Exploring the impacts of devolution on health equity in Kenya

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- In the last decade Kenya reduced under five mortality from 111 to 52 deaths/1000 live births
- BUT child survival gaps between the richest and poorest children has INCREASED
- There are wide gaps in access and use of health services based on location, poverty level, education level and gender

- Kenya devolved decision-making and financial responsibility for health services from national to 47 county governments in 2013.
- Devolution provides an OPPORTUNITY to reduce inequities BUT if not carefully managed comes with the threat that the equity gap may WIDEN

Figure 3 Community health volunteer visiting remote households, Kenya

METHODS

- 14 interviews with national level key informants
- 117 in-depth interviews with county level decision makers from ten counties
- 49 health workers from sub-county, health facility and community level in three counties (urban, rural agrarian, rural nomadic)
- Research was carried out over a 13-month period between April 2015 and April 2016. Interviews were recorded, transcribed and coded with Nvivo10 before thematic framework analysis

> ***"We normally have integrated outreach where the preventive services, the promotive services, the nutritional services, the underweight children are [screened], so all these services have been integrated before, but that programme is no longer there and we expect the county government to be filling those gaps and it is not forth coming so we have a very big problem. So we can say there are totally no access [for nomadic populations]."***
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> **In-depth interview, sub-county respondent**

Figure 1 For many nomadic populations outreach services are a vital form of health services, which have received limited funding since devolution in some areas

RESULTS

- Inequity was perceived as a driver for devolution
- Counties' responses to devolution varied, with many formerly marginalised counties having grasped the opportunity to transform and expand development for service delivery, making many positive strides. Previously more advantaged counties are now struggling to keep up with heavy pre