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REPUBLIC OF KENYA

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THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT- SECOND SESSION

DELEGATION REPORT

REPORT ON THE THIRD ANNUAL UHC FINANCING FORUM, WASHINGTON DC, USA HELD BETWEEN 19TH- 20TH APRIL, 2018

AND

THE INTERNATIONAL CONVENTION OF PUBLIC HEALTH "*CUBA SALUD*" CONFERENCE, HAVANNA, CUBA HELD BETWEEN 23RD- 27TH APRIL, 2018

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
NCDs	Non Communicable Diseases
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Program
UNEP	United Nations Environmental Program
WHO	World Health Organization

for equity as a driver of the UHC agenda, as well as experiences from various countries on the systems put in place that have contributed towards the achievement of UHC.

Mr. Speaker,

Pursuant to Standing Order no. 199(6), it is now my pleasant duty to table the Report of the Parliamentary Delegation on the Third Annual UHC Financing Forum and the International Convention of Public Health, for consideration and adoption by the House.

Signed..... **Date**....2/10/18.....

Hon. Sabina Chege, MP

Chairperson, Departmental Committee on Health

3.0 THIRD ANNUAL UHC FINANCING FORUM, WASHINGTON DC, USA

3.1 Opening remarks by Christoph Kurowski, Global Lead Health Financing, World Bank

Mr. Kurowski opened the Forum by informing the participants that extreme poverty hampers the attainment of UHC and that all countries should therefore join efforts towards the common goal of ending poverty by 2030 as well as reduce the gap between the rich and the poor.

He further stated that the focus this year is on equity. In 1978, the goal of primary health care for all by the year 2000 was set. However, forty years later the world has missed the mark. It is notable that by the year 2015, half of the world's population still lacked health coverage, since progress has been modest in most countries.

He noted that people fall into poverty because of paying for health services, and that investments in health services are highly inequitable. Around 700 million people in the world fall below the attainment of UHC. Countries must therefore take charge and accelerate progress to eliminate inequities.

He also stated that the path towards the attainment of UHC has been marred by various challenges, including the balancing of competing interests, the inflexibility of UHC principles and the lack of good data as a requirement of prioritizing healthcare needs.

He concluded by stating that countries should therefore embrace new ways of thinking, which can be done by avoiding unacceptable choices, agreeing on what amounts to social justice in health financing as well as taking the most appropriate measures for financial protection. Countries must also establish fair processes and monitor their progress, as well as assess equity implications.

3.2 Presentation by Eduardo Gonzalez Pier, Fellow, Centre for Global Development on Revenue generation and equity: who should worry about it?

The forum was informed that;

State pays a greater percentage of their contributions. Egypt has also created many income avenues for health financing, including money collected from the use of highways.

Every three years an actuarial study is conducted in Egypt so as to establish the sustainability or otherwise of the healthcare system. If it is established that the system might fail, the system is re-modified so as to ensure continuity in the provision of quality healthcare services to the population.

Health insurance in Nigeria is in three categories, namely free health care provided and financed for all citizens, health care provided by government through a special health insurance scheme for government employees and private firms entering contracts with private health care providers. In 1999, the government created the National Health Insurance National Health Insurance Scheme, which encompasses government employees, the private sector as well as the informal sector. This scheme also covers children less than five years of age, permanently disabled persons and prison inmates.

Nigeria is a middle income country with a wide disparity in income levels, and is also rich in hydro-carbon resources whose revenue is volatile. The government cannot therefore rely on this as a stable source of health care financing. The government has therefore put in place additional measures in an attempt to raise adequate revenue for health financing. These initiatives include the imposition of excises on alcohol and tobacco.

3.3 Presentation by Joseph Kutzin, Coordinator, Health Financing Policy, World Bank on Pooling for equity: it's not just what you do, but the way you do it.

The forum was informed that;

Health financing systems often tend to be highly fragmented into different pools through various mechanisms including government pools financed from consolidated revenues, with lower levels of government receiving transfers from higher levels and sometimes also raising local taxes and other revenues; different types of social health insurance schemes; and private health insurance.

financing. Other developments being undertaken in Tanzania include unification and harmonization of the information and payment systems as well as enhancement of benefit packages.

In Kenya, the newly-elected government made a pledge on four pillars, being universal healthcare, affordable housing, food security and manufacturing. The achievement of UHC is dependent upon contingent risk pooling. Fragmentation is mostly evidenced in the gap between the rural and the urban sectors. The wage gap between the rich and the poor also leads to fragmentation.

The governance system in Kenya may also be said to be a contributor towards fragmentation. The devolved system consists of the national government as well as 47 devolved units of government, and these units may have different approaches to health insurance. Currently there are policy and legal reforms being undertaken in the healthcare system in Kenya. The health information management systems are also currently being improved to ensure registration of all persons to quality healthcare.

3.4 Presentation by Asih Putri, National Social Security Council, Indonesia, on Equitable Health Financing and the Law

The forum was informed that;

There exists a direct relationship between law and health financing. The core dimensions of all health systems around the world are laws and regulations, health financing and service delivery. Laws and regulations come first since they determine how financing and service delivery will be done. State regulation, through policy and legal frameworks, is a pre-determinant to funding.

