



The Health Sector Board for KEPSA

Kenya Healthcare Federation, Shelter Afrique House, 2nd Floor, Mamlaka Road, P.O. Box 3556 - 00100, Nairobi, Tel +254 20 2730 371/2, +254 20 272 7936, Email: info@khf.co.ke

Type of Event: KHF Board Strategy Meeting Report	
Submitted by: Emily Mungai	Date submitted: 10/11/15
Venue: Safari Park	Participants: Mike Eldon - facilitator KHF 2015-2018 board members KHF secretariat KHF Development Partners See full list of participants in appendix 1
Trip /Meeting Dates: 5 th Nov 2015	Cleared by: Dr. Amit Thakker
Purpose/Objective(s) of the Meeting: <ol style="list-style-type: none">1. Share the KHF journey and history thus far2. Review the KHF roadmap3. Develop board strategies for the period 2015-20184. Discuss collaborative approach - suitable formal and informal engagement / collaboration options among the board members5. Discuss the way forward for an inclusive and unified private health sector	
Background:- <p>KHF recently held elections that saw a new board elected to office. This required the newly elected board members to meet and share KHF's journey from its formation to now, and to develop strategies to strengthen the federation and add value to its members.</p>	

Major highlights:-

Dr. Amit Thakker introduced the session by taking participants through the history of KHF since inception to now, highlighting key achievements and challenges, while the strategy session was facilitated by Mike Eldon, who took participants through the four pillars of a balanced score card. Then the participants built three 'Walls of Greatness' that appreciated past achievements and anticipated long and short term ones. The pillars were: customers/products/brand; our people; systems and processes; and financial sustainability.

Findings:-**1. Historical Wall of Greatness: 2012 – 2015**

Our People	Customers/Products/Brand
<ol style="list-style-type: none"> 1. Dedicated, active, efficient secretariat 2. Proactive and committed board 3. Solution-oriented federation 4. Resilient, tolerant and consensus-building team 	<ol style="list-style-type: none"> 1. Seen as the best advocacy body for the private health sector, both within the public and private sectors 2. Accepted as health sector board of KEPSA 3. Membership growth 4. Recognition by and strong partnership with GOK, through MSF, PRT, PMRT 5. Regional visibility and recognition, through the formation and delivery of EAHF conference 6. First sector board to engage counties on a regular basis 7. Strong visibility through the website, EAHF and other sectorial events 8. Projects 9. Influencing health sector policies: e.g. PPP Act, VAT Act, Healthcare Financing
Systems and processes	Financial sustainability
<ol style="list-style-type: none"> 1. Built capacity of directors 2. Structures in place for engaging government 3. Strong financial management systems 4. Transparency 5. Organized secretariat 6. New M&A; new governance structure 7. Thematic committees 8. Smooth leadership transition 	<ol style="list-style-type: none"> 1. Surplus realized even after a slow start 2. Growing numbers of projects 3. Solid membership base 4. Growth in project income



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- 9. Evidence based solutions
- 10. Institutionalized through policy framework

Summary Headline/Recommendation

KHF has achieved a lot within the last couple of years, as reflected in the headlines the participants proposed after the story of the historic Wall of Greatness was told. These headlines can be summarized as follows: “KHF is the authoritative, constructive voice of the private sector. It is resilient, tolerant, pro- active and provides evidence-based solutions to issues facing the health sector. It is an all-inclusive body that has created both private-private and public-private partnerships, influencing policies such as the PPP Act, health financing, and the removal of VAT on pharmaceutical raw materials. KHF was also first sector body to engage with the counties.”

There is much to celebrate, and the KHF leadership was encouraged to allow itself to do so! The resulting narrative of historical success and future ambitions, along with the new vision, mission and values statements, should be shared broadly with the existing and potential membership and other stakeholders. This will further build the KHF brand, attracting subscription and other funding, and enabling the future Walls of Greatness to be actualized.

