

Universal Emergency Care Coverage in Kenya 2018-2022

Introduction

The Government of Kenya is committed to fulfilling the requirements in the Constitution that guarantees all citizens the right of access to quality healthcare, including reproductive health and **emergency treatment**. The Ministry of Health has developed the **Emergency Medical Care Policy 2018–2030** which provides a framework for the provision of an Emergency Medical Care Fund and establishment of an efficient Emergency Medical Care System for all.

Implementation of UHC

Universal Health Coverage Phase I implementation

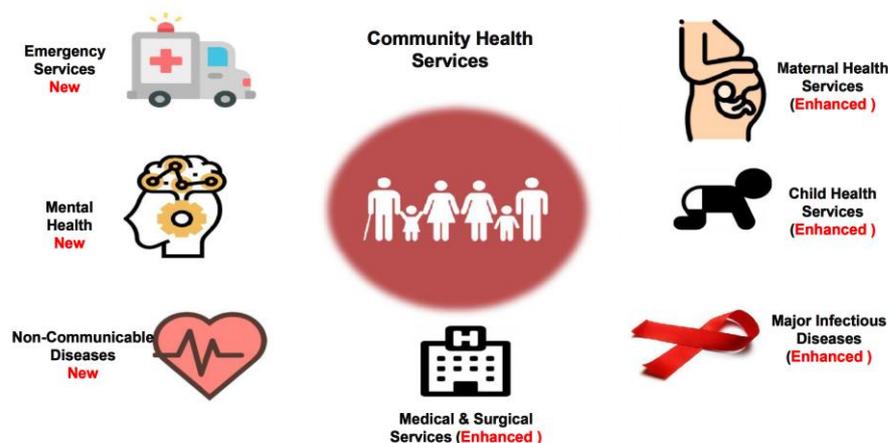
Universal health coverage will be implemented in a phased approach, the first phase focusing on four counties, namely Isiolo, Kisumu, Machakos and Nyeri, selected as representative of the country in terms of geographical and disease burden. Kisumu was selected on the premise of a high burden of communicable diseases; Nyeri due to high noncommunicable disease burden; Isiolo is a county with sparse nomadic population and a high maternal mortality ratio, and Machakos has a high burden of road traffic accidents.

The UHC Phase I will run for a period of one year. The approach is to ensure that the population of the four counties have access to essential services through government tax based support to health systems strengthening, community health services, public health services and user fee removal in all level 2 to 5 Government-owned health facilities.

Investments will be done in critical areas such as basic and specialized services which will cater for emergency medicines and emergency non-pharmaceuticals among others.

UHC benefit package

New Health Benefits Package Offers:



Facility-based services

Facility-based services: Basic and specialized essential health services
Emergency Services
Evacuation Services for Injuries
Basic and advanced life support
Blood transfusion
Management of medical emergencies
Management of surgical emergencies (including trauma care)
Management of gender-based violence including sexual assault

Communication for UHC

Both National Government and respective Counties shall create public demand to access quality and affordable health services, including rights to emergency treatment.

Strategies to improve the quality of health service delivery

The Ministry of Health will strengthen the management of emergencies and disasters through provision of life-saving health products and technologies specifically for the management of any medical emergency that may arise regardless of the place, time or type.

Development of the necessary health infrastructure

Emergency preparedness is a critical component of system resilience for UHC with assurance of a reliable supply of commodities such as blood and blood products through increased budgetary allocation to national blood transfusion services.

Financing arrangements

Basic and specialized services

Funding has been allocated to the four pilot counties according to some weighted criteria that included the following consideration: equitable share, population, disease burden, outpatient utilization, inpatient workload, poverty index, average distance to the health facility, crude mortality rate and health worker density to support basic and specialized services towards UHC.

Specifically, the fund will support medicines, diagnostics, medical supplies and other commodities required to complete the management for basic conditions from L2 to L5 for Out and In Patients services excluding capital costs.

Seventy per cent (70%) will be provided in kind as medicines and medical supplies through KEMSA. The component will cater for emergency medicines and emergency non-pharmaceuticals among others.

Thirty per cent (30%) of the fund will be retained by the health facility (L4 and 5 only) for operations and maintenance (O&M), consisting of costs such as quality improvements, laundry, cleaning, security, electricity, general office services, repairs and food rations just to mention a few. It is assumed that the user fee foregone allocation to L2 & 3 is taking care of this cost at the lower primary facilities.

The HMT will be directly involved in the management of this fund and will develop a work plan for use of the fund. The HMT will also develop monthly, quarterly and annual reports on the activities.

Estimated financial requirements

- Cost of establishing an Emergency Medical Care System – **Kes 3 500 000 000***
**exact cost to be determined once the EMC guidelines is costed*
- Emergency preparedness and response (stockpiles, NFI, tents, field hospitals for emergency and disaster management) – **Kes 5 000 000 000***
**Contingency plan and DRM policy*

References

1. Ministry of Health. Roadmap towards Universal Health Coverage in Kenya 2018–2022 Revision. November 2018
2. Ministry of Health. Universal Health Coverage Implementation Plan Phase I. November 2018
3. Operational guidelines for implementing Universal Health Coverage interventions in Kenya, 2018–2022. November 2018
4. Ministry of Health. Monitoring and evaluation framework for Universal Health Coverage in Kenya. February 2019
5. Ministry of Health. Training manual for the Universal Health Coverage implementation in Kenya. December 2018