

# Protecting Kenyan Youth from NCDs will accelerate realization of Vision 2030

**K**enya has one of the highest Non Communicable Disease (NCD) rates in Sub-Saharan Africa with a rate of 20.3% (World Health Organization, 2010, 2014). With more than half of its population under the age of 24 (Gok & KNBS, 2010), Kenya's young people are at high risk of developing a Non-Communicable Disease (Champions for Change, 2015; CIA, 2015).

NCDs have become major public health concern with significant social and economic implications in terms of health care needs, lost productivity and premature deaths (Ministry of Health, 2015a). Most significantly, adolescents and young people below age 25 are increasingly becoming vulnerable to risky behaviors that

include tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets (Naik & Kaneda, 2015). The probability of dying too young from a NCD in Kenya is estimated to be 18% (World Health Organization, 2015).

Despite this evident upsurge in NCDs among young people, there has been inadequate financing of NCDs prevention programmes targeting NCDs within the health sector. This increase in NCDs is happening when public expenditure on health, as a proportion of total government expenditures continues to reduce (GoK, 2015). While the Government of Kenya (GoK) committed that at least 15% of its total expenditure is dedicated to health as per the Abuja

Declaration (Heads of State and Government of African Countries, 2006), the allocation of total government expenditure to health has been below 10% since 2002 (Anyona & De Courten, 2014; Nesoba, 2014). Recently, the GoK has consistently underfunded the health sector. During the 2014/15 financial year, the government allocated KSh 47.4 billion to health, constituting only about four (4) percent of the national budget (GoK, 2015). Furthermore, in 2016 this allocation decreased to 3.12 percent. With minimal and reduced allocations to the health sector, health promotion and NCDs prevention programmes are severely impaired.

The health care system faces numerous challenges that hamper NCD prevention efforts. Kenya



has devolved functions of health sector in line with requirements of the 2010 constitution (GoK, 2010b). This process has created one (1) national government and forty-seven (47) county governments that should provide oversight, coordination and delivery of services in the devolved units. However, the counties are faced with numerous challenges in the decentralized management of the health care system including skewed facility and staff distribution, uneven remuneration, lack of essential tools and equipment as well as medical and non-pharmaceutical supplies in health facilities, a poor and/or unsafe working environment (Ministry of Health, 2012a; Republic of Kenya and MoH, 2014; Republic of Kenya & Ministry of Health, 2014). The Second Medium Term Plan 2013 – 2017 recognizes the provision of health services under decentralized system as a huge challenge (GoK, 2013). In general, counties remain inadequately

prepared to respond to the rising burden of NCDs in Kenya.

An effective health care delivery system must be accompanied by a robust public and private data collection system that can inform planning and management. In essence, functional data collection and management systems for Kenya can support better administrative, clinical, and financial decisions towards improving preventive measures, patient engagement, and ultimately quality patient care especially with regard to NCDs. Unfortunately, lack of such data remains one of the weakest links in Kenya's health care system. Unavailability of age and gender disaggregated data especially for young people (10-24 years) in national demographic health surveys, and complete lack of data on NCDs in all other health and youth related policy documents constrain programmatic and policy interventions (Patel, 2013). The study concludes that lack of and/

or poor data quality increases healthcare costs and inhibits health information exchange for any country (Patel, 2013).

These weaknesses in health care delivery continue to manifest when Kenya is implementing its long term development blue print, Vision 2030. The Kenya Vision 2030 covers the development agenda for the period of 2008-2030. It aims to transform Kenya into a newly industrialising "middle-income Country providing a highly quality of life to all its citizens by the year 2030." The blue print anchors on 3 pillars; Political; Economic and Social. The social pillar focus on investing in people of Kenya in seven key social sectors: Education and Training; Health; Water and Sanitation; Environment; Housing and Urbanization; Gender, Youth, Sports and Culture; and Equity and Poverty eradication. While these sectors address NCD in the population in one way or the other, they however, do not focus on NCDs directly.

