

Kenya Healthcare Federation engagement the NHIF reforms panel

The Healthcare Financing committee(HCF) of Kenya Healthcare Federation held their first meeting for the year 2019 on 12th April 2019 at KHF offices. The meeting was chaired by the committee director Dr. Walter Obita. HCF committee is mandated to oversee the UHC discussions and planning and it's also the backbone of UHC from the private health sector. National Hospital Insurance Fund (NHIF) is currently undergoing reforms and the Cabinet Secretary, Ministry of Health, Mrs. Sicily Kariuki, appointed a panel to look into recommendations toward reforming NHIF. KHF through HCF committee needs to have proposals towards reforming NHIF.



Healthcare Financing Committee members during the quarterly meeting

The committee met the NHIF panel and presented recommendations from the private sector to the NHIF reforms panel in restructuring and reforming NHIF will included; NHIF recommendations should cover its structure, operations, legislation, accreditation, reimbursement framework, quality of care, its core mandate and role of other stakeholders, there should be a system that monitors the financing of health programs to avoid overlapping and thus save cost.

Upcoming Events:

-  KHF Annual General Meeting 27th June 2019
-  Annual EAHF Conference (EAHF8): Safari Park Hotel: 4th-6th September 2019
-  Africa Health Business Symposium 7th – 9th October 2019, Ethiopia

Healthcare providers claim for the same service from NHIF, private insurers and Non-Governmental Organization(NGOs) financing these programs, In order to achieve Universal Health Coverage(UHC), NHIF need to promote cover of non-contributors who are the poorest and cannot afford to pay, there is need to track the NHIF recommendation and reforms by the panel because part of the NHIF reforms also includes how NHIF will implement UHC when it rolled out to the other 47 counties, NHIF management structure and governance needs to be competitively recruited.

The composition of the NHIF board which is in the NHIF act should be stronger with wider stakeholder representation including private sector, the private sector insurers reimburse their members based on use of their medical benefits. NHIF focus on provider payments instead of member benefits this opens a channel for corruption.

KHF advocate for NHIF to change from focusing on provider payments to member benefit, NHIF should increase the efficiency, speed and transparency of processing claims as well as change their way of administration. Need to redefine the core mandate of NHIF, NHIF accreditation tool was designed for hospitals only. Different levels of care should have their own accreditation tool so that level 2 and 3 health facilities are given the chance to offer primary care, there should be a key focus on quality of care offered in health facilities Incentives on performance-based financing focusing on outcomes needs to be put in place.

KQMH should be the minimum standards used across all health facilities, the capitation rate set by NHIF is also on provider focus and not member focus. The capitation rate was poorly calculated and the annual amount 1,200/- that includes all drugs, laboratory, covers, and consultation e.t.c has promoted provision of lower quality out patient care.

KHF directors and health care financing committee met with the NHIF panel and discussed the above recommendation. As a way forward the committee was requested to Share any accountability mechanisms for NHIF that has worked in the private health schemes e.g. fraud prevention, e-Governance, Be specific on the sources of funding for NHIF as elicited on NHIF on how to increase the resource pool, share any data on health insurance that we may have for NHIF review. Share ways of improving the ecosystems as an enabler for NHIF e.g. the Healthcare Finance Strategy, any legal reforms, how to make NHIF more prominent in the Primary Healthcare space. It was agreed that all the information collected from the private sector will be discussed by the panel and feedback shared to the private sector.



Kenya Healthcare Federation team meeting with the National Hospital Insurance Fund panel

'Health regulations will be key focus in the Universal Health Coverage'

The health regulation and quality standards committee, of Kenya Healthcare Federation, held its first quarterly meeting for the year 2019, on 16th March 2019, at KHF offices, to outline 2019 focus areas. The meeting was chaired by Dr. Elizabeth Wala, federation vice chair, and the director representative for the committee. In her opening remarks, Dr. Wala reiterated that 2019 focus areas on regulations to be key in the Universal Healthcare Coverage



Health Regulations and Quality Standards committee members during the first quarterly meeting

(UHC)agenda. She noted that the Health Act and its implementation process was very slow in 2018, because it was overtaken by the UHC agenda and the supply chain concerns. In addition, she noted that efforts towards quality in 2018 focused more on the Kenya Quality Model for Health (KQMH) as a framework, yet other existing models that could be applicable in the health sector. She concluded by saying that this year this committee must set three achievable focus areas.