The law regulates the relations between beneficiaries, potential beneficiaries and financing agencies. The law moves towards the inclusion of the entire population in both public and private healthcare systems, as well as the financing of healthcare by both public and private sources. The law also regulates the relations between financing agencies and service providers, through the regulation of product prices and remuneration of service providers. Law is therefore a key component in the realization of UHC, since the various laws and legal practices are used to implement UHC.

4.0 THE INTERNATIONAL CONVENTION OF PUBLIC HEALTH IN CUBA

4.1 Presentation by Dr. George Rodriguez, Ministry of Public Health, Cuba on Overview of the Healthcare system in Cuba

The forum was informed that the principles of public health in Cuba were;

(a) Universal coverage;
(b) Accessibility;
(c) Gratuity of the services;
(d) Regionalization;
(e) Integrity;
(f) Community and social participation;
(g) Inter-sectorality; and
(h) Internationalist vocation.

The healthcare system in Cuba focuses on primary, secondary and tertiary care. At the primary care level, the focus is on health promotion and prevention which is administered through the family doctor's offices and municipal polyclinics. At the secondary care level, the focus is on specialized care diagnosis and timely treatment, health promotion and rehabilitation, which is administered in municipal and provincial hospitals. At the tertiary care level, focus is on advanced medical investigation and treatment, rehabilitation and research. This is administered through national hospitals and institutes of research.

The Cuban government operates a national health system and assumes administrative responsibility for the health care of all its citizens. There are no private hospitals or clinics as all health services are run by the government. Cuba has historically performed better than other countries in the region on infant mortality and life expectancy. The World Health Organization reported the average life expectancy at birth for Cubans as being 77 years for males and 81 for females.

Africa also experiences human resource shortages in the health sector. This results in an overstretched workforce in health institutions who cannot adequately deliver according to the demands of the public. There is therefore need to shift towards promoting and supporting people-centred service delivery through the primary healthcare approach.

Health financing in Africa suffers from low investment in health, lack of comprehensive health financing policies and strategic plans, extensive out-of pocket payments, lack of social security plans to protect the poor, weak financial management, inefficient resource use, and weak mechanisms for coordinating partner support. The high out of pocket payments for medical services also makes healthcare not affordable to all. The African governments therefore need to look at alternative ways of funding for health, including coming up with ways of raising revenue so as to ensure adequate health financing.

4.3 Site visit to the National Institute of Oncology and Radiobiology-Head Centre of Oncology in Cuba

The participants at the Convention conducted a site visit to the National Institute of Oncology and Radiobiology where they were informed that;

The Institute was established in 1966 by a Resolution of the Minister of Public Health. The Institute is the headquarters of–

(a) National Cancer Registry;

(b) Cuban Society of Oncology, Radiotherapy and Nuclear Medicine;

(c) National Oncology Group;

(d) Cancer Research Center;

(e) Member of the International Union Against Cancer; and

(f) First Latin American center that conducting Clinical trials in Oncology.

The Institute serves as the head center of oncology specialty in Cuba. It also has a Science and Technology unit which is used for research, assistance, teaching, and technology assimilation. The scientific production and technological innovation generates a high-quality and efficient

technicians. The polyclinic also has a general comprehensive doctor, a nurse as well as medical students on training. The polyclinic offers training to nurses and health technicians, and serves as a comprehensive research centre for medical students. In terms of international cooperation, the polyclinic has 22 international doctors drawn from different countries.

The cost of healthcare is subsidized by the government but is offered for free for those who cannot afford it. The primary focus at the polyclinic is prevention, promotion, training and rehabilitation.

The priority areas for the polyclinic are mother and child care, communicable diseases control programmes, non-communicable diseases and emergencies. The main priority is the mother and child programme, which aims to attain zero child mortality rate in the polyclinic. The polyclinic offers various services, including immunization, x-rays, clinical laboratory, family planning, infertility, ultrasound, opthamology and vaccination. The clinic also deals with natural traditional medicine.

The polyclinic has 20 specialists who give specialized services to patients at the hospital at least once every month. These specialized services include cerebral visceral diseases, heart diseases, tumors, influenza and pneumonia.

4.6 Site visit to the Havana Community Mental Health Centre

The participants at the Convention conducted a site visit to the Havana Community Mental Health Centre where they were informed that;

There are several mental health facilities in Cuba, and that the Centre caters for the municipality. The Centre is characterized by universality, accessibility and integration. The Centre provides free mental healthcare and is comprehensive with its holistic approach to rendering of mental healthcare services.

The Centre deals with prevention, promotion as well as the treatment and rehabilitation of mental health patients. It also facilitates psychological and emotional wellbeing of patients. At the primary level, an assessment is done of the cases before setting goals derived from the individual necessities of each patient. Hospitalization of patients happens only during the day, and at night

5.0 OBSERVATIONS

The delegation made the following observations from its participation in the conferences;

i) Defragmentation is neither sufficient nor necessary for equity improvements in the health sector;

ii) Explicit priority setting in the health sector leads to transparency and accountability, and can encourage public participation;

iii) There is need to pursue equity on the path towards UHC;

iv) There is a great challenge with out of pocket payments, and there is need to harness these in pooling and pre-payment mechanisms;

v) There is need to address the interactions among the health financing functions. This means that there is need for proper aligning of revenues and expenditures, on one side, as well as aligning pooling with purchasing and demand and supply measures;

vi) There is need to make a case for public spending on health, and coupled with this is the need for government to its commitment towards the attainment of UHC;