## ANALYSIS OF POLICY OPTION(S)

Even though the Kenya government has developed several policies (Ministry of Health, 2015b; Republic of Kenya and MoH, 2014) aimed at preventing and reversing the rising burden of NCDs among young people, several policy gaps like poor resourcing continue to hamper their effective implementation. Generally, Kenya's legal and policy environment is supportive to the rights-based approaches to health care provision and uptake including the prevention and control of NCDs. Some relevant legal and policy instruments are discussed as follows:

The **Kenya Constitution 2010** provides a legal framework that assures an all-inclusive rights based approach to health service delivery to Kenyans (GoK, 2010b). Under Article 53 to 57, the Constitution addresses itself specifically to the needs of adolescents and youth, providing that these groups have the right to health care including access to health facilities, protection from NCDs, and harmful cultural practices and exploitation. Other provisions in the Constitution aimed at preventing adverse health outcomes among young people include entitlement to the highest attainable standards of Health, respecting, enhancing and fulfilling the rights; including those of most vulnerable groups like young people (article 43). However, the Kenya service provision assessments have shown that young people face barriers in receiving health services due to cost, poor reception by ill-equipped service providers and unavailability of supplies (National Coordinating Agency for Population and Development (NCPD), Ministry of Medical Services (MOMS), Ministry of Public Health and Sanitation (MOPHS), Kenya National Bureau of Statistics (KNBS), & Macro, 2011).

**Vision 2030** is Kenya's long term development strategy aimed at creating a competitive and thriving nation with raised standards of living by 2030 (Republic of Kenya, 2008). This development roadmap will contribute to improving the lives of Kenyans, alleviating poverty and providing high quality and affordable health care system. Anchored around three pillars (economic, social and political) to guide its overall delivery, the document fail to include a special focus on young people in its foundations and guiding principles (Republic of Kenya, 2008). Although developed to provide a road map to social, economic and political development, the vision remains broad and general and exclude the rights of young people in regard to their health needs and rights, for instance prevention of NCDs.

The **Kenya Health Policy 2014-2030** elaborates Kenya's commitment towards providing the highest standards of health (Republic of Kenya and MoH, 2014). This Framework outlines the need to embrace the principle of protecting individual rights including the rights of children, young people and other marginalized groups to quality health care. The policy has a specific objective among its six objectives dedicated to halting and reversing the burden of NCDs in Kenya.

**Kenya National Strategy for the prevention and control of Non-communicable Diseases, 2015–2020**, gives clear directions in ensuring significant reduction of preventable burden of NCDs in Kenya. The purpose of this strategy document is to provide a road map towards reducing the preventable morbidity and mortality related to NCDs and to improve the quality of life of all Kenyans in line with Vision 2030. This strategy has laid emphasis on the four major NCDs: cardiovascular conditions, cancers, diabetes, and chronic obstructive

pulmonary diseases and their shared risk factors (Ministry of Health, 2015a). The strategy has ten strategic objectives:

1. Establish mechanisms to raise the priority accorded to NCDs at national and county levels and to integrate their prevention and control into policies across all government sectors
2. Formulate and strengthen legislations, policies and plans for the prevention and control of non-communicable diseases at both county and national government levels.
3. Promote healthy lifestyles and implement interventions to reduce the modifiable risk factors for NCDs: unhealthy diets, physical inactivity, harmful use of alcohol, tobacco use and exposure to tobacco smoke.
4. Promote and conduct research and surveillance for the prevention and control of non-communicable diseases
5. Promote sustainable local and international partnerships for the prevention and control of non-communicable diseases
6. Establish and strengthen effective Monitoring & Evaluation (M&E) systems for NCDs and their determinants.
7. Promote and implement evidence-based strategies and interventions for prevention and control of violence and injuries.
8. Put in place interventions to reduce exposure to environmental, occupational and biological risk factors
9. Strengthen health systems for NCD prevention and control across all levels of the health sector.
10. Promote and strengthen advocacy, communication and social mobilization for NCD prevention and control

Although it acts as the strategic blue print for the national and county response to NCD prevention and control, the strategy remains broad and general to the population not

focusing on young people per se in fight against NCDs.

The table below outlines the existing strategies, policies and

laws that have a bearing on NCDs, their strengths, and the identified gaps that hinder prevention and control of NCDs among young people in Kenya:

