,000.

Worse news indicates that the Doctors Without Borders group is also phasing out its treatment programmes, transferring its facilities and patients to the public sector.

It is most likely that when the country's first Health Secretary assumes office, the in-tray will be a proposal from the National Aids Control Council (NACC) suggesting innovative HIV financing mechanisms.

These include a restructuring of NACC that is devoted to the counties, special taxes on air travel and telephone airline among others.

After HIV the second major killer of Kenyans, according to the government-prepared Kenya Health Policy 2012-2030, are childbirth-related complications. Other killers include pneumonia at nine per cent, and then pneumonia followed by tuberculosis and diarrhoea.

Malaria, which for long has been a top killer, has dramatically gone down following concerted control strategies.

FACTFILE

In 1984, HIV has claimed the lives of at least 1.7 million people in Kenya. In 2011, an estimated 90,000 Kenyans died of AIDS-related causes.

**Prognosis:**

Kenya decades away from getting better healthcare

Continued on page 4

Current training capacity, the government would need 20 years to meet the recommended doctor-to-population ratio.

The Kenya Health Workforce Information System indicates that an average of 960 doctors graduate each year from local universities. At the current graduation rate, it would take until 2028 to train the required 7,000 doctors.

The repercussions of this shortage is felt by patients and their guardians across the country. One of them, Mulako Aden, says he has heard the promises being made by presidential candidates on the campaign platform and hopes that these leaders can transform the health sector.

"I sincerely hope this time that promises can be met so that we get more doctors in our hospitals. But unfortunately we have heard these promises before and nothing has changed," says Mulako Aden, who had brought his ailing wife to the Railway General Health Centre in Nairobi.

Speaking to *The Standard* on Wednesday, the Adenos had been waiting to see a doctor at the centre for two days before the interview.

"Today we were here before 8 a.m. and now it is going to 10 a.m. and still no doctor," Aden, who is the breadwinner, said.

He is one of the Kenyans who feel thoroughly let down by the state. But even with sufficient investment in facilities and personnel, still a significant number of Kenyans do not go to hospital when they are sick.

According to the Kenya Service Provision Assessment 2010, conducted by the two ministries of health, almost 40 per cent of patients who attend public hospitals said service providers were rude to patients.

In the same report it was also documented that medical personnel would come in late, sometimes drunk and leave early telling patients to report the next day for a similar experience.

"During group discussions with patients, 36 per cent talked about how doctors treat patients rudely, ignored them, came to work drunk, or failed to respect the hours of service," says the assessment report.

FACTFILE

The international donor community accounts for more than 80 per cent of all HIV spending in Kenya, amounting to about 40 billion annually.