



KHF NEWS

A Partnership for Better Healthcare

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KHF Focuses on PPPs in Healthcare as the Year Comes to an end.

Public Private Partnerships (PPPs) have emerged over the last decade as one of the best ways to foster development, fueled by insufficient investment, growing pressures on government budgets and a general concern about service provision by state enterprises and agencies. KHF working with the Aphia+ Health Marketing Communications Program (HCM) under the PPP SOW focuses this newsletter on PPPs in Healthcare.

The 2nd Pan-African Health Business Symposium AHBS II: Dakar Senegal 6th -7th November 2017

Africa Health Business Symposium has hit a new milestone this year – it was the first time that the continent was united in West Africa with public sector, private sector and development partner representatives from 51 countries across the globe. Moreover, this conference was a historic partnership effort between the Ministry of Health Senegal, the Private Health Federation of Senegal (ASPS) and Africa Health Business Ltd, leading the path towards the joint objective of achieving SDG3 and transforming the healthcare landscape in our continent.



L-R: Dr Ardo Ba (President, FOASPS), Hon. Abdoulaye Diouf Sarr (Minister of Health & Social Action Senegal, Dr Amit Thakker (Chairman, Africa Healthcare Federation) showing a true sign of public private partnerships during the official opening ceremony.

The key outcomes of AHBS II included the establishment of an honest and true dialogue model process between Ministries of Health that were present and the private sector stakeholders. This conference also set a common ground where all parties agreed that Public Private Partnerships are non-negotiable in achieving healthcare goals in the continent. Leadership was key as all stakeholders agreed to take responsibility in driving towards effective partnerships for tangible positive impact in healthcare outcomes. On accountability, AHBS will be tracking the progress on impact and improved health outcomes and progress to be presented at AHBS III.

The event had active participation and representation from the Public Sector, Private Sector, and Development Partners with delegates spanning over 30 African countries and 52 countries from across the globe.

For more PPPs to emerge in Africa, countries need to improve the business environment. At present, serious constraints exist in many countries. These constraints include: inadequate legal and regulatory framework for PPPs; lack of technical skills to manage PPP programs and projects; unfavorable investor perception of country risk; Africa's limited role in global trade and investment, small market size, limited infrastructure and limited financial markets.

Participants were honored by the presence of the Minister of Health and Social Action, Senegal, Honorable Abdoulaye Diouf Sarr. He officially welcomed the guests to his home country and emphasized the need for collaboration in the health sector. On behalf of the private sector, Dr. Ardo Ba, President of the West Africa Healthcare Federation (FOASPS), expressed his excitement for the conference ahead and the unique opportunity to bring private and public sectors together to address the many challenges in health in Africa.

The Ministers' Panel sessions highlighted the perspective of government, with representation from Ministries of Health from across the continent.

Involvement from the private sector in health is absolutely essential. The public sector, therefore, needs to create an environment that encourages private sector investment. Some of the primary obstacles that hinder governments in improving healthcare include: competing priorities, such as national security; limited finances; the urban-rural divide and the challenge of reaching those in remote areas; and a lack of efficiency. Successes include: the institutionalization of PPP platforms; many individual examples of currently operating PPPs that are accomplishing what they set out to do; and improved trust between the government and the private sector.



AHBS II Conference

Discussion revolving on “Optimizing the Role of the African Private Health Sector in Achieving SDG3,” affirmed that the private sector is strong and, if given an enabling environment, it is ready and able to contribute positively to health. Policies and structures are needed to promote private sector investment and the Africa Healthcare Federation, representing the private healthcare sector players, should engage directly with the African Union to advocate for regional integration of policies and regulatory frameworks.

The focus on Private Sector driven PPPs highlighted that establishing trust between the different sectors is a primary challenge, but significant progress has been achieved. It is important to go beyond conversation to actually practicing PPPs, which is the only way that learning and improving will take place.

The UN Foundation’s Every Woman Every Child discussion on “Innovation and Partnership for Maternal and Child Health” placed a strong emphasis that frequently, innovations stall before they are scaled up and there must be efforts to help innovative ideas go beyond the funding phase. African innovation is often viewed with a great deal of skepticism and as only applicable within the continent. However, Africa has success stories of innovations that are now being used worldwide. Innovators on this continent should set their sights high, acknowledging that what is developed here can have a global impact.

