

EMERGENCY MEDICAL CARE: THE NEGLECTED DISEASE IN KENYA

A REPORT TO THE:

**STANDING COMMITTEE ON HEALTH
THE SENATE
REPUBLIC OF KENYA**

**Presented:
23rd July 2020**



EMERGENCY MEDICAL CARE: THE NEGLECTED DISEASE IN KENYA

SUMMARY RECOMMENDATIONS

1. The National Emergency Medical Care Policy (2020-2030) developed by the Ministry of Health should be endorsed into law immediately to address the following;
 - a) To establish an integrated National and County infrastructure to support universal access to emergency medical care
 - b) To ensure the highest quality of service delivery across the emergency medical care system
 - c) To provide mechanisms for the financing of emergency medical care
 - d) To develop a framework for human resource development and management in emergency medical care.
 - e) To strengthen systems for monitoring, evaluation, surveillance and research on emergency medical care
 - f) To provide emergency medical care leadership and governance
2. There is a need to establish a single toll-free ambulance access number connected to an ambulance dispatch centre to ensure every Kenyan has immediate access to an ambulance in case of an emergency. The functions of the COVID-19 Hotline number (719) that was recently established can immediately be expanded to meet this need.
3. All ambulance services should be integrated at County and National levels and connected to the single toll-free ambulance access number and the services expanded to ensure access across the country.
4. The Ambulance Standards developed by the Kenya Bureau of Standards in 2019 should be enforced immediately as the minimum standard for all ambulances in Kenya.
5. The Emergency Medical Technicians and Paramedics Bill, 2020 once tabled should be fast-tracked for endorsement into law to provide for a framework for integration of emergency medical technicians and paramedics into the health care system.
6. All Level 4, 5 and 6 hospitals in Kenya must establish a dedicated area or unit for emergency care (Emergency Department) with the appropriate equipment and capacity for management and diagnosis of all types of emergencies as recommended by the WHO.
7. All personnel working in emergency departments must receive specific training in emergency medical care. This recommendation was also passed as a motion by the National Assembly in November 2015 (NA/L&P/CORR/2015(043)).
8. The emergency medical treatment fund should be established immediately for emergencies as stipulated in the Health Act 2017
9. The emergency services benefit package proposed under UHC should be rolled out immediately across the entire healthcare system (both public and private) to ensure universal access to emergency medical care services in the country.

Introduction

The World Health Assembly (WHA) Resolution 72.16 in May 2019 urged member states to establish dedicated emergency centres with appropriate equipment and capacity.^[1] Current literature estimates approximately 54% deaths annually in low- and middle-income countries are due to conditions that are potentially addressable by prehospital and emergency care.^[2]

Table 1 Burden of emergency care in Kenya^[3]

	Top 10 causes of death in Kenya		Top 10 causes of premature death in Kenya	
	Condition	Category	Condition	Category
1	HIV/AIDS	2	HIV/AIDS	2
2	Pneumonia	1	Neonatal Disorders	1
3	Diarrhoea	1	Pneumonia	1
4	Neonatal Disorders	1	Diarrhoea	1
5	Tuberculosis	2	Tuberculosis	2
6	Ischaemic Heart Disease	1	Congenital Defects	2
7	Stroke	1	Ischaemic Heart Disease	1
8	Cirrhosis	2	Cirrhosis	2
9	Diabetes	2	Meningitis	1
10	Congenital Defects	2	Stroke	1

Category 1 conditions are conditions that must be addressed within hours to days of onset while Category 2 conditions are commonly associated with acute deterioration. Injuries and specifically road traffic crashes, also contribute significantly to the number of deaths and disabilities in Kenya. All these are conditions that are amenable to emergency medical care services.

