



Database at a Glance:

DATABASE AT A GLANCE: KENYA

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Posted: December 2014

It is an exciting time for Kenya. It is now the 9th largest African country with a GDP of \$55.2 billion¹ and continues to experience economic growth, projected to accelerate from 4.9% in 2013 to 5.7% in 2014.² The country has great potential to be one of Africa's success stories with a growing and youthful population, a dynamic private sector, a new constitution, and a pivotal role in East Africa. Perhaps most interestingly, Kenya is implementing an ambitious decentralization program which holds enormous promise to lift millions out of poverty. The program aims to increase equity in distribution of opportunities as well as improve service delivery by transferring resources and governance to the 47 counties across the country. As the World Bank Country Director for Kenya, Diarietou Gaye, states, "This is a special time in Kenya, especially as the government moves to decentralize more power and public services to local communities."

While Kenya experiences economic growth, it continues to face a number of significant public health challenges: a high burden of communicable diseases, a woefully high maternal and infant mortality rate (360 women per 100,000 live births, and 48 children per 1,000 live births³), and a critical shortage of physicians with just one doctor per 10,000 residents. Most physicians are clustered in Nairobi, a city of 3 million that represents only a tiny fraction of the country's 44 million residents. According to 2012 estimates by the World Bank, approximately 62% of Kenya's health care expenditures originate from the private sector, and of that spending, 76.9% are out of pocket payments, risking pushing the poor even further into poverty.

As a result, Kenya has become a vibrant testing ground for health innovations. Both the public and private sectors play an important role in health care delivery, and innovations in both sectors are proliferating to help address some of these challenges and work to expand access to quality care for more Kenyans.

›By the Numbers

CHMI profiles 187 programs in Kenya – the second highest number of programs in any one country in the database and the most of any African nation. These programs are using a variety of approaches and business models to address a wide

swath of health issues: improving quality and efficiency, lowering costs, and improving access to care for low income populations in Kenya. Of these programs, 150 rely on donor support, and 28 are funded by revenue, with 14 programs generating revenue through membership/subsidiary models and the other 14 through out of pocket payments. 157 of these programs target the poorest quintile of the Kenyan population.

According to the database, 126 programs use models that focus on enhancing processes to deliver higher quality care or deliver care more efficiently, and another 122 focus on educating and training consumers and providers to seek and deliver higher quality care.

›Information Communication Technology (ICT) through mobile phones

Leveraging mobile phones is ahead of the curve in Kenya both because of an incredible high mobile penetration amongst Kenyans and because of a thriving technology sector. In 2010, NGOs such as Omidyar and Hivos launched iHub as Nairobi's central tech hub. Today, the community hosts 14,805 members, 152 companies and employs 1128 people. Since then, technology giants such as Microsoft and IBM have set up shop in Kenya,

and the MOH has even established an e-health department. The success of Mpesa, a mobile-phone based money transfer and micro-financing service, launched in 2007 by Vodafone for Safaricom and Vodacom, the largest mobile network operators in Kenya and Tanzania, has also provided an accessible platform that innovators can easily leverage to both offer value-added products as well as to streamline their own business operations. The popularity of Mpesa has served to educate consumers on mobile applications, ensuring uptake.



Photo: GSMA works in mobile for development with government in Kenya.

Given this backdrop, it is not surprising to see just over a third of the CHMI-profiled programs in Kenya indicating that they using information communication technology (ICT) as a core part of their model, with mobile phones and computers cited as the most commonly used technologies. To dive a bit deeper, forty-eight are improving innovator's ability to collect and analyze data, forty-one programs are leveraging ICT to improve communications between providers and patients outside of traditional doctor visits, and thirty-two programs are using ICT to improve a health provider's ability to diagnose and treat patients, either through improved training or real-time assistance with clinical decision making.

For example, the [MedAfrica](#) app acts as a doctor to the masses. MedAfrica was designed to fulfill a specific need- Kenya has a severe lack of qualified healthcare professionals, and a large number of fraudulent healthcare services, making it difficult for consumers to access and identify reputable, quality care. Capitalizing on the fact that 25 million Kenyans have phone subscriptions, this pocket clinic can help diagnose and monitor symptoms, advise on treatment, validate doctors, authenticate possible counterfeit drugs and, if all else fails, direct the patient to the nearest hospital.