Another key focus area was on Improving Quality through Investment. Without investment, quality is not possible. Donor agencies play a key part in this aspect of healthcare in Africa. However, it is essential that donors offering financing do not skew the market and negatively affect local banks. Instead, bringing in local financial institutions and convincing them of the economic benefit of healthcare investment is a more sustainable and impactful way to improve access to financing for healthcare organizations.

Human Resources for health continues to remain one of the largest challenges on the continent and significant improvements in healthcare outcomes can be achieved if there were an adequate number of trained health workers available to treat patients. Simply stated, there is no health without the health workforce and, therefore, implementing training, providing adequate remuneration, and ensuring the wellbeing of the health workforce is an essential part of improving overall health in Africa.

The healthcare sector needs to make sure that people in the most remote areas are able to access healthcare, as such a significant portion of the population lives rurally. Considering this, the panel discussion on “Supply Chain Management: Partnerships for Improved Access to the Underserved” elaborated on innovative new ideas for reaching patients, such as the digital community pharmacy, are being implemented to see how they can ensure that everyone can access the healthcare they need.

“Digital Technologies and Disruptive Innovations” provide the potential for exponential growth. It can be a catalyst for innovative ways to revolutionize healthcare, including more efficient and effective service delivery across large geographic distances, the development of new pharmaceuticals, and effective data collection.

The ultimate goal of PPPs is to improve health for the general public. Although the partnership has to be a win-win for both the public and private sector, the primary objective cannot be ignored. In fact, PPPs should be used to not only improve healthcare overall, but also as a lever to make services more accessible to the most vulnerable populations bearing in mind that “Upholding Public Interest in the context PPPs for Health in Africa” is equally important for PPPs to be successful.

The primary theme of the conference rang true throughout every session: partnerships are absolutely necessary to improve health in Africa. Success is impossible if players in the healthcare sector attempt to operate in silos. In fact, partnership needs to be expanded so that it is even more inclusive, bringing in not only the public and private sectors of health, but also ministries and organizations involved in finance, education, tourism and others, as health affects every area of a country’s economic and social success.

The Private Sector Health Partnership Kenya (PSHP- Kenya) 1st Executive Committee Meeting

The Private Sector Health Partnership Kenya (PSHP- Kenya) organized the 1st Executive Committee Meeting on the 21st November 2017. The meeting which took place at Bob's Lounge in Safaricom Headquarters brought together the CEOs and Leading representatives from the seven PSHP Kenya partners. PSHP Kenya is a collaboration signed between the National Government Ministry of Health and County Governments of Wajir, Isiolo, Lamu, Mandera, Migori and Marsabit, and private sector companies Safaricom, Philips, MSD, Huawei and GSK (GlaxoSmithKline).



L-R: MSD Associate Director Mr. Samuel Sennelo, Philips EA General Manager Mr. Roelof Assies, KHF Chairman Dr Amit Thakker and Safaricom Director Mr. Steve Chege.

The host of the meeting Mr. Steve Chege Director, Corporate Affairs in Safaricom welcomed all members citing the importance of clear definition of the partnership with an operational charter in place. Dr. Amit Thakker KHF Chairman highlighted in his welcome remarks how far PSHP Kenya has come stating that the mix of both healthcare and non-healthcare in the partnership has contributed to inclusiveness and innovative aspect which has enabled the partnerships' success. UNFPA Country Representative Dr. Ademola Olajide appreciated the progress made by the partnership so far. He went on to announce UNFPA willingness to support this partnership through engaging the Government and the people of Kenya, and employing UNFPA ongoing strategies to achieve UHC using what the technical team has put together.



PSHP Kenya Partners during the meeting.

This meeting was aimed at showing the executives the ongoing activities since 2015 and Dr. Bashir of UNFPA shared statistics clearly demonstrating social case and need for continued and enhanced investments in the six targeted counties. Dr Bashir also presented the progress which the UNH6 RMNCAH 6 County Initiative had made and its plans for the future in order to encourage PSHP Kenya alignment and complementary support with the initiative.

The technical team also present at the meeting presented the business case in Identifying and developing business opportunities with the relevant stakeholders including the six county health and overall leadership.