The WHO Emergency Care System Framework (figure 1), illustrates the essential functions of a responsive emergency medical care system, and the key human resources, equipment, and information technologies needed to execute them.^[4]

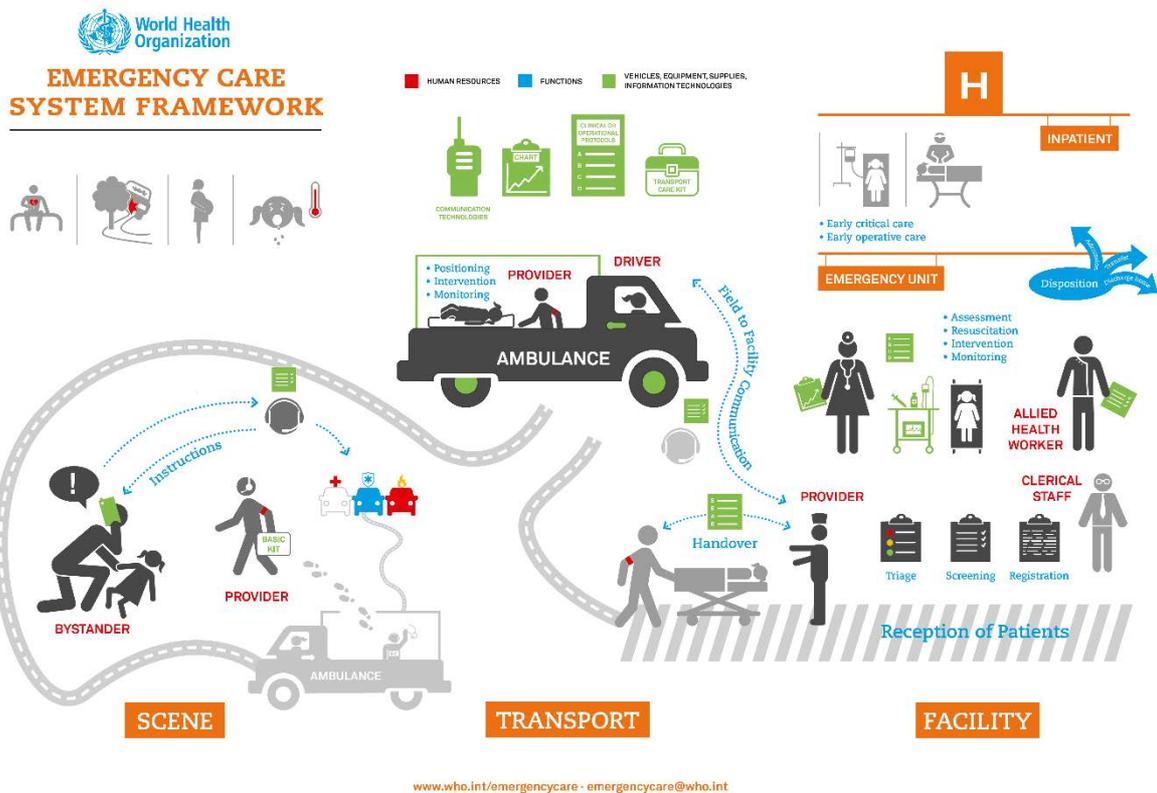


Figure 1. WHO emergency care system framework

This report summarizes the current practice of emergency medical care in Kenya and identifies priority actions for use by policymakers and other stakeholders as a roadmap toward strengthening emergency care in the country.

Legislation

The legislative framework on emergency medical treatment in Kenya is anchored on the provisions of the Constitution under Article 43(2) which provides that no person shall be denied emergency medical treatment.^[5] The 2013 Ministry of Health National Patients' Rights Charter provides that every patient has a right to receive emergency treatment in any health facility.^[6] The Charter goes further to state that, in emergencies, irrespective of the patient's ability to pay, treatment to stabilize the patient's condition shall be provided.

In May 2017, Parliament enacted the Health Act, which has subsequently has given more clarity and legal direction on the rights and duties encompassed in emergency care.^[7] Section 7 of the Act is instructive on what constitutes emergency medical treatment including:

- pre-hospital care;
- stabilizing of the individual; or
- arranging for referral in cases where the health provider of first call does not have facilities or capability to stabilize the victim.

The Act further states that any medical institution that fails to provide emergency medical treatment, while having the ability to do so, commits an offence and is liable upon conviction to a fine not exceeding three million shillings. Besides medical institutions, healthcare providers, whether in the public or private sector, also have a personal duty to provide emergency medical treatment.