Policy/Strategy	Policy Strengths	Policy Gaps
The Kenya Non-Communicable Diseases Strategy 2015-2020 (Ministry of Health, 2015a).	<p>This strategy provides a roadmap for the prevention and control of Non Communicable diseases</p> <p>The strategy also focuses on the four other conditions identified by the WHO and their risk factors.</p> <p>Ten objectives guide the implementation of this Strategy towards the prevention and control of the burden of NCDs in Kenya.</p>	<p>Structures for implementation at county and subcounty levels not yet established</p> <p>No specific focus on young people.</p> <p>The strategy is not costed and its M&amp;E framework does not specifically address itself to young people.</p>
Second Medium Term Plan 2013-2017 (GoK, 2013).	Outlines implementation plans for the realization of Vision 2030	Weak in its focus on young people
Kenya Constitution 2010 (GoK, 2010b).	<p>Provides a robust rights based framework for Health provision including prevention of NCDs</p> <p>Recognizes youth as an important segment of Kenya's population</p>	Non Realization of provisions for young people in the constitution especially access to health services including prevention of NCDs. Young people lumped together with other vulnerable groups
Kenya Health Policy 2014-2030 (Republic of Kenya and MoH, 2014).	<p>Has a specific objective focused on Halting and reversing the burden of NCDs in Kenya</p> <p>Health promotion and disease prevention is central to the policy</p>	<p>Limited focus on young people – they are mentioned as a vulnerable or marginalized group but the strategies are still very broad and do not include the young people focus and perspective.</p> <p>Lacks specific guidelines or responsibilities on how the priorities are to be met. The lack of specificity leaves the policy open to violations and misinterpretations</p> <p>No regulatory provisions on the food industry</p>
Kenya Health Sector Strategic Plan 2012-2017 (Ministry of Health, 2012b).	<p>Guided by 6 Policy objectives that address the overall disease burden in Kenya.</p> <p>NCDs included as part of the package</p> <p>Takes a life cycle approach to health care which includes adolescents and young people</p>	<p>NCDs not addressed in the context of young people</p> <p>Weak financing resulting in Non Implementation of the strategy</p>
Kenya E-Health Strategic Plan 2011-2017 (Ministry of Medical Services Ministry of Public Health & Sanitation, 2011).	<p>Presents the Health sector plans to use in accelerating efficient and effective delivery of Health services.</p> <p>Broadly aimed at connecting the health care system in Kenya, improve quality and safety of clinical practice, and create linkages.</p>	<p>The Strategy does not pay attention to young people.</p> <p>The strategy does not address NCD specifically as a health concern</p> <p>The proposed M&amp;E system has no indicators or other mechanisms that address specific NCD issues</p>
ASRH Policy – 2015 (Ministry of Health, 2015b).	<p>The only national policy specifically focusing on adolescents with the aim of protecting their health</p> <p>Approaches adolescent health from a rights perspective</p> <p>Strong reliance on health promotion and disease prevention as a strategy,</p> <p>The provision of youth centered services is ideal</p>	<p>No focus on NCDs and no mention of the relationship between harmful practices and behaviours, in relation to NCDs among young people.</p> <p>Practices and behaviour that put adolescents' health at risk are narrowed to only their sexual and reproductive health.</p> <p>Subsequently, policy documents and guidelines to operationalise this policy have not been accorded budgetary allocations.</p>



Policy/Strategy	Policy Strengths	Policy Gaps
Youth Friendly Service Guidelines (Renju <i>et al.</i> , 2010; Wasonga, Ojeny, Oluoch, & Okech, 2014).	Provides a variety of models of reaching adolescents and youth in Kenya Emphasizes prevention of ill health	NCDs not included as part of the information or services provided. No specific budgetary allocation in related government documents for its implementation
School Health policy 2009 (Wasonga <i>et al.</i> , 2014).	Discusses NCDs risk factors in the policy and guidelines of Implementation	Inadequate visibility given to NCDs as an emerging health problem among school-going children. Policy and guidelines expired in 2015 and in need of Review
Kenya Youth Policy 2006 (GoK & Ministry of Youth Affairs, 2007).	First Policy to specifically address needs and rights of Kenyan youth. Addresses a multiplicity of youth Needs	No focus on the risk behaviours associated with NCDs despite the fact that the policy addresses itself to a segment of the population vulnerable to NCDs and harmful practices that predispose youth to NCDs. The 8 guidelines to this policy have no mention of NCDs and the content is devoid of NCD specific content. No structures and guidelines to support its implementation
Population Policy, 2012 (National Council for Population and Development & Ministry of State for Planning, 2012).	Recognizes youth as a resource for national development. Identifies limited availability of youth friendly services; low implementation rates of relevant policies; lack of reliable and timely data on youth perspectives; and drug and substance abuse	Policy pays no specific attention to youth and NCDs Poor Resourcing and therefore weak implementation of the policy by Government.