These opportunities include building relationships and credibility with decision makers in relevant organizations, building evidence for impact and business case, developing new solutions and viable business models, leveraging UN and public-sector talent, expertise, and resources, enhancing reputation and brand influencing and positioning to benefit from funding from Health. ICT and water budgets.

The executive committee reviewed the PSHP Kenya masterplan, a document that the technical committee has been developing with the support of the PSP4H consultant team. To accelerate PSHP Kenya impact, the masterplan outlines 5 areas of focus for the partnership to enhance its efficiency and effectiveness (Strengthen Partnership Platform: Enhance technical collaboration; Improve Monitoring, Evaluation, Research and Learning: Enhance Joint advocacy and policy dialogue: Mobilize additional resources and business opportunities) and suggests enhancing PSHP Kenya governance and coordination structures.

Members of the Executive Committee deliberated on the recommendations on overcoming the challenges presented in line with the focus areas and activities. Also present at the meeting were, Philips East Africa General Manager Mr. Roelof Assies, Huawei East Africa Director Stone He, Unilever East Africa Hygiene and Nutrition Social Mission Africa Director Ms. Myriam Sidibe, MSD Associate Director Mr. Samuel Sennelo and GSK Managing Director Ms. Bridget Wachira

KHF Engages the Ministry of Health (MoH) Council of Governors (CoG) and the Kenya National Union of Nurses (KNUN) Officials on the Nurses Strike

KHF during the nurses strike stalemate engaged the Ministry of Health (MoH) Council of Governors (CoG) and the Kenya National Union of Nurses (KNUN) and relevant officials in a bid to end the strike. In a meeting with KHF Director Ms. Winnie Shena and Human Resource Committee Chair Mr. Kennedy Auma, Mr. Meshack Ndolo CoG Health representative stated that they have held several discussions with KNUN to try and end the stalemate to no avail. The strike however remains illegal as stated by the court and the CoG is still committed to fresh talks to end the 4 months standoff. Mr. Ndolo urged the county leaders to individually own up the stalemate by seeking other Interventions undertaken by some counties like Nandi, Bomet, Uasin Gishu and partly Kimabu who have gone back to work not based on the CBA.



Mr. Meshack Ndolo: CoG Health Department

Ms. Winnie Shena: Human Resource for Health Director at KHF

KNUN takes cognizant of the fact that some counties may not be able to implement the CBA due to financial constraints and as such they are willing to cede ground to allow for a phased-out implementation of the Nurses CBA.



KHF team meets the CoG Health Department over the nurse's strike.

The Strike which has lasted for five months was on the 2nd November 2017 called off with an immediate effect by the KNUN officials. The strike came to an end after the nurses reached a return to work agreement with the Council of Governors (CoG).

The genesis of the standoff was when the CoG was tasked by the Salary and Remuneration Commission (SRC) to demonstrate affordability and sustainability of the CBA. Nurses want the implementation of the CBA, including uniform allowance of KES 50,000 / pa. The SRC required that the CBA be pegged on job evaluation done, an exercise that KNUN obtained a court order for nurses not to participate. The 1st report on job evaluations done by SRC was rejected as it termed nurses unskilled creating a second ember to the standoff. The CoG has since organized a re-evaluation with all the relevant stakeholders including NCK, MTRH and KNH and the feedback from SRC was received by CoG.

The Federation also met the KNUN leadership who welcomes any form of support to end the stalemate. The obvious divisions in the union leadership has prevented fruitful discussions from taking place, compounded by numerous court cases between the union Secretary General and the chairman.

The health workers decided to return to work on 3rd November 2017 after the government agreed to raise their perks, including uniform and nursing allowance. CoG Chairman Josphat Nanok stated that they had agreed to withdraw all the salary cases filed in various courts.

KHF wishes to engage the CoG through a letter of intent in this and other discussions now and in the future. The federation will also lobby COG and development partners to undertake training in leadership and negotiation skills. Dialogue with the government to have a policy that allows the GoK to engage the private and faith based entities during such crises.

