World Health Organization

Country Cooperation Strategy at a glance

Kenya

WHO region	Africa
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2014)	61.4
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	89
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	63.4 (Both sexes) 65.8 (Female) 61.1 (Male)
Population (in thousands) total (2015)	46050.3
% Population under 15 (2015)	41.9
% Population over 60 (2015)	4.5
Poverty headcount ratio at $1.25 a day (PPP) (% of popul.)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	87
Gender Inequality Index rank (2014)	126
Human Development Index rank (2014)	145
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.72
Private expenditure on health as a percentage of total expenditure on health (2014)	38.75
General government expenditure on health as a percentage of total government expenditure (2014)	12.80
Physicians density (per 1000 population) (2014)	0.204
Nursing and midwifery personnel density (per 1000 population) (2014)	1.582
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	22.6 [17.8-28.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	49.2 [40.6-60.0]
Maternal mortality ratio (per 100 000 live births) (2015)	510 [344 - 754]
Births attended by skilled health personnel (%) (2014)	61.8
Public health and environment	
Population using safely managed sanitation services (%)	
Population using safely managed drinking water services (%) (2015)	54 (Urban)

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Communicable diseases still account for the highest proportion of disease burden in the country, with the leading causes related to HIV/AIDS, malaria and TB. Malaria has remained a serious health problem in spite of a significant reduction of morbidity from 14% to 8%. Malaria prevalence varies considerably by season and across geographic regions. About 70 of the population live in malaria risk areas, the Lake Region accounts for the highest prevalence of 27%. Even though Kenya has made strides in TB control, the TB prevalence survey 2016 indicated that up to 40% of cases are still missed. The emergence of drug resistant tuberculosis has compounded the fight against tuberculosis in Kenya. Kenya has recorded significant progress towards the fight for HIV/AIDS; however, HIV remains the leading cause of disease burden: 24% of total disease burden and over 29% of all hospital mortality is attributable to HIV related morbidities. The current HIV prevalence stands at 5.9 in 2015.

Infant mortality and under-5 mortality have decreased from 52 to 39 deaths per 1,000 live births and from 74 to 52 deaths per 1,000 live births between 2008/09 and 2014 respectively (KDHS, 2014). Exclusive breastfeeding among infants under 6 months has been improving over time beginning at 61.4 percent in 2013/14 to 77 percent in 2016/17. Immunization services have been adversely affected by the numerous industrial actions by health workers since the advent of devolution. Immunization coverage in Kenya has been declining over the years; 78 percent of children under-one year were fully immunized as at 2016/17 compared to 89 percent in 2013/14. Since 2012, the Ministry of Health and its partners through the Neglected Tropical Diseases Unit have implemented the NTD control strategies, including NTDs mapping and the Kenya National School-Based Deworming Programme (NSBDP). The NTDs strategic plan has been reviewed to align with the global goal for accelerated or scaled up control, elimination and eradication of NTDs in the country by 2020. Kenya was declared Guinea Worm free by the World Health Organization in 2017.

Cases of cardiovascular diseases, diabetes and mental disorders are on the rise in Kenya and currently rank among the leading causes of death. The country in 2015 conducted its first ever STEPwise survey, providing baseline data on prevalence of NCDs; 27% of Kenyan adults are either overweight or obese while 23.8% of Kenyans are hypertensive and prevalence of diabetes among adults 15-69 years was 1.9%. Only 41% had been diagnosed while effective treatment coverage was 7%.

HEALTH POLICIES AND SYSTEMS

The Government of Kenya has identified 100% achievement of Universal Health Coverage (UHC) as one of the four priority agenda during the period 2018-22. This includes to increase the population covered by health insurance from 36% (2017) to 100% (2022); to reduce the out of pocket household expenditure from 26% in 2017 to 10% by 2022; to increase the population having access to a defined essential health services package and to strengthen coordination among the health sector stakeholders for attainment of UHC.

The launch of government-wide Mid-term Plan III (MTP III) is expected in 2018 with a focus in the health sector on medical tourism, social health protection project and flagship projects for digital health, for human resource for health and for health infrastructure. There has been notable progress towards essential health service delivery with significant improvements in Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) activities, including political commitment and increased financing of interventions such as free maternal deliveries, family planning commodities as well as integration of reproductive health and HIV services. The *Beyond Zero Campaign* that advocates for zero preventable maternal deaths, zero child deaths and zero transmission of HIV from mother to child led to the placing of 54 mobile clinics in all the 47 counties to increase coverage of RMNCAH services.

The Health Act, 2017 was enacted as an Act of Parliament to establish a unified health system, to coordinate the inter-relationship between the national government and county government health systems and to provide for regulation of health care service and health care service providers, health products and health technologies and for connected purposes.

Another key priority for the health sector includes the planned establishment of the National Public Health Institute to support control and management of epidemics. The institute will specifically coordinate the surveillance and response efforts including the optimal use of laboratory services to enhance early detection and diagnosis through improved coordination. The institute will also provide expert opinion on key public health issues to the Ministry of Health leadership, county health teams, and prevention and control programs at all levels and the general public. In collaboration with relevant institution, the institute will spearhead public health workforce development especially in epidemiology, public health management, other priority training areas and use of data for decision making.

COOPERATION FOR HEALTH

Kenya developed the Partnership Framework to guide partnership coordination of the health sector to support implementation of the Kenya Health Policy 2014-2030, which represents a joint effort by all health sector stakeholders – from national and county government, development partners, private providers, civil society, and NGOs – to better coordinate and align efforts towards improving the health of Kenyans.