It was agreed that given that the Ministry of Health (MOH) is substantially mandated with the regulatory role, the committee should seek the ministerial input through the Ministerial Stakeholder Forum (MSF) meetings. Through the Business Advocacy Fund (BAF) grant, the committee agreed that prevailing challenges on quality and accreditation would be added to the BAF fund as key focus areas in advocacy. The committee's key focus areas in 2019 include: Drafting a position paper on private sector's position on Universal Healthcare Coverage (UHC)(This will ensure that the quality component is well defined implemented in UHC), rolling out of the KQMH, advocating on Kenya Accreditation Service (KENAS) accreditation process and spread the communication on Health Act Implementation.

On April 11, The Lancet Global Health Commission on High Quality Health Systems in the SDG Era held a national consultation with the Kenya Ministry of Health in Nairobi, Kenya. The meeting brought together a wide spectrum of advocates, implementers and researchers on health system quality, including Her Excellency the First Lady Margaret Kenyatta and the Cabinet Secretary for Health Sicily Kariuki.



Her Excellency the First Lady Margaret Kenyatta presents a copy of the report to Health Cabinet Secretary Sicily Kariuki

Reshaping Health Workforce Mentorship

Medixus are excited to join Kenya Healthcare Federation(KHF) community. [Medixus](#) is an app that aims to revolutionise the way medical expertise is shared and developed across the continent by providing a digital platform for pan-African peer support and collaboration. It provides a tool for sharing best practice between individuals, hospitals and regions. In addition, it allows healthcare workers to connect with specialists across all fields for support and advice on specific cases, empowering them to make the best clinical decisions in the field. Lack of support and mentorship is one of the most-cited reasons for healthcare professionals leaving our continent, contributing to a growing deficit of 2.4 million workers in the field across the continent. Often the distance between doctors and their peers means that their physical support networks can be limited. Medixus provides a community focused on disease burdens and treatment pathways relevant to those in the field, reducing professional isolation and improving quality of care through ongoing professional development.



Reimagining medical mentorship to strengthen Health Work Force

The sparsity of specialists means that sending patients for consultation is costly, time consuming and can be simply inaccessible to most. Medixus provides access to a database of consultants and mentors, as well as secure uploading and sharing of case notes. This will improve local access to specialist knowledge and has the potential to save lives. Medixus is a team of medical professionals and software developers based in Nairobi and London, who firmly believe that

the most pressing issue facing African healthcare is not a lack of skills and knowledge, but a lack of enough healthcare workers remaining on the continent. The team is headed by founding team Nicole Kayode, Rita Mantler & Dr. Jean Kyula.

Nicole recently was interviewed by the [Daily Nation](#) and [Business Africa Online](#). We are looking to connect with healthcare providers and individual doctors, feel free to reach out if you would like to learn more - contact@medixus.co. So far doctors using the platform have said:

"A fantastic site to share information and exchange ideas and knowledge." and "It is a good platform for networking with good clinical cases and will only get better as the following grows"

Quality patient care relies on smooth communication between healthcare professionals, and access to resources that will further their development. This is a global truth, particularly in developing countries where there is growing demand for improved health services. For many developing countries, brain drain in the healthcare sector is a known problem; professionals feel under-supported, and geographical factors can hinder the search for specialist health expertise.



Ms. Nicole Kayode, Founder Medixus

KHF Supply Chain committee to engage KEMSA on UHC pilot Supply Chain

The supply chain committee of Kenya Healthcare Federation met on 19th March 2019 at KHF offices to outline the 2019 focus areas. The meeting was chaired the committee vice chair, Dr. Chris Masila and the committee director Dr. Anastacia Nyalita. In her opening remarks, Dr. Nyalita updated the committee that the Pharmacy and Poisons Board (PPB) has submitted the draft rules on regulation of parallel importation to the Ministry of Health (MoH). The Supply Chain Committee through Ministerial Stakeholder Forum has been advocating for the promotion of local manufacturers. This discussion has been taken up by Dr. Fred Matingi's team working under Kenya Private Sector Alliance (KEPSA) and together with Kenya Association of Manufacturers (KAM), there has been much progress made although the outcome of the discussions have not been released.

During the supply chain committee discussions, it emerged that the exact role of supply chain in the Universal Health Coverage (UHC) pilot counties was not clear, therefore the committee agreed to schedule a meeting with Kenya Medical Supply Authority (KEMSA) to gain insights into KEMSA's role. Dr Nyalita updated the committee of the move by National Quality Control Laboratory (NQCL) to be part of the pharmaceutical importation by creating a window through KENTRADE.



Supply Chain Committee members during the quarterly committee meeting at KHF offices

This move was nullified by MoH. NQCL was appointment by PPB as the only laboratory recognized by PPB for pre-registration analysis of samples). This move will create monopoly in analysis leading to lack of efficiencies and cost effectiveness.

Mr. Kevin Saola from Nestle Kenya informed the meeting that international trade has been experiencing barriers especially in the East Africa. “an example of current trade barrier between Kenya and Tanzania where locally manufactured products must undergo bureaucratic, Tanzania Bureau of Standards (TBS) regulations. This has marked an increase in costs leading to poor competition.” Mr. Kevin Saola, Nestle. The committee’s focus areas for the year 2019 include: engaging KEMSA on UHC pilot counties’ supply chain, engage the NCQL board and the Ministry of Health on regulation and importation and engage the Ministry of Trade and EAC on export restrictions of Kenyan products Tanzania Bureau of standards.

. “Private health sector should have code of conduct”

“Private Health Sector should have code of conduct that govern its operations!” This was a call by the Cabinet Secretary, Ministry of Health, Hon. Sicily Kariuki to the private health sector to come up with code of conduct that will govern the way the private sector operates.



Public Private Partnership (PPP) committee members during the quarterly meeting

The CS said this during the 10th Ministerial Stakeholder Forum, which was held on 27th February 2019. “She said this while addressing the issues of Human Resource for Health, where she noted that most of the private health sector usually employ health workers whose contract has been terminated on disciplinary grounds or irregularities from the public sector. The code of conduct should also address this and the private sector be sensitized against hiring such personnel

The Public Private Partnership Committee of Kenya Healthcare Federation (KHF), held their first meeting at KHF offices on 20th March 2019 to discuss and outline 2019 focus areas. There was a unanimous agreement that the committee will tap into Kenya Private Sector alliance (KEPSA) Resources and work closely with KEPSA to crystalize clear requirements for drafting the code of conduct.

Other committee’s focus areas for the year 2019 include: Mapping out PPP areas in the counties through a comparison of the various studies done by stakeholders and map out gaps identified, act as the private sector’s focal point of advisory and delivery of the Global Fund, and Draft a position paper on bureaucratic challenges facing the Private Sector regarding involvement in Universal Health Coverage (UHC) implementation at the County level. The committee will also work with other committees on their findings on UHC in the 4 pilot counties. The committee will review the PPP Act document and its restrictions to the PPP at the county level.



Kenya Healthcare Federation meeting with NHIF, part of PPP focus areas for 2019

MOMENTS THROUGH THE LENS





From Strategy to **Action**

Advancing Health Systems in the SDG Era

4th - 6th
September
2019

Safari Park
Hotel Nairobi



Recognition and strengthening of neglected and specialized health cadres

The human resource for health (HRH) committee of Kenya Healthcare Federation (KHF) held its first quarterly committee meeting on 14th March 2019, at KHF offices, to set the 2019 focus areas. The meeting was chaired by Mr. Kennedy Auma, Committee Chair. The director representative for the committee, Dr. Elizabeth Wala, called upon the committee members to be meeting on a bi-monthly basis so as to ensure the focus areas are achieved. There was a unanimous agreement by the committee that there is need to address HRH issues proactively.



Human Resource for Health Committee members meeting during the first quarterly meeting

The first focus area for the committee in 2019 will be the establishment of a framework with the Ministry of Health (MOH) for the three specialized cadres: Community Health Volunteers (CHV), Health Record Information Officers (HRIOs) and Emergency Medical Technicians (EMT). The second focus area is the management and development of the HRH.

This focus area will be implemented through stakeholder engagement through professional associations and unions, collection of data on the distribution of HRH in both public and private sector, performance management, innovative ways to overcome HRH gaps and strong leadership and governance structures. The third focus area will be on specialized cadres specifically recognition, regulation and establishment of a framework for their work with the MOH thereby enabling referral processes and availability of equipment to enable their work. Some examples of specialized cadres are Physiotherapy, Occupational Health, Oral health, specialized nurses and other medical specialties available in the diaspora.

The committee noted that HRH is a key pillar in Universal Health Coverage (UHC) and the Health Act 2017 therefore it is important to understand the legal framework therein and to monitor the implementation of the recommendations. From the three focus areas, three committees were formed to concentrate on their allocated focus areas to ensure that the committee achieves all focus areas by the close of the year.

KHF Supply chain committee to engage KEMSA on UHC pilot supply chain

The supply chain committee of Kenya Healthcare Federation met on 19th March 2019 at KHF offices to outline the 2019 focus areas. The meeting was chaired the committee vice chair, Dr. Chris Masila and the committee director Dr. Anastasia Nyalita. In her opening remarks, Dr. Nyalita updated the committee that the Pharmacy and Poisons Board (PPB) has submitted the draft rules on regulation of parallel importation to the Ministry of Health (MoH) The Supply Chain Committee through Ministerial Stakeholder Forum has been advocating for the promotion of local manufacturers. This discussion has been taken up by Dr. Fred Matiangi's team working under Kenya Private Sector Alliance (KEPSA) and together with Kenya Association of Manufacturers (KAM), there has been much progress made although the outcome of the discussions have not been released.



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Enhancing safety in the working environment

Kenya Healthcare Federation held the second members meeting at Parkinn hotel in Westlands, on 21st March 2019. The meeting was sponsored by Global Fund/Kenya Coordinating Mechanism (KCM). The goal of Global Fund/KCM is to dramatically increase resources to fight three of the world's most devastating diseases (Tuberculosis, HIV & AIDS and Malaria) and to direct those resources to areas of greatest need. The themes for the Global Fund strategy are: Innovative approaches to meet diverse country needs, strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics, Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics and Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics.



Mr. Antony Wahome, chairman, National Gun Owners Association of Kenya, speaking during the members meeting

The Key goal of KCM is to mobilize funds from The Global Fund for HIV/AIDS, Tuberculosis and Malaria programmes and to coordinate and evaluate implementation of the Global Fund grants. With the support of the Global Fund and other Partners, the MoH initiated and sustained over 1 million adults and children living with HIV on ARVs. Global fund prides itself in the remarkable achievements including: Over 15 million Long Lasting Insecticide Treated Bed Nets distributed & Malaria Case Management supported, Reduction in malaria prevalence from 11% in 2010 to 8% in 2015, TB Medicines provided to over 900,000 Patients and Services for HIV, TB and Malaria are provided to all Kenyans at no cost in all Public Health Facilities.

The meeting was also graced by Mr. Antony Wahome, chairman, national gun owners association of Kenya, his major focus was to inform and sensitize the health workers on how to handle armed patients to protect themselves and the patients as well. He emphasized on internalizing the law of fire arms and how to safely handle fire arms.



Kenya Healthcare Federation members during the second bi-monthly Members meeting at ParkInn Hotel, Westlands Nairobi

Dr. Amit N. Thakker, chairman, Kenya Healthcare Federation, emphasized on a call from the cabinet secretary, ministry of health, Mrs. Sicily Kariuki, for joint efforts with the private sector towards fighting corruption and fraud in the health sector especially in the supply chain, with a major focus on pharmaceuticals.



Kenya Healthcare Federation members during the second bi-monthly Members meeting at ParkInn Hotel, Westlands Nairobi