National and Regional HCF Investment Priorities: Healthcare Financing Meeting

KHF Healthcare Financing Committee members led by the committee Chair Mr. Isaac Nzyoka had a meeting to discuss the national PPP in healthcare financing investment priorities ahead of the Joint East Africa Heads of State Summit. The Joint Heads of State Summit brings together two events namely the 4th EAC Heads of States Retreat on Infrastructure and Health Financing and Development and the 1st EAC Summit on Investment in Health and Health Sector Investors and donor roundtable and International exhibition.



KHF Healthcare Financing committee meeting

The retreat aims at accelerating the attainment of the objectives of the EAC Development Goals in the infrastructure and health sectors. This retreat will also help to renew national and regional commitments on investing in transformative health infrastructure, systems, services and research for the accelerated attainment of Universal Health Coverage and health-related Sustainable Development Goals in East Africa.

KHF as the voice of the private health sector was tasked to come up with the national and regional healthcare financing investment priorities affecting the private sector to be tabled during the summit.

Among the issues discussed were portability of Healthcare Insurance benefits at the East African Regional level in both private health insurance and NHIF.

This will ensure no benefit disadvantage with regard to healthcare financing benefits for EA citizens and their dependents. Movements between host countries or back to source countries should not lead to lower HCF benefits or gaps in health coverage compared to staying in one country.

Development and Implementation of National Health Policy and Regulatory framework was also tabled as a concern. Implementation of National Health Policies will ensure stability within the health sector as well as monitor the healthcare system, ensuring safety and quality, yet not impeding positive progress.

Reform National Hospital Insurance Fund (NHIF) to ease burden on employees and Implement the detailed NHIF existing contracts. Working out realistic remissions by NHIF to meet the subscribers' needs will also ensure quality and quantity of service disseminated to the beneficiaries by the insurer. This will also ensure implementation of easy claims procedures thus ensuring NHIF covered patients do not flood private health facilities.

Healthcare System Portability design across different facility levels as a national priority investment issue, this design will enable patients with minimum checkups attended to at lower level facilities and those with technical checkups attended to at higher level facilities thus bringing down the cost of healthcare for the patient.

Development of one regulatory framework in Healthcare financing for relevant stakeholders to ensure clinical governance, standardization of clinical practice and quality of Health services across the nation and region

Creation of Bureaucratic effectiveness during chain expansions across the regions to ensure medical care and financing penetrates to the lowest people both nationally and across the region. Standardizing the qualifying factors and licensing in having branches across the region will fasten processes of opening new facilities which will in turn ease healthcare accessibility. Utilization of technology opportunities for easy healthcare financing claims processes to bridge the gap between healthcare providers and financiers. Clear definition of the role of government in contributing to affordable, accessible and quality healthcare for all.

The event which is set to take place in the first quarter of 2018 at the Imperial Royale Hotel in Kampala Uganda is themed "Deepening and widening regional integration through infrastructure and health sector development in the EAC Partner states"

Delivering Together for Healthy Empowered Women, Children and Adolescents - UN General Assembly (UNGA) 2017



Left Pic: The EWEC session as moderated by Ms. Tikhala Itaye: President Afri YAN.

KHF was on the 20th September 2017 represented by the Chairman Dr Amit Thakker at the 72nd Regular Session of the UN General Assembly (UNGA 72). The meeting which convened at UN Headquarters in New York had the general debate opened on 19 September 2017 and focused on the theme, 'focusing on People: Striving for Peace and a Decent Life for all on a Sustainable Planet'.

In Line with PSHP Kenya project that is managed by KHF and UNFPA, the session on 20th September 2017 at the Every Woman Every Child Hub deliberated on what it takes to deliver on an integrated agenda for women, children and adolescents to achieve healthier, more prosperous and peaceful societies.

The session which was moderated by Ms. Tikhala Itaye: President Afri YAN was attended by H.E Ms. Ana Helena Chacon Echeverria: Vice president of Costa Rica, Mr. Michel Sidibe: Executive Director UNAIDS, H.E Hala Bsaisu Lattouf: Minister of Social Development Jordan, Mr. Elhadj As Sy: Secretary – General IFRC, Mr. Wade Warren: Acting Deputy Administrator USAID and Dr Amit Thakker, Chairman Kenya Healthcare Federation. Dr Amit on behalf of PSHP- Kenya announced a new private sector member, Unilever and a new masterplan during this event.