2. Wall of Greatness: 2016

Our People	Customers/Products/Brand
<ul style="list-style-type: none"> 1. 3 permanent staff hired 2. Roles and terms of reference of board members in place 3. Strong project team 4. Active and committed board members 	<ul style="list-style-type: none"> 1. Increased brand visibility 2. Targets for FUNZOKenya achieved 3. Three regional county chapters launched 4. Successfully supported the EAHF conference 5. Launched the EWEC project in six counties 6. Healthcare financing bill tabled in parliament 7. Effective PPP-HK in place 8. KHF participating in county stakeholders forum

Systems and processes	Financial sustainability
<ol style="list-style-type: none"> 1. Membership campaign in place 2. Coordination framework with FBOs in place 3. County engagement structures in place 4. Formalized project division 5. Interactive and up-to-date website 6. Proper IT system in place 7. Relevant administrative policies in place 	<ol style="list-style-type: none"> 1. Membership grown by 35% 2. Growth of projects, with 5 more being launched 3. Achieved FUNZOKENya/AEF targets 4. Generated significant income through projects 5. Ongoing projects renewed for another year

2016 Summary Headline/Recommendation

According to the above bricks in the Wall of Greatness, there should be increased KHF brand visibility in the counties, in particular in Nakuru and Eldoret, by 2016, and ongoing projects should be renewed, and other targets achieved, with increased project income. Key issues affecting the broader Health sector, like anti-counterfeit and NHIF policies, should be finalized. The KHF secretariat and the project management function are also expected to grow effectively, in order to improve communication and marketing. This will also ensure a 30% growth in membership, facilitated by an interactive, up-to-date website.

3. Wall of Greatness: 2018

Our People	Customers/Products/Brand
<ol style="list-style-type: none"> 1. Large, strong, vibrant, self-sustainable and committed secretariat 2. Resilient and committed board 3. A large database of affiliated healthcare consultants 4. Sector coordinators 5. Re-electable board with good track record 	<ol style="list-style-type: none"> 1. Single recognized voice of the private health sector 2. Higher visibility and growth in brand value 3. County programs with six strong regional chapters created and operationalized 4. Champions in advocacy by promoting the six health bills with greater influence on healthcare financing strategy and Tax reduction on health products 5. Sustainable emergency medical law in place in order to achieve affordable healthcare for all 6. Very strong public-private partnerships and launch more PPP Projects 7. EA Regional & global connections through EAHF and Key Contact/Hub for international business/trade missions and healthcare Federations through the formation of AHF 8. Great success of the 2018 EAHF conference



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	<ul style="list-style-type: none"> 9. Growth of member businesses through business networking, trade missions and expos 10. EWEC project fully implemented 11. Clarity on health devolution 12. Increased number of private sector healthcare businesses present in the counties 13. A new agency for combating counterfeit medicines in place
Systems and processes	Financial sustainability
<ul style="list-style-type: none"> 1. Succession plan in place and fully activated 2. Strong thematic committees fully engaging members 3. AU ward as health champions 4. Recognized by Nobel Prize award as health champions!!! 5. Professionally run and managed federation 6. Efficient and robust systems that generate evidence for policy 7. Independent headquarters for KHF 	<ul style="list-style-type: none"> 1. Membership growth, including within the counties, to 250 2. Self-sustaining projects 3. Strong balance sheet 4. 50% growth in projects and income 5. Sustained budget surplus 6. Secretariat sustained through member subscriptions

2018 Summary Headlines

Following the above 2018 bricks in the Wall, KHF doubled its membership by 2018 and enjoyed a surplus of funds. This has enabled it to influence several key policies affecting healthcare, through submitting robust evidence-based recommendations.

Through mentoring other countries' federations, by 2018 KHF has spread across Africa, with Kenya as the hub. Six county chapters were in place and operational. Sustainable engagement and collaboration with FBOs and other not-for-profit health sector players also became the norm within this time period. To achieve the above KHF had in place a committed, resilient, consensus-building board and secretariat, with a clear succession plan in place.

Key objectives to be met in order to make the 2016 -2018 Wall of Greatness real

- ✓ Recruit key KHF hires, by Dec 2015
- ✓ Develop performance management standards for board members, by 1st quarter 2016
- ✓ Establish county level forums, by end 2016
- ✓ Complete the engagement process for other non-state actors (HENNET, KCCB, CHAK etc)
- ✓ Complete contracting on the EWEC project
- ✓ Realize Kshs 30M for FUNZOKenya
- ✓ Develop strategies for enrolling and growing membership by 35%
- ✓ Establish three regional chapters, in Mombasa, Eldoret and Nakuru
- ✓ Engage GOK to get a favorable ruling on the importation of medical equipment and commodities
- ✓ Operationalize the existing thematic committees
- ✓ Identify key partners for visibility strategy, by 1st quarter 2016
- ✓ Identify a set number of federations to incubate, by June 2016
- ✓ Revise strategies for engaging national government
- ✓ Revamp website and enhance it

4. Vision/Mission/Core Values/Principles

There was a need for the team to review the current KHF vision, mission and core values in line with the 2018 Wall of Greatness. The current statements were found to be too long and not easy to understand and memorize. There were also overlaps between the various expressions. A review was carried out and new statements were generated, as shown in the recommendations below.

