



Renewed partnership for sustained health outcomes

Concept Note

CSO Roundtable deliberation on NHIF's next strategic plan (2023-2027)

Monday 13th March 2023

Universal Health Coverage (UHC) essentially means that all Kenyans have access to health services at all times, without financial hardship. This includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. NHIF remains the largest insurer accounting for over 89.4% of those who reportedly having health insurance. The National Hospital Insurance Fund (NHIF) is a Kenyan government state corporation established in 1966 with a core mandate to provide affordable, accessible & sustainable medical cover to all. The Current National Health Insurance Fund is anchored in law, The National Hospital Insurance Fund Act (1998) that establishes the National Health Insurance Fund ('the Fund') and the Fund Management Board and provides for contributions to and the payment of benefits out of the Fund. Despite this mandate, Kenyan citizens continue to fund health care largely through out of out-of-pocket, reportedly accounting for about 36% of Total Health Expenditure. In 2018, Government of Kenya developed reforms ostensibly to transform NHIF into a sustainable institution with members' expectations at the center of operations and to accelerate progress towards Universal Health Coverage.

The policy recommendations were predominantly anchored in i) Article 21 of the Constitution which commits the State to working towards the gradual realization of the social and economic rights and binds the State "to observe, respect, protect, promote, and fulfil the rights and fundamental freedoms in the Bill of Right" and the right to a dignified life is recognized as right in the Constitution of Kenya (2010); Article 43 (1) States that 'Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; while Item 43 (e) guarantees every Kenyan the right-(e) to social security. Emergency medical treatment is guaranteed and a basic rights as articulated under Article 43 (2) 'a person shall not be denied emergency medical treatment' and this applies to all medical facilities whether private or public.

The reforms notwithstanding however, health care across the 47 counties continues to deteriorate and investments in key disease burdens such as HIV, TB, malaria and reproductive health continue to be below required levels. The situation is further worsened by the surge of non-communicable diseases (NCDS) which are expensive to manage and are estimated to constitute 50% of admissions and 70% of in-hospital deaths. While it is acknowledged that Social health insurance is one of the most innovative and efficient ways of financing healthcare, It is however clear that based on current recruitment rates and operations, the NHIF is unlikely to scale up social health insurance coverage in Kenya to 100% by 2030 in line with the UHC goal of "leaving no one behind".

Development of the new strategic plan (2023-2027) provides a unique opportunity for stakeholders to provide input and recommendations that can potentially make NHIF more responsive and accessible to vulnerable, marginalized and poor populations, bridging the insurance gap, and increasing the population



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covered. It is also pivotal in re-directing NHIF to the UHC 2030 vision given its unique position as the only national health related social scheme with a national coverage.

The Health NGOS Network, a national network of Health CSOs working with communities in the 47 counties of Kenya wishes to hold CSO consultations and issue a joint communique to inform/influence the writing of the new NHIF strategic plan (2023-2027). HENNET wishes to partner with its member organization KANCO-a regional network of over 2000 CSOs, private sector and research and learning institutional involved in HIV & AIDS, TB and other public health care concerns.

CSOs are very critical stakeholders to NHIF because they are (i) contributing employers and consumers of NHIF services (over 10000 registered NGOs, CBOs, FBOs) (ii) mobilisers on the ground, sensitizing communities on NHIF and supporting enrollment. They also receive feedback from the grassroots level on uptake or challenges thereon.

We propose to hold a consultative roundtable of CSOs comprising experts e.g. in health financing, community strategy/engagement and coalitions around disease verticals such as HIV, TB, Malaria, NCDs and reproductive health. Marginalized and vulnerable populations such as young women, the disabled and nomadic communities will be represented.

At the round table, a consultant and subject matter specialist will provide tight facilitation to ensure that salient points are captured succinctly into a communique that will be shared with NHIF and select media (including social media bloggers and channels). The communique will be disseminated to HENNET and KANCO members, other CSO members, the Kenya Health Federation, Council of Governors, the multi-sectoral country platform, research and learning institutions among others. Media will also interview some participants to get unique perspectives to support the communique. A team will then be selected by members present to hand over the communique to the respective authorities at the NHIF offices.