Policy/Strategy	Policy Strengths	Policy Gaps
National Alcohol Policy, 2011 (Republic of Kenya, 2011).	Provides a roadmap for the government and stakeholders involved in the alcohol industry.  To regulate access to and availability of alcohol especially to persons under the age of eighteen and; - Provide greater protection from the pressures to drink for underage children, young people and those who choose not to drink alcohol.	Laxity in the implementation and enforcement  Poor Resourcing by government and therefore weak implementation of the policy  Weak monitoring systems.
National Nutrition Action Plan 2012-2017 (Republic of Kenya (MoH), 2012).	Has a specific objective aimed at Improving prevention, management and control of diet related NCDs.  Focuses on improving nutrition in schools and other institutions.	Policy pays no specific attention to youth and NCDs  No specific budgetary allocation to drive implementation of the National Nutrition Action Plan. The Monitoring framework for the Action Plan has no indicators specific to young people 10-24 years
National Diabetes strategy 2010 (Republic of Kenya (MoH), 2010).	Focused on reduction of the number of new cases of Type 2 diabetes  Focused on early detection of diabetes and its complications through screening  Proposes Support to school health programmes to create awareness of diabetes and other non-communicable disease	Policy pays no specific attention to young people and NCDs  Monitoring and Evaluation indicators have no specific reference to young people  Limited public awareness of the strategy
Alcoholic Drinks and Control Act 2010 (GoK, 2010a).	To regulate access to and availability of alcohol especially to persons under the age of eighteen and; - Provide greater protection from the pressures to drink for underage children, young people and those who choose not to drink alcohol.  Policy interventions aimed at young people include an increase to 18 years, the minimum legal age for handling, purchasing, consuming and selling of alcohol	Very weak implementation of the Act by the Alcohol sector and weak enforcement by Government  Enforcement hindered by corruption
Tobacco Control Act, 2007 (Republic of Kenya, 2012b).	Regulates public smoking and the marketing and sale of tobacco products in Kenya.  Advertising of tobacco products is prohibited in Kenya.  Provides for stiffer penalties of 50,000Ksh and above.	Very Weak implementation of this Act by Tobacco industry and weak enforcement by Government arms.  Very weak enforcement as public smoking remains Prevalent.  Government heavily reliant on taxes from the tobacco industry.  Enforcement hindered by corruption
Cancer Prevention and Control Act, 2012 (Republic of Kenya, 2012a).	The Act seeks to create awareness on need for routine check-ups to assist in early detection and treatment of cancer. It proposed the establishment of a National Cancer Institute whose objective is to develop overall national agenda for the treatment and management of cancer to develop a National Cancer Registry Bars any exclusion from credit and insurance services	3 Existing cancer registries in Kenya are inadequate and over stretched  Few public health facilities have equipment for treating cancer while treatment in private health facilities is expensive.  Weak enforcement as patients continue to be denied services.

A common thread in the listed policies is lack of focus on NCDs and their impacts on young people's health and development. In instances where preventive measures have been recommended, these measures are

ultimately not implemented due to inadequate financial allocation to the health sector for which the risk behaviours among young people, which contribute to NCDs are at a very low level of health priority hierarchy. The failure to position

young people as central players in the fight against NCDs in Kenya negates the constitutional provisions and the provisions of other policies that embrace meaningful youth involvement in policy formulation and implementation.

## POLICY IMPLICATIONS

The health and development of Kenya's young people is at risk due to their increasing vulnerability to NCDs and their risky behaviours. Unless measures are instituted to

address the rising tide of NCDs and their risk behaviours among young people it will result in a strain on health care service delivery, increased NCDs related health care needs, lost

productivity and premature deaths. In the long term NCDs have the effect of trapping households in a cycle of poor health and debt and increasing social and economic inequality.

## POLICY RECOMMENDATIONS

The following policy recommendations should be implemented to protect the health of Kenya's young population and to support realization of vision 2030:

1. The National Government should increase budgetary allocation towards health to 15% as per the Abuja declaration by 2018/19 financial year and itemize to

2. The Ministry of Finance and National treasury should allocate resources to various government agencies include prevention, control and management of NCDs. Further, the County Governments across the country should itemize their budgets including NCDs budget line in the next financial year.

3. National government agencies such as National Authority for the Campaign Against Drug Abuse (NACADA) and Tobacco Control Board should accelerate prevention and control efforts for NCDs among young people through national and county NCD prevention and control programmes.
4. Ministry of Health – department of health policy and division of NCDs should mainstream meaningful youth participation in planning, implementation and evaluation of the Kenya Health policy and National Strategy for the Prevention and Control of Non-Communicable Diseases to realize their effect on prevention and control of NCDs among young people.
5. Ministry of Health – department of health policy should review existing youth related policies such as ASHR, Youth Friendly Service Guidelines and Kenya National Youth Policy to include NCD prevention and control strategies.
6. Stakeholders including CSOs should strengthen institutional and human capacities of both national and county governments to effectively support NCD prevention and control strategies in Kenya.



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