Addressing Gaps in the Health Policy 2014-2030 to halt and reverse the rising burden of NCDs in Kenya

PROBLEM STATEMENT

Kenya has been reported as one of the countries in Sub-Saharan Africa with the highest non-communicable diseases (NCDs) prevalence estimated at 20.3% (World Health Organization, 2010). Evidence shows that young people aged 10-24 have high vulnerability to the following NCDs risky factors: tobacco use; physical inactivity; unhealthy diets; and harmful use of alcohol. For instance, 5% of young men aged 15-24 smoke cigarettes compared to less than 1% of young women who smoke cigarettes (KNBS and ICF Macro, 2015). Subsequently, NCDs have become one of the leading causes of mortality in Kenya (Anyona & De Courten, 2014; Ministry of Health, 2015a; World Health Organization, 2014).

Although the Kenyan government has put in place policy frameworks and measures to address NCD risk behaviours among young people, these policies often remain inadequate. The Kenya Health Policy 2014-2030 is one of such policy where reducing and reversing the burden of NCDs is mentioned (Republic of Kenya and MoH, 2014), but more explicit language and guidelines need to be put in place to realise this objective.
POLICY OVERVIEW

According to the Kenya Constitution under Article 43 (a) “Every person has the right to the highest attainable standards of health, which includes the right to health care services, including reproductive health care” (GoK, 2010). To realign the social and economic rights in the Constitution and the Kenya Vision 2030 and beyond (Republic of Kenya, 2008), the Kenya Health Policy 2014-2030 aims to take a rights-based approach to the provision of health care services to all Kenyans including young people. Similarly, the policy aims at attaining the highest possible standards of health for all Kenyans by supporting equitable, affordable and high quality health and related services. The policy serves as a framework for the health sector to ensure the right to health by improving the access to quality services and demand for health and related services for all Kenyan citizens, with special emphasis on young people (Republic of Kenya and MoH, 2014).

OVERALL POLICY OBJECTIVES

Key objectives of the Kenya Health Policy 2014-2030 include:

1. To eliminate communicable diseases;
2. To halt and reverse the rising burden of non-communicable conditions and mental disorders;
3. To reduce the burden of violence and injuries;
4. To provide essential healthcare;
5. To minimise exposure to health risk factors; and
6. To strengthen collaboration with private and other sectors that have an impact of health.

In order to meet these objectives, the Kenya Health Policy 2014-2030 framework relies on eight policy orientations as follows:

a) **Organisation of Service Delivery**: Organisational arrangements required for delivery of services;
b) **Health Leadership and Governance**: Oversight required for delivery of services;
c) **Health Workforce**: Human resources required for provision of services;
d) **Health Financing**: Financial arrangements required for provision of services;
e) **Health Products and Technologies**: Essential medicines, medical supplies, vaccines, health technologies, and public health commodities;
f) **Health Information**: Systems for generation, collation, analysis, dissemination, and utilisation of health-related information required for provision of services;
g) **Health Infrastructure**: Physical infrastructure, equipment, transport, and information communication technology (ICT) needed for provision of services; and
h) **Research and Development**: Creation of a culture in which research plays a significant role in guiding policy formulation and action to improve the health and development of the people of Kenya. The effects of investments in these eight orientations will be measured through attainment of desired health outputs; these are improved access, quality of care, and demand for services.
The policy set out to identify and address socio-cultural barriers hindering access to services and to ensure all persons requiring health and related services are able to access them. Such barriers include cultural perspectives that promote stigma and thereby discouraging health care service seeking such as non-treatment of mental illness. Cultural perceptions of overweight and obesity as signs of prosperity continue to be perpetuated in Kenya. Consequently, obese and overweight people especially young people do not seek for medical and nutritional advice due to stigma they get from peers, communities and from themselves.

As a whole, the Kenya Health Policy 2014-2030 framework focuses on a number of key health issues in Kenya and provides a good outline of key orientations that need to be met to successfully realise the policy objectives. However, a general analysis of the overall framework would highlight that the commitments made under each of these eight policy orientations historically and currently are not being met. The Policy for instance, does not address itself specifically to the NCD needs of young people and has no clear plans on financing its implementation.

However, to narrow down the analysis of this policy brief we focus on the objectives directly linked to addressing and combating NCDs. They are: objective 2 “To halt and reverse the rising burden of NCDs and mental disorders and; objective 5 “To minimize the exposure to health risk factors” In these objectives, the Kenya Health Policy 2014-2030 provides a broad framework of how the healthcare system can address NCDs in Kenya. The strengths of this framework are in its call for increased advocacy for health promoting activities aimed at preventing NCDs; a need for interventions directly addressing marginalized populations; promoting healthier environments to minimise health risk factors; and the reduction of tobacco use and alcohol consumption.