KHF Participates in the German-African Healthcare Symposium 2017 Berlin

Kenya Healthcare Federation was represented by the Chairman Dr Amit Thakker in this year's German-African Healthcare Symposium that took place on the 18th October 2017 in Ellington Hotel, Nürnberger Berlin. The symposium is an official side-event of the 2017 World Health Summit to shed light with an economic perspective to the results of the G20 Healthcare Conference, which took place in May 2017.



The event directed to medium sized enterprises was organized by Afrika-Verein Veranstaltungen (AVV) and German Healthcare Partnership (GmbH). Dr Amit Thakker was privileged to join the health security panel alongside Prof. Dr Thomas Büttner: Member of the Board of Trustees of the German Fund for World Population, Dr Anthony Nsiah-Asare: Director General Ghana Health Service and Judith Helfmann-Hundack, Afrika-Verein der deutschen Wirtschaft (AV). The session touched on spread of disease, prevention & detection and coordinated response for a public health emergency.

The World Medical Association (WMA) General Assembly in Chicago

Dr Jacqueline Kitulu, National Chair Kenya Medical Association and Director Kenya Healthcare Federation (KHF) attended the annual World Medical Association (WMA) General Assembly in Chicago from 11th to 14th October 2017. The event which was open to all constituent members of the World Medical Association, associate members, and observers and to other individuals by special invitation brought together delegates from more than 50 national medical associations.



The World Medical Association (WMA) is an international organization representing physicians, founded on 17 September 1947, when physicians from 27 different countries met at the First General Assembly of the WMA in Paris. The organization was created to ensure the independence of physicians, and to work for the highest possible standards of ethical behavior and care by physicians, at all times.

Among the issues discussed during this year's conference were Hunger strikes where the assembly agreed that the WMA would support any physician who faces political pressure to take part in forced feeding of hunger strikers against their ethical advice. Delegates agreed that where physicians are pressured to take part in torture, the WMA would protest internationally and publicize information about the case.



PSHP Partners during the whole day workshop

A policy of zero tolerance towards bullying and harassment in the medical profession was supported by the meeting. Delegates agreed a statement condemning bullying under any circumstances and encouraging all national medical associations members, medical schools, employers, and medical colleges to establish and implement anti-bullying and harassment policies.

Against a background of armed conflicts in many parts of the world, the Assembly issued a strongly worded statement reminding governments of the human consequence of warfare. It says that armed conflict should always be a last resort and physicians should encourage politicians, governments, and others in positions of power to be more aware of the consequence of their decisions to start or continue armed conflict.

A call for ethical codes for recruiting health professionals was agreed in a bid to reduce inappropriate recruitment activities by states. The Assembly approved a new policy to combat the problems of a global maldistribution of health care workers. It said that ethical recruitment codes were needed for both governments and commercial recruitment agencies to ensure that countries did not actively recruit from other states.

Guidance to physicians on dealing with child abuse were agreed. In a new policy document, the WMA says that child abuse in all its forms, including exploitation of children in the labor market, is a world health problem and that physicians have a unique and special role in identifying and helping abused children and their families.

Dr Jacqueline Kitulu was nominated to the credentials committee to represent Africa region to assess who can vote, numbers and also to count votes for the presidential elections which took place on Saturday 14th October 2017. Dr. Yoshitake Yokosuka, President of the Japan Medical Association, was installed as President of the WMA for 2017/2018.

Medic East Africa 2017

The 5th edition of Medic East Africa themed "Keeping your healthcare organization competitive through digitization" was officially inaugurated by Dr. Laban M. Thiga, Deputy DMS, Ministry of Health, Dr. Amit Thakker, Chairman, Kenya Healthcare Federation and other high ranking government officials and leaders of the healthcare industry.

The 2017 event saw a record number of attendees, further cementing Medic East Africa as the largest business platform for the healthcare and medical laboratory market in the East African region. In his presentation titled "Healthcare Management and Digital Health", enabling environment. Dr Amit highlighted the key roles of the private sector in digital health to be, offering cross cutting ICT solutions to enhance health service delivery, Risk pooling and administration of Health financing, training human resources for health and advocating for policies and regulations for

Philips East Africa, Kenya Medical Association (KMA), Express Communications Limited (ECL), LevMed, Meditec Systems, Safaricom and Human Quality Assessment Services (HuQAS) were some of the KHF members who attended and exhibited during the event.

