DECISION MAKING FOR NCDs IN KENYA

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Kenya
ECONOMIC INDICATORS

• Population of about 42 million people most below 20 years
• 78% live in rural areas. (Urban 22%)
• Life expectancy at birth is 59.5 years.
• The GDP is at US$20.6 billion.
• Average per capita income is about US$780 (Atlas method, World Bank 2011)
• Poverty head count of 47%.
NHA Accounts 2009

- Total Health Expenditure (THE) per capita is US$27
- Government health expenditure is 5.2% total government expenditure
- Public facilities - 44.3% of the providers, private facilities - 29.2% and others - 26.5%.
- Outpatient functions (39.6%), in-patients - 29.8%, health administration - 14.5%,
- Preventive and public health programmes 11.8% and pharmaceuticals 2.6%.
- 1.4 hospital beds, 0.14 physicians and 1.18 nurses per thousand populations.
SOURCES OF T.H.E.

- Public: 29.30%
- Private: 39.30%
- Donor: 31.00%
- Other: 0.40%
Kenya is experiencing increase in diabetes, heart disease, cancer, chronic lung, neurological, psychiatric diseases and injury even before communicable diseases like malaria, HIV and tuberculosis have been brought under control resulting into “double burden of diseases”.
Estimated Proportional Mortality (%), Kenya, 2004

Males

- Infectious & parasitic: 49.3%
- Other NCDs: 5.3%
- Circulatory: 8.5%
- Injuries: 9.7%
- Other causes: 68.7%
- Respiratory infections: 8.7%
- Perinatal conditions: 10.0%
- Nutritional deficiencies: 0.7%
- Diabetes: 1.0%
- Respiratory: 2.8%
- Cancers: 4.0%
Females

- **Circulatory**: 10.2%
- **All NCDs**: 22.3%
- **Other Causes**: 73.7%
- **Infectious & parasitic**: 54.6%
- **Injuries**: 4.1%
- **Respiratory infections**: 7.6%
- **Maternal conditions**: 2.9%
- **Perinatal conditions**: 7.9%
- **Nutritional deficiencies**: 0.6%
- **Other NCDs**: 5.0%
- **Cancers**: 3.6%
- **Diabetes**: 1.6%
- **Respiratory**: 2.0%

Source: Global Burden of Disease: data sources, methods and results.
<table>
<thead>
<tr>
<th>CHRONIC DISEASE</th>
<th>DALYs/1000 capita/yr</th>
<th>World range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other unintentional injuries</td>
<td>6.8</td>
<td>0.6 – 30</td>
</tr>
<tr>
<td>Road traffic accident</td>
<td>3.6</td>
<td>0.3 - 15</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>1.9</td>
<td>1.4 - 14</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.9</td>
<td>0.3 – 4.1</td>
</tr>
<tr>
<td>Asthma</td>
<td>1.7</td>
<td>0.3 – 2.8</td>
</tr>
<tr>
<td>Neuropsychiatric</td>
<td>1.7</td>
<td>1.4 – 3.0</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>0.6</td>
<td>0.5 – 1.5</td>
</tr>
<tr>
<td>COPD</td>
<td>0.6</td>
<td>0.0 – 4.6</td>
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</tbody>
</table>
NCDs

- Diabetes average 4% (rural 2%, urban 12%)
- Hypertension average 27%
- Heart failure population 2% (>50yrs)
- Cancer 2nd leading NCD
- NCD caused 20,000 deaths per yr in Nairobi only
- RHD prevalence 2-27/1000 population
CURRENT ACTIVITIES

STAKE –HOLDERS

• GOV’T
• NGOs
• UNIVERSITIES & RESEARCH INSTITUTIONS
• PROFESSIONAL SOCIETIES
• CIVIL SOCIETIES
• PRIVATE SECTOR
GOVERNMENT

- Formation of NCD Division, MOH, GOK 2001 following 53rd WHA resolution 53.17 May 2000
- Kenya Tobacco Control Bill 2008,
- Kenya Alcohol control Bill 2010
- Participations in GYTS, FCTC
- Regular data systems – KDHES, KNHA, KCBS
- Work in Progress - National NCD Policy and action Plan, National Diabetes and HTN strategic action plan, National Cancer Prevention & control Policy
- National health policy Framework – in progress
- New Constitution of Kenya, 2010 (health a basic human right)
OTHER NCD ACTIVITIES

- CVD-HIV integration project) – FHI & KCS
- Capacity Building model – DMIC, KCS
- Risk Factors Survey in schools – APHRC, KCS
- Screening Programmes – AKU-EA, DMIC, KAPTLD
- RHD Registry – KCS
- RHD awareness/education – KHNF
- Research – UON, Moi Un, KEMRI, APHRC, KU
- Awareness- world heart, diabetes, cancer, no tobacco, days activities – all
- Coordination, focus, strategy and synergy is required.
GAPS IN NCD CONTROL

- No national NCD position and policy statement
- NCDs Under prioritized and low resource allocation (HR, finance and physical facilities)
- Significant part of health care system operating in silos of disease blocks and mainly driven by Donor funded project.
- No comprehensive and integrated NCD risk factor & disease prevention &control programmes
- No primary care packages,
- No cost-effective screening & intervention models
- Health information system & surveillance
BARRIERS TO COMMITMENT & ACTION

• DATA (national, economics & costs, interventions)
• COMPETING PRIORITIES (CDs – HIV, malaria, TB)
• POLITICAL WILL
• ENABLING POLICIES AND LEGISLATION
• RESOURCES AND INFRASTRUCTURE (physical facilities, processes & systems)
DECISION MAKING IN KENYA
Decision making process

• **Initiation/need for policy or legislation** – data/evidence, advocacy, public & private petitions to line ministries

• Discussions and decisions on recognition of need at Ministry level and cabinet level → Draft policy by line Ministry

• Parliamentary committee on Health & Parliamentary Policy analyst deliberations & recommendations on draft → Legal drafting, Debate and passage by Parliament.

• Attorney General legal re-drafting and publishing in Kenya Gazette Notice.

• **Budgetary allocation process** – MOH estimates MTEF/MTBPS → Finance → Parliament & stake-holder inputs → parliament approves.
STAKE-HOLDERS IN HEALTH DECISION MAKING

- Inputs at all levels of decision-making
- Health sector (public, private, donors, civil society, professional societies, University & research institutions, faith-based organizations)
- WHO, UNAIDS, UNICEF, World Bank, JICA, DANIDA, USAID, CDC, CIDA, DFID and the EEC - development partners and agencies
OPPORTUNITIES AND STRATEGIES - 1

• NCD policy and prioritisation with integration of policies affecting NCDs across gov’t ministries & private sector
• Support for population education & promotion for healthy behaviour
• Implement cost-effective screening & intervention programmes at community level and health institutions (diabetes, HTN, obesity, CV, cancer)
OPPORTUNITIES AND STRATEGIES - 1

• Provision of optimum NCD primary care packages & health system strengthening for integrated (CD to NCD & NCDs components) preventive, curative, rehabilitation & palliative care at all levels

• Strengthen health information systems & disease & risk factors surveillance

• Promote research relevant to control, prevention and treatment of NCDs

• Sustainable financing mechanisms for NCDs
ASANTE SANA!