Nevertheless, the policy itself does not provide specific guidelines or responsibilities of how these priorities are to be met within or outside of the health sector. The lack of specificity leaves the policy open to violations and misinterpretations. While the NCD burden among young people has been increasing, public expenditures on health as a proportion of general government expenditures has been reported reducing in recent years from 8.0% to 4.6% (GoK, 2014).

**SPECIFIC POLICY OPPORTUNITIES**

Within objective 2 of the policy –to halt and reverse the rising burden of NCDs and mental disorders and objective 5 – to minimise exposure to health risk factors, there are a number of priority policy strategies that outline the way in which this policy can be implemented. These strategies provide
opportunities for addressing NCDs among Kenya’s young generation; however, it requires more targeted approaches towards young people’s health and NCD prevention and control strategies. The table below demonstrates where there are opportunities within each of the priorities of policy strategies to create a more tailored and targeted approach in addressing the risky behaviours among young people that contribute to NCDs.

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<th>Priority Policy Strategies under Objective 2 and 5</th>
<th>Potential policy opportunity or guideline</th>
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<tr>
<td>Promoting universal access to interventions addressing priority non-communicable conditions and mental disorders in the country</td>
<td>Enact national policy guidelines to effect universal access to NCD preventive interventions and treatment contributing to 27% reduction in NCD related mortality.</td>
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<td>Strengthening advocacy for health-promotion activities aimed at reducing the burden of non-communicable diseases, prevention and control</td>
<td>Policy Advocacy on Budgetary allocation for NCD advocacy among young people, resulting in reduced exposure to NCD risk factors. Include NCD budget line in national and county Fiscal papers of 2018/19.</td>
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<td>Adopt interventions directly addressing marginalized and indigent populations affected by NCDs</td>
<td>Inclusion in national and county Fiscal papers increased budgetary allocation for NCD prevention interventions among the young people in Kenya.</td>
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<td>Strengthen an integrated surveillance system to monitor prevalence, trends and levels of NCDs and mental disorders, including risk factors, to inform policy and planning</td>
<td>Availability of timely data on NCDs will support effective planning and programming for prevention of NCDs among young people. Policy Change to include data on prevalence of NCDs among young people in national surveys including health demographic surveys.</td>
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<tr>
<td>Mitigate the negative health, social and economic impacts resulting from excessive consumption and adulteration of alcoholic products; reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances</td>
<td>Tobacco Act, 2007 and Alcoholic Drinks and Control Act, 2010 presently not being implemented. Enact policy or bylaws to effect implementation of these Acts at county levels. Introduce policy guidelines to control alcohol and tobacco advertising.</td>
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<td>Institute population-based, multi-sectoral, multidisciplinary and culturally relevant approaches to promote health, diet and physical activity</td>
<td>Policy on mandatory provision of space for physical activity for all public and private schools. Introduce policy guidelines to regulate stigma linked to NCDs among young people in Kenya akin to those in the HIV sub sector. Introduce policy guidelines to regulate establishment of fast food outlets in Kenya like chips.</td>
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<td>Decentralise screening for NCDs to lower levels to increase access and early detection.</td>
<td>Increased uptake of NCD preventive services including testing among the young people in Kenya. Policy advocacy to increase the number of NCD regional centres with capacity to address NCDs among young people particularly specialized personnel on NCDs and well equipped hospitals.</td>
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POLICY GAPS
Although there are opportunities to directly address NCD risk factors among young people in Kenya, there are significant policy gaps in the Kenya Health Policy 2014-2030 that prevent the realization of its overall goal and objectives. They include:

Limited focus on youth: The youth (15-24 years) form two-thirds of Kenya’s population (Gok & KNBS, 2010; National Council for Population and Development, 2013; National Council for Population and Development & Ministry of State for Planning, 2012; UNFPA, 2014) hence the need to invest in their health and development to secure a more productive future for the country. The Kenya Health Policy 2014-2030 and adolescent sexual and reproductive health policy, 2015 describe young people as a vulnerable or marginalized group that deserves policy attention (Ministry of Health, 2015b; Republic of Kenya and MoH, 2014). However, the strategies in the policy are still very broad and do not specifically focus on young people with regard to addressing NCDs in Kenya.

Role for civil society organisations (CSOs): Whereas, the Kenya government recognises the role of civil society in the health sector (GoK, AMREF, SIDA, & DIFD, 2010), this policy has described them as implementation partners for service delivery to communities but they are not included as key actors in the design, implementation, monitoring and evaluation of the policy.