The two levels of government (national and county) are interdependent and successfully engaged through the Intergovernmental Relations Act 2013. At the national level, the health sector interacts with other sectors of the economy that contribute to its outputs/outcomes. Identification and harmonization of intra and inter sectoral linkages, therefore is critical to ensure optimal utilization of limited resources.

The UN presence in the country is quite extensive, with many agencies having Headquarters, Regional and Country presence in Kenya. Kenya is one of the UN Delivering-As-One pilot countries as part of the UNDAF (2014-2018). WHO support is guided by the strategic priorities and main focus areas as contained in the third generation of CCS for the period 2014-2019.

World Health Organization

Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Reduce the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases, using disease control strategies including, prevention, treatment, elimination and eradication	• **HIV:** Support the development and implementation of national policies, strategies and programmes for HIV prevention, testing, treatment and care services towards universal access to HIV services. • **Neglected Tropical Diseases (NTDs):** Support Elimination or Eradication of selected NTDs by 2019 and beyond. • **Vaccine Preventable Diseases (VPDs):** Support efforts to increase coverage of vaccination services • **Tuberculosis (TB)**: Support Stop TB Strategy in detection and successful treatment of tuberculosis including drug-resistant tuberculosis, multidrug-resistant tuberculosis, through integrated services, community, civil society and private sector engagement. • **Malaria:** Support development and implementation of national policies, strategies and approaches on malaria prevention, control and elimination including the generation and use of strategic information for anti-malaria agenda setting and evidence-based targeting of anti-malaria interventions towards a malaria free Kenya.
STRATEGIC PRIORITY 2: Halt / stabilize and reverse the rising burden of non-communicable conditions, injuries violence and disability through comprehensive sector wide evidence-based policy options and strategies coupled with robust monitoring and evaluation systems informed by a continuous research agenda	• **Non Communicable Diseases (NCDs):** Support the development and implementation of sector-wide policies, strategies and programmes including research & evidence generation, monitoring and assessing the health situation and trends to prevent and control non-communicable conditions together with their risk factors. • **Mental Health:** Support the development and implementation of strategies including early diagnosis and data systems which ensures access to services for mental health and substance use disorders. • **Violence and Injuries:** Support development and implementation of comprehensive multi-sectoral national policies, strategies and plans on violence & injury prevention and control, including the generation and utilisation of research and information for violence & injury prevention agenda setting and evidence-based options to reduce the burden of injuries and violence in Kenya. • **Disabilities and Rehabilitation:** Support the development and implementation of evidence-based policies, legislations and strategies to increase access to services for people with disabilities by provision of norms and standards on rehabilitative services and monitoring access to services. • **Nutrition:** To improve nutrition & food safety throughout the life-course for public health and sustainable development
STRATEGIC PRIORITY 3: Improve health outcomes and embrace healthy lifestyles in a supportive and enabling risk mitigating environment through the course of life for improved quality of health and increased health adjusted life expectancy	• **Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH):** Support the national governments to build capacity to expand the access to quality evidence-informed interventions to improve maternal, new-born, child, adolescent, and reproductive health, whilst securing the health of older people through healthy behaviours. • **Health Promotion:** To support health and development, and prevent or reduce risk factors for health conditions using evidence-based and ethical policies, strategies, recommendations, standards, guidelines at national/sub-national levels. • **Social Determinants of Health (SDH):** To facilitate the development and implementation of policies and programmes to enhance health equity through strengthened inter-sectoral collaborations and partnerships for coordinated actions addressing Social Determinants of Health (SDH).
STRATEGIC PRIORITY 4: By 2019, the Country has a responsive, client-centred, technologically driven and sustainable health system that is facilitating movement towards universal health coverage with defined quality health and related services, with protection from catastrophic health expenditures	• **Organization of Service Delivery**: Support the National and County Governments in efforts to improve organization of devolved service delivery to improve physical, financial and socio-cultural access to health and related services, with a focus on organization of the health service package, the health system, health infrastructure, community health, facility management, emergency / referral, outreach, and supervision services. • **Health Workforce**: Support National and County Governments efforts to improve the production, productivity, motivation retention and distribution of the health workforce required to attain universal health coverage. • **Health Information**: Support National and County Governments efforts to generate, analyse, disseminate and use of comprehensive health information from routine health statistics, vital statistics, surveys, census, and research. • **Essential Health Products and Technologies**: Support the National and County Governments to improve access to essential medicines and health technologies; and to strengthen national and regional regulatory capacity. • **Health Financing**: Facilitate the country in defining, applying and monitoring approaches to assure efficient and equitable use of health finances, in a manner that assures social protection. • **Health Leadership**: Support National and County Governments to build capacity for leading the health agenda, in line with attaining the policy and strategic objectives for health.
STRATEGIC PRIORITY 5: Have adequate capacity for disaster preparedness, surveillance, and effective response to disease outbreaks, acute public health emergencies and the effective management of health-related aspects of humanitarian disasters to contribute to health security.	• **Disaster risk management:** Support the development of national capacities for disaster risk management, including the effective management of health related aspects of humanitarian disasters. • **Alert and response capacities**: Support will continue towards developing, maintaining and exercising policy, strategies and technical guidance, information management, communication and operational systems needed at all levels to detect, verify, assess /coordinate the response to important public health hazards, risks and events according to 2005 IHR requirements. • **Epidemic pandemic and crisis response:** Focused support towards (i) implementation of relevant international frameworks for Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (ii) Establishing mechanisms of response for emerging, re-emerging and established epidemic-prone diseases /conditions. • **Polio eradication:** To support complete eradication of polio and attain polio free certification status.