5. Key development partners

Key development partners, namely UNFPA, the World Bank Group, HENNET, CHAK, Supkem and USAID-SHOPS, were invited to present their objectives and activities, and to discuss potential partnerships. They shared their views on how KHF could contribute to unifying the non-state health sector as one voice to engage the government on key issues.

i. UNFPA

Committed to partner and engage with KHF on the Every Woman Every Child (EWEC) project to reduce maternal mortality rates in six marginalized counties.

ii. USAID SHOPS

Work to strengthen public-private partnerships by creating an enabling environment for dialogue. A new project is coming up and they will share more information on it next week.

iii. World Bank Group, including IFC



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Keen to provide "smart, scalable and sustainable" health financing for innovative initiatives, led by the private sector... as it is through innovation that the private sector gets better. The World Bank commended KHF as one of the bodies that is well organized in terms of engagements and forums. Dr. Khama Rogo noted that "the health mission is not mission impossible". The biggest obstacle is us, and the global agenda cannot make sense without local action. Urged KHF to start defining its successes in terms of the survival of "Wanjiku", without making her any poorer and while still allowing businesses to thrive. "Disrupt, believe and deliver = a Win-Win situation."

iv. SUPKEM

Supkem is engaged in the provision of healthcare through Muslim health facilities. It has encountered challenges in the uptake of contraceptives due to cultural beliefs, however it has made inroads by involving religious leaders. The uptake of the Beyond Zero campaign mobile clinics is slow in some counties due to poor engagement with the county governments, a challenge Supkem is working on, through facilitating dialogue between the stakeholders. Mombasa county has committed to increase the health budget and to train skilled personnel, and local leaders will be involved for purposes of continuity. HIV testing and care services have improved through use of local networks in hard-to-reach areas, through Supkem's partnerships with development partners. Supkem pledged to be a key partner in the implementation of the Every Woman Every Child project.

v. HENNET

Is transforming healthcare systems to achieve vision 2030 targets and the Sustainable Development Goals. It is also a member of the newly formed PPP-HK, and would like to partner/collaborate with KHF in mutually beneficial initiatives. KHF will be reaching out to HENNET and defining proposed areas of partnership/collaboration, and the engagement structures to support such collaboration.

vi. CHAK

Has reviewed its strategy to focus on those requiring health services as opposed to its own facilities. It supports health systems strengthening and has embraced the spirit of partnership and networking with all relevant stakeholders. CHAK identifies with KHF's strategy and approach, and is extending its engagement and collaboration with KHF and its projects.

6. Vision and mission statements should be as short as possible, unique and memorable. The proposed new statements are:-

a. Vision:-

“An enabling environment that supports quality affordable healthcare for all

b. Mission:-

“To champion constructive Public-Private Partnerships for better healthcare by networking, engaging, representing, and through win – win negotiations

c. Values:-

- Compassionate
- Inclusive
- Consensus-building, low-ego leadership
- Innovative

d. Punchy phrase to encapsulate the values:-

“Professional leadership that promotes inclusiveness, is compassionate and innovative, and builds win--win consensus.”

Way Forward:

1. KHF will extend invitations to HENNET, CHAK, KCCB and Supkem to join KHF as members, to form a unified private sector (non-state) body that addresses cross-cutting issues... instead of continuing to engage as fragmented bodies.
2. Before KHF extends these invitations it will need to define value propositions for these groups of members, also clearly defining opportunities and challenges.
3. The private sector to devise sustainable mechanisms for importing private sector data into existing government systems such as the DHIS.
4. PPP-HK should be strengthened, as it is already a great and unified platform for engagement. There is need to establish a PPP-HK secretariat to support its operations, and also consideration should be given to including the Council of Governors into this platform.
5. The private sector should remove the “donor-driven” mentality, and come up with self- sustaining initiatives, only look donors playing a catalytic role as opposed to being the default driver of PPP agendas and initiatives.
6. The private sector to consider investing in the marginalized counties where healthcare is dire – such as the UNFPA-identified six counties, and not just Nairobi. Money is available to support this, and we should avoid unhealthy competition.
7. KHF to engage with counties through the county Chambers of Commerce.

Distribution list:

All board members, the secretariat, Mike Eldon



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