Inadequate budgetary allocations: Despite the Government of Kenya signing Abuja Declaration that commit the African Governments to allocate at least 15% of government expenditure to health (Anyona & De Courten, 2014; Heads of State and Government of African Countries, 2006), the allocation of total Kenya government expenditure to health sector has been below 10% since 2002 (Anyona & De Courten, 2014; Nesoba, 2014). Even in recent years, the Government has consistently underfunded the health sector (GoK, 2015). During the 2014/15 financial year the government allocated only Sh47.4 billion, constituting about 4% of the national budget (GoK, 2015). Furthermore, in 2016 this allocation decreased to 3.12 %. The implementation of this policy
however, must be anchored on sufficient resource allocation.

National budget statements and county fiscal papers are critical in guiding the budget process as they specify the broad strategic priorities and policy goals that guide the county government in preparing its budget for the coming financial year and over the next 3-5 years. The 2012-2018 Fiscal papers did not include NCDs as a health priority and therefore not included in budget preparation process. Additionally, prevention and control of NCDs have not been listed as a priority programme in national and county budgets thus, they have not secured the necessary political and financial goodwill. Health issues that have been included on a programme budget basis have traditionally posted improved indicators such as reductions in HIV infections, better prevention and management of TB and malaria and overall reductions in maternal and infant mortality (GoK, 2015).

However in counties, evidence shows that allocations increased to health sector as percentage of total county budgets to 32.8 percent in FY 2016/17 from 23.4 percent (Ksh 85 billion) in FY 2015/16, from the 21.5 percent (Kshs. 64 billion) in the previous fiscal year 2014/15 (GoK, 2015). This indicates an increased commitment to health by county governments. The counties that allocated the highest proportion to health include; Nyeri, Embu, Baringo, Kiambu, Siaya, Elgeyo Marakwet, Nakuru, Kirinyaga, and Kericho, all of which allocated 30 percent or more of their expenditure budgets to health. Some counties like Turkana, Narok, and Laikipia allocated less than 15 percent of their expenditure budgets to health. However, these allocations were skewed towards recurrent expenditures, with 72 percent of total county health budgets allocated to recurrent expenditures in FY 2015/16 (GoK, 2015).

**Monitoring of the policy:**
The policy has a broad based Monitoring Framework based on a set of financial and non financial targets. It is envisaged that these long term targets will be broken down in county multiyear sectoral plans. However, the tracking indicators have no youth specific targets that can reflect the situation and levels of NCDs and their risky behaviours among young people. Consequently, CSOs have not been included in the design, implementation and monitoring of the Policy but are critical players in prevention of NCDs in Kenya (Republic of Kenya and MoH, 2014).
POLICY RECOMMENDATIONS TO ADDRESS NCD PREVENTION AMONG KENYA’S YOUTHS

Whereas the Health policy outlines the Government’s commitment to improve the health and welfare of her population including young people, several gaps must be addressed to accelerate realisation of the highest attainable standards of health for Kenyans and to make the current Kenya National Strategy for the Prevention and Control of NCDs a reality. The following are specific recommendations:

1. The National and County Governments should allocate sufficient budgetary to the health sector to strengthen the prevention and control of NCDs among young people in Kenya. Civil society and other budget advocates must sustain advocacy to prioritise NCDs in National budget statements and the county Fiscal papers and ensure increased budgetary allocation to 15% for the health sector in line with the Abuja Declaration.

2. Ministry of Health should mainstream meaningful youth involvement in design, programme implementation and evaluation of health policies and strategies.

3. The National and County Governments need to involve CSOs in design, planning and evaluation of NCD related projects as well as monitoring and evaluation of the National health policy since they play an important role in prevention of NCDs in Kenya.

4. All the government agencies mandated to enforce existing laws including NACADA and Tobacco Control Board should be strengthened and supported in both human and financial resources to enhance NCD prevention and control in the country.

5. The Ministry of Devolution and Planning through the Kenya National Bureau of Statistics (KNBS) and Ministry of Health should work on specific indicators to track/monitor and/or evaluate the status of NCDs among young people and their risky behaviours in Kenya.

CONCLUSION

The Kenya government’s commitment to provision of the highest attainable standards of health for her citizens is immense. The government has made progress in establishing legal framework through passage of laws/Acts related to NCDs such as the Tobacco Control Act, 2007. It has also formulated policies such as the Kenya Health Policy with inclusion of NCDs specific objectives. Despite these efforts, the health sector remains under-funded as evidenced in the County and national fiscal papers and direct investment on NCDs remains minimal.
REFERENCES