The future of the healthcare industry in East Africa is an exciting prospect and we look forward to working with all the stakeholders to establish Medic East Africa as the primary event for the industry in the region. The 2018 event will be held from 25 – 27 September 2018, at the Visa Oshwal Centre, Nairobi, Kenya.



Dr Amit Thakker: Kenya Healthcare Federation, Dr Jacqueline Kitulu: Kenya Medical Association (KMA), Sekou Lionel: IBM Research Africa, Dr Uma Nambiar: Ministry of Health Djibuti, Violet Njuguna: Safaricom Limited, Zelealem Fiseha: Ethiopia Medical Facilities Association are some of the honorable speakers who graced the conference.

The 5th Annual Africa Hospital Expansion Summit

The two-day 5th Annual Africa Hospital Expansion Summit took place in Addis Ababa Ethiopia on 18th and 19th September 2017. The conference which was well attended ignited vibrant interactions from participants from around the world.

During the conference, 25 eminent speakers shared their expertise and viewpoints across a variety of themes. Topics ranged from the economic impact of UHC to clinical pathways, from costing models to practical architecture, from the need of sharing and utilizing data to quality measurement tools, from purpose built concepts to planning equipment integration in early design stage.

Discussions and speeches also touched on financing mechanisms combined with technology guidance, on PPPs and their outcomes, on the threat of AMR, on staffing challenges and training, on investments in in-vitro diagnostics, on new public and/or private project developments and their objectives. Topics allowed to discuss in-depth pressing sector challenges such as guaranteeing quality, tackling the need of equity, creating sustainability in Africa's healthcare delivery and hospitals.

Voices repeatedly indicated that the continent is on the right track, with certain countries even on the forefront in specific achievements. The gathering made clear that enormous works have been done, but also that there is still urgent need for mindset changes whether in terms of budget allocation, UHC, hospital management or local manufacturing.

The event which was supported by Hon. Prof. Yifru Berha, Minister at Ministry of Health, Ethiopia attracted speakers from across Africa. The event was chaired by Dr. Anuschka Coovadia, Head of Healthcare at KPMG and Zelealem Fesseha, President of EPHFEA. Kenya Healthcare Federation members Mr. Amit Sadana, General Manager, Africa, Middle East & South Asia, Quintiles IMS, Prof. Revathi Gunturu, Associate Professor, Department of Pathology, Aga Khan University Hospital and Nicole Spieker, Director of Quality, Pharmaccess Group represented the country during the event.

The presence and direct involvement of African healthcare participants contributed to the overall success of this meaningful event, which trickles down to the success of Healthcare in Africa.



Ms. Zelealem Fisseha: Chairperson EAHF 2018

KHF Holds its Members Meeting on 28th September 2017

KHF members and Development Partners led by the federation Chair Dr Amit Thakker gathered at KEPSA offices on the 28th September 2017 for the regular bi-monthly meeting. The Chairman on behalf of the Board of directors reported good progress on the KHF activities and achievements the board is currently focusing on. This included Advocacy, Regional and Networking, Membership, KHF Committees and Projects.

KHF reported a progressive engagement with the Ministry of Health Kenya towards the planning and organization of the PPP retreat towards Universal Health Coverage through PPPs. The PPP retreat will enable the private sector to better understand the role of the Government in the health sector in Kenya thus appreciating the contribution of private sector in the health sector and economic development in Kenya. The retreat also intends to identify specific areas of Government action and inaction that affects the private sector participation as well as investment areas in the public health sector that are appropriate for PPP projects.

Regarding the Health Act 2017, the members agreed to petition the Ministry of Health due to ambiguity in clauses on provision of emergency services. While it makes it mandatory to offer emergencies service, the law is not clear on how compensation for service provided will be done. They noted that they usually write-off the cost of emergencies services, while in some cases the amount involved is huge leading to serious cash flow problems.

During the meeting, President of Pharmaceutical Society of Kenya, Dr. Peter Mwaniki informed the members that he was stepping down from the Society after serving his term as the President. He thanked members for their support and re-affirmed his commitment to the Federation.

KHF members expressed their satisfaction at the positive progress made and the promising times ahead. KHF recognize the unprecedented blend of skills and experience within its membership to take it forward and is looking forward to working with all its members. Healthcare in Kenya is one of the most essential human requirements, and its disbursement should be addressed with the requisite sensitivity to prevent loss of life and decrease in human capital.

Universal Healthcare in Kenya: is it a pipedream? Will Public Private Partnership deliver the promise?

KENYA HEALTHCARE FEDERATION: ANNUAL HEALTH FORUM 2017

The private health sector leaders converged at Park Inn Hotel on 30th November for the Kenya Healthcare Federation annual health round up forum for 2017. A full house attendance included CEOs of hospitals, pharmaceutical firms, insurance and multinational firms, medical equipment, technology and telecommunication companies among other commercial entities that form the backbone of the private health sector in Kenya. Also present were officials from the County governments, Ministry of Health and Development Partners such as USAID, GIZ and World Bank/IFC.

At the event it was evident that this sector has been on a positive growth path over the last decade. However, despite growth in demand as more people live longer, this economic system still faces critical challenges.



Dr Amit Thakker giving his speech during the end year meeting.



Dr Amit Thakker receiving an award from Mr. Elkana Onguti of Ministry of Health.

It is estimated that the health sector will create 175 million new jobs globally by 2030 (Ref; Better Business Better World – DAVOS 2016). Of these 28 million new jobs will be in Africa. The sector has outlined its roadmap and has highlighted that risk-pooling and telehealth will be the largest market hotspots in the next decade.

Out-of-pocket healthcare payments push around five percent of households in low-income countries below the poverty line each year. Since the poor pay a disproportionate share of their income in unavoidable health costs, lack of affordable health insurance is also inequitable. Increasing penetration of private, public-private and community insurance schemes can address this problem. As well as spreading health risks across communities, risk pooling often includes organized “contracting” functions that purchase health care on behalf of the individuals covered, which in turn encourages the development of higher-quality private sector providers.

Using sensors that read the vital signs of patients at home can alert nurses and doctors cost effectively to problems before they worsen.

Emerging technologies include wearable patches that can diagnose heart conditions, sensors that monitor asthma medication intake and detect poor air quality, and glucose monitors that send diabetics’ data straight to their smartphones. McKinsey Global Institute estimates that remote monitoring could reduce the cost of treating chronic diseases in health systems by 10 to 20 percent by 2025.

Basic mobile internet technologies are already extending access to consultation and diagnosis to remote patients around the world. In Kenya we are well prepared to set up a robust Virtual Care Center that will provide telehealth services across counties and the key urban cities.

A community health worker in remote areas will be assist for example an expectant mother through the “HealthAfya call” and help the patient carry out the doctor’s instructions. This kind of a system has helped raise the rate of safe hospital or clinic deliveries by 50 percent in several developing countries. The private sector, through their Chairman was very clear on the support it will provide in moving towards a full universal health coverage as pledged by H.E Uhuru Kenyatta during his inauguration speech on 28th October in Nairobi. “The journey to achieve universal health coverage in Kenya is intertwined with economic growth.



Dr Harun Otieno: Kenya Cardiologist Speaking on Current Status of Heart Disease during the event.

We have to first strengthen several areas within our the health system, both public and private, in order for us to reach full coverage” says Dr Amit N. Thakker “ The next phase will require us to find suitable financing models to expand the risk pooling mechanisms and avoid any monopolies being formed. This will then lead to foster a true PPP in healthcare financing and provision areas which is the only suitable option for Kenya to achieve UHC under the current circumstances” he adds.

Also present as the Chief Guest was Mr. Nik Nesbitt, Chairman of the Kenya Private Sector Alliance (KEPSA). Mr. Nesbitt provided a clear insight to on the role of KEPSA especially on the institutionalized structures on how to engage effectively with the Government.



Mr. Nik Nesbitt : KEPSA Chairman

“It’s very important for your companies and organizations to effectively voice your concerns and find solutions through KHF at the regular Ministerial Stakeholder forum (MSF).At this you get a chance to resolve matters that can be dealt with at the Ministry of Health level” he went on to add “should you find that the matter continues to affect your industry negatively, that’s when you escalate the matter to KEPSA for the Presidential Round Table (PRT) that is held twice a year”