Patients can use MedAfrica's step-by-step diagnostic tool to identify the potential cause of their illness and then, through the application, be linked to a specialist that matches their initial mobile diagnostic. MedAfrica is growing quickly, with an average of 1,000 downloads a day just months after its launch. The app has won the Pivot25 and Ericsson Awards, and was originally incubated in the mLab East Africa. Revenue sources include targeted ads and subscription services.

Mobile phones are central to many of the fifty-five programs addressing challenges in Maternal, Newborn and Child Health. [Kenya Integrated Mobile MNCH Information Platform](#) (KimMNCHip) is a national-scale mHealth initiative that

strengthens Kenya's community health system/referral services by linking households, community health workers, and health facilities in a real-time health information system. The program uses a push/pull targeted health messaging system to track pregnancies, births, and maternal deaths and provides reminders to mothers and household members for timely interventions.

KimMNCHip popularizes mSavings and eVouchers for pregnant women to redeem in collaborating clinics of their choice. The vouchers act as an incentive for clinics to enhance the quality of services and attract more pregnant women, through a results-based payment system. The voucher also includes a social protection cash transfer to support the women with the costs of delivery. Their goal is to have national scale up to reach 6-10 million mothers and 200,000 community health workers in 200 districts.

[Changamka](#), leverages mobile phone networks and smart card technology to encourage clients to save for maternal and child care services. This integrated health financing program includes a health savings account, e-vouchers, and a micro-insurance scheme. The smart card technology allows users to deposit as little as USD 0.56 at a time to go toward medical bills, including hospital delivery, and there is no expiration date for the money added. An estimated 8,000 families are using the Smart Card, and since its introduction, hospitals reported a 30% increase in utilization of antenatal clinics and hospital delivery.

ICT and mobile phones are an essential component to many of the 152 programs reaching rural communities. These technologies can help facilitate remote diagnosis of rural patients, make health records at peripheral clinics available to central health providers, and allow providers and patients to access health education and awareness information.

› Developing micro- and community based insurance schemes and public sector insurance innovations to shield low income populations from health-related bankruptcy

Low-income populations are more vulnerable to risk because of their lack of financial means to absorb negative shocks to income or assets. To help mitigate that risk, both the public and private sector in Kenya are developing a wide variety of innovative micro- and community based insurance schemes that can shield these populations from financial ruin should a health crisis arise. There are 32 programs in Kenya focused on financing care in the CHMI database, 16 of which are creating micro- and community-based insurance schemes.

The [National Hospital Insurance Fund \(NHIF\)](#), the primary provider of health insurance in Kenya with a mandate to enable Kenyans to access quality and affordable health services, has recently launched a new insurance cover to cater for those working in the informal sector.⁴ The new NHIF cover will cost each family Sh 160 per month and will cover the contributor, one spouse and unlimited number of children. NHIF has launched a nationwide recruitment campaign to target over 10 million eligible informal sector workers to help realize their goal of universal health

coverage.

The private sector is also developing innovative insurance models. For example, the Co-operative Insurance Company of Kenya Limited (CIC) has launched a number of micro-insurance products targeted at [lowest income groups](#), using [mobile phone platforms](#), and a [micro-health insurance package for vendors](#) and other informal sector workers. Funded through investor capital, the M-BIMA program is part of CIC's effort to establish effective ways to reduce distribution and management costs of micro-insurance to ensure sustainability.

M-BIMA is an insurance premium payment instrument that rides on mobile money transfer platforms such as M-Pesa, Yu-Cash, and Airtel's Zap/Airtel Money. Policy holders including health insurance can remit as little as KES20 (approximately USD \$25) premium payment through their cell phones free of charge. Clients also get regular SMS updates on their policies. M-BIMA is one of the solutions to the challenges involved in penetrating the low-income market and developing cost-efficient insurance distribution and payment mechanisms.

[MicroEnsure](#) is an insurance intermediary dedicated to serving the poor with an affordable and appropriate range of insurance products. To understand consumer needs, MicroEnsure works in partnership with microfinance organizations, rural banks, faith-based networks, and Savings and Credit Co-operatives (SACCOs). The company uses a sophisticated MIS system in its back office processing that tracks details of clients covered, collects premiums, and administers claims.

MicroEnsure also negotiates with insurance companies on behalf of their clients to keep premiums to a minimum. Following an 88% increase in the number of clients served in the past five months, MicroEnsure now covers more than 7.6million people across Africa and Asia with a range of accessible insurance products including life, health, personal accident and property.

