

IN BRIEF...

Support to Health Services

The programme of Swedish support to the Health Services in Kenya focuses on creating an enabling environment for provision of sustainable quality health care that is acceptable, affordable and assessable for all Kenyans.

Sweden has supported the development of health care services in Kenya since the mid 1970s. From the very outset the support focused on improving the health services in rural areas. It is there that the needs are greatest, and it is possible to prevent many diseases with fairly simple means, for example vaccinations, better environmental health and good hygiene. Despite the fact that 67 per cent of population of Kenya live in rural areas, only 20 per cent of the medical resources are allocated to these areas. The fact that the resources are in the wrong place creates, in turn, new problems since people delay seeking treatment or being admitted to hospitals for conditions that could have been prevented much earlier. In order to rectify these imbalances, there is a need for a well-considered structure for the health services including efficient systems for channelling the funds that are available in the districts.

The overall objective of the Kenyan health policy up to the year 2010 is to: "Promote and improve the health status of all Kenyans through the deliberate restructuring of the health sector to make all health services more effective, accessible and affordable."

The plan for improving the health services that the Government of Kenya presented in 1999, the National Health Sector Strategic Plan 1999–2004 (NHSSP), describes how the problems will be solved by increasing the decentralisation of resources and decisions in the health services. During the past five years Kenya has had a negative development within the health sector which has also been visible in health indicators like increase in child mortality and maternal mortality. The NHSSP appoints the priorities in essential public health and clinical packages for the most important issues to address in order to reverse this negative trend. The strategic plan is well in line with Sida's policies and strategies, especially our poverty strategy, and the foundation for the present Sida support.

In July 2000, Sweden and Kenya signed a new cooperation agreement that runs until end 2004 with a total budget of SEK 75 million. Under this agreement, Sweden, through Sida, shall provide support for the Kenyan efforts to decentralise the medical services and to make them more efficient. One important part of the programme is the creation of District Health Management Boards to facilitate the civil

sector/communities participation in the health sector at district level.

The decentralisation process shall be implemented gradually, starting in 15 districts. Sida is supporting the work in seven of these districts: Kajiado, Koibatek, Nyando, Nandi North & South, Busia and Kuria, while the World Bank is involved in the other eight districts. Several other donors are active in the health sector but in other areas and work towards more co-ordination amongst donors is ongoing.

The needs are considerable and the problems apparently insurmountable. Many Kenyans still lack access to basic health care: safe drinking water, proper sanitation and adequate nutrition. Diseases, many of them preventable or readily treatable, remain a big burden. The position has been exacerbated by the advent of HIV/AIDS, which threatens to consume over 50 per cent of public health resources. Almost 2.1 million Kenyans carry the HIV virus or have already developed AIDS. Malaria also claims many victims and the number of cases of malaria has increased in recent years. Child mortality is high and many women die in childbirth or of other complications during pregnancy. With the aid of Sida, the Ministry of Health is developing interventions to address the UN Millennium Development Goals to reduce infant mortality rate by two thirds and maternal mortality rate by three-quarters by the year 2015.

Sida has also contributed to a new

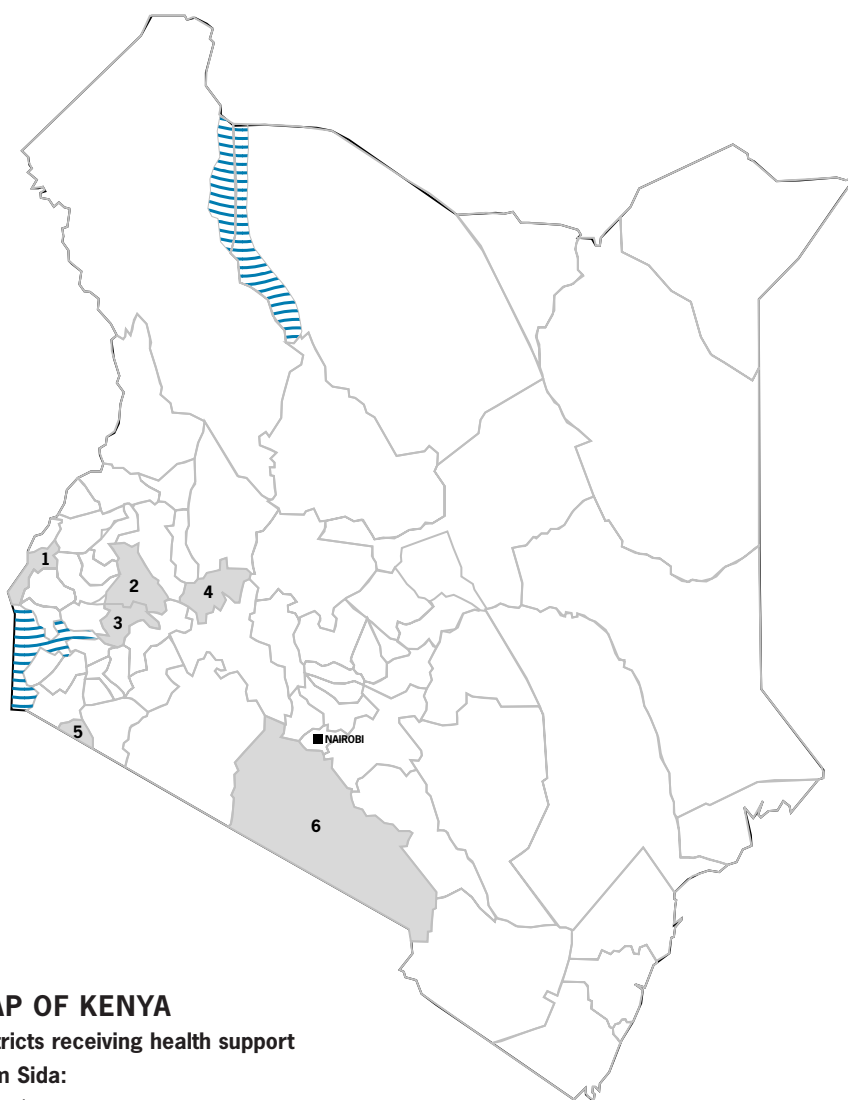
financial monitoring system in which all users have access to all financial information at the Ministry of Health, districts, provinces and headquarters. Sida reports all direct cash payment support to the system.

Sida also supports the Health Sector Reform Secretariat, established to spearhead the reform process, with Technical Assistance.

A separate part of the Swedish support to the health sector is allocated for a co-operation between Moi University in Kenya and Linköping University in Sweden. The programme of cooperation between the universities started in 1990. One important component is "Educational programmes in public and environmental health".

The Faculty of Health Sciences at Linköping University introduced problem-based learning into programmes of medical education in Sweden and now Moi University is receiving information on experience gained in Sweden through the programme of cooperation. The nomination of Moi University as a WHO collaboration centre for problem-based learning in health sciences confirms the success of developments in recent years. Its experience can be shared rapidly with many other similar universities in Africa through regional courses.

(Sources: WHO 2000, CIA, UN, Programme Document on Rural Integrated Health Services (RIHS), The National Health Sector strategic Plan 1999–2004)



MAP OF KENYA
Districts receiving health support from Sida:

1. Busia
2. Nandi North and South
3. Nyando
4. Koibatek
5. Kuria
6. Kajiado

BASIC FACTS

Agreement period:

July 2000 – July 2004

Total budget:

75 million SEK

675 million KES

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Halving poverty by 2015 is one of the greatest challenges of our time, requiring cooperation and sustainability. The partner countries are responsible for their own development.

Sida provides resources and develops knowledge and expertise, making the world a richer place.



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