Moreover, the Act instils a critical duty upon the government under section 15 to achieve the following as part of the realization of emergency medical treatment: First, a duty to develop policies, laws and procedures, in consultation with the county governments and other stakeholders for the realization of emergency care. Second, a duty to ensure that financial resources are mobilized for uninterrupted access to all health services. Third, a responsibility to establish an emergency medical treatment fund for unforeseen situations and lastly, provide policy and training, maintenance of standards and coordination mechanisms for the provision of emergency healthcare.

Recommendations

1. The National Emergency Medical Care Policy (2020-2030) developed by the Ministry of Health should be endorsed into law immediately to address the following;
 - a) To establish an integrated National and County infrastructure to support universal access to emergency medical care
 - b) To ensure the highest quality of service delivery across the emergency medical care system
 - c) To provide mechanisms for the financing of emergency medical care
 - d) To develop a framework for human resource development and management in emergency medical care.
 - e) To strengthen systems for monitoring, evaluation, surveillance and research on emergency medical care
 - f) To provide emergency medical care leadership and governance

Prehospital emergency medical care

Currently, there is no single toll-free ambulance access number in Kenya or an integrated public ambulance system.^[8] Most patients are transferred to hospitals by private means, for instance by car, taxi or boda boda, among others. Majority of the existing ambulances are private and despite the existence of Ambulance Standards developed by the Kenya Bureau of Standards in 2013 and revised in 2019, very few ambulances meet these minimum standards. The first Emergency Medical Technicians (EMTs) in Kenya were trained in 1998 following the US Embassy bombing with support from USAID. Subsequently, over 1,000 EMTs have been trained to date but remain unrecognised as healthcare professionals both at the level of the Ministry of Health and the Public Service Commission.

The Emergency Medical Technicians and Paramedics Bill, 2020 that has been drafted by the Kenya Council of EMTs (KCEMT) and is scheduled to be tabled in parliament aims to provide for a framework for regulation, promotion and development of EMT and paramedics practice in Kenya.

Recommendations

1. There is a need to establish a single toll-free ambulance access number connected to an ambulance dispatch centre to ensure every Kenyan has immediate access to an ambulance in case of an emergency. The functions of the COVID-19 Hotline number (719) that was recently established can immediately be expanded to meet this need.
2. All ambulance services should be integrated at County and National levels and connected to the single toll-free ambulance access number and the services expanded to ensure access across the country.
3. The Ambulance Standards developed by the Kenya Bureau of Standards in 2019 should be enforced immediately as the minimum standard for all ambulances in Kenya.
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Emergency units

The World Health Assembly (WHA) Resolution 72.16 in May 2019 urged member states to establish a dedicated area or unit for emergency services and care in all first-level hospitals and above with appropriate equipment and capacity for management and diagnosis. First-level hospitals are the lowest level of health care facilities that can provide major surgery.^[9] Only 20% (n=411) of first-level hospitals in Kenya have a dedicated 24-hour emergency department.^[10] The availability of emergency medical care services across facilities in Kenya varies significantly due to the lack of established facility standards for emergency medical care, specially trained emergency care providers and emergency care treatment guidelines.

Recommendations

1. All Level 4, 5 and 6 hospitals in Kenya must establish a dedicated area or unit for emergency care (Emergency Department) with the appropriate equipment and capacity for management and diagnosis of all types of emergencies as recommended by the WHO.
2. All personnel working in emergency departments must receive specific training in emergency medical care. This recommendation was also passed as a motion by the National Assembly in November 2015 (NA/L&P/CORR/2015(043)).

Universal access to emergency medical care

On the President's Big Four Agenda is Universal Health Coverage (UHC). The objective of UHC is to ensure that all Kenyans will have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that Kenyans will not suffer financial hardship when paying for these services. One of the benefit packages proposed as part of UHC is emergency services. This will include;

- (a) evacuation services for injuries
- (b) basic and advanced life support
- (c) blood transfusion
- (d) management of medical emergencies
- (e) management of surgical emergencies (including trauma care)
- (f) management of gender-based violence

Recommendations

1. The emergency medical treatment fund should be established immediately for emergencies as stipulated in the Health Act 2017
2. The emergency services benefit package proposed under UHC should be rolled out immediately across the entire healthcare system (both public and private) to ensure universal access to emergency medical care services in the country.

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