Through MicroEnsure's partnerships with mobile network operators and microfinance banks, the company expects to enter three new countries, reaching 12.7million clients by the end of 2014. It has raised \$10.4m from its existing investors, and has secured new investment from Sanlam Emerging Markets and AXA, to help finance its rapid continued expansion into new markets.

› Creating health services networks to reduce fragmentation and informality of health care delivery

As part of the devolution process, the Kenyan government is moving towards focusing on policy formulation, target setting, monitoring and evaluation, and divesting some portions of health service delivery. As a result, the opportunity for the private sector to play a role in health service delivery has increased. To compete for these opportunities, many private delivery organizations are becoming licensed and accredited to ensure consumers that they are receiving quality care, and forming health service delivery networks to reduce the fragmentation among health care providers.

In Kenya, 35 of the 187 programs profiled focus on innovative ways to organize delivery of health care and reduce fragmentation, 19 of these programs are health service networks, all of which have a parent organization 15 of these networks are located in rural communities, and they are largely focused on HIV/AIDS or MNCH work.

The [North Star Alliance Roadside Wellness Centers \(RWCs\)](#) are public-private partnership programs that establish a network of roadside health clinics at major truck stops and border crossings in Africa, India and Asia catering to drivers, sex workers and the communities with which they interact. In Kenya, the Alliance set up its first center in Mombasa in 2009, and since then has expanded to six centers located at borders and truck stops all over the country.



A North Star Alliance Roadside Wellness Clinic in Emeri, Kenya

The Alliance works with national and regional transport sectors and health authorities to identify HIV/AIDS hotspots along major transport corridors. Working with local partners and policymakers allows the program to leverage an even broader private sector response to HIV/AIDS programming by encouraging other private sector companies (e.g. FMCG, transport, distribution and courier companies) to support the RWCs project financially or in-kind.

[Nairobi Slums TB Project](#) is organizing community health workers to identify tuberculosis cases in the slums of Nairobi, in order to improve prevention and care. Before the program was established, TB testing sites were too far and testing too intensive for workers to afford the transportation or time off work.

The program has equipped 10 MOH health clinics across Nairobi to immediately test, diagnose, and treat TB. Maltesar Intl, the non-profit organization that runs the program, relies on a team of 60 volunteer Community Health Workers, who are given small incentives such as lunch and transport money. When TB patients are too ill to get out of bed and attend the clinics the CHWs care for them at home.

The project has been successful and the government has adopted the CHW model for its own clinics and projects. To date, CHWs have traced and screened 723 smear positive TB contacts, and referred and linked 800 of the TB patients with other partners to assist them with additional needs.

› Opportunity

Devolution provides an enormous opportunity for improving access and equity in the health care sector. The challenge facing Kenya now is to capitalize on the increased role of the Kenyan counties in delivering health services and push for reductions in maternal and infant mortality, reduce the burden of non-communicable diseases, and in achieving Universal Health Coverage.

Vision 2030, the ongoing dialogue around utilizing public private partnerships, and the establishment of the Health PPP Council are strong indicators of the government's interest in engaging with the private sector. Civil society organizations, policymakers, innovators, and funders should find a way to engage with one another to jointly address these health challenges and leverage the significant numbers of health market innovations that have surfaced in Kenya to help meet the health needs of its large and diverse population.

› CHMI in Kenya

Africa Capacity Alliance (ACA) improves health outcomes by building the capacity of individuals and institutions across Africa.



ACA specializes in capacity building, training, information sharing and advocacy. ACA supports capacity building for Public Private Partnerships primarily through PPP-focused trainings, knowledge sharing platforms and advocacy activities. ACA achieves exponential impact through its extensive network of 37 Member Institutions across 12 countries. ACA members include International NGOs, National and Local NGOs, Management Institutions and University Departments. ACA's members have diverse technical expertise and recognized competencies in improving health outcomes through their capacity development programs. Each has significant reach across the health sector within its own country and throughout the region.

Notes

1 <http://www.worldbank.org/en/country/kenya/overview#1>

2 <http://www.afdb.org/en/countries/east-africa/kenya/kenya-economic-outlook/>

3 <http://data.worldbank.org/indicator/SH.STA.MMRT>,
<http://data.worldbank.org/indicator/SH.STA.MMRT>

4 <http://www.standardmedia.co.ke/health/article/2000107199/nhif-launches-health-cover-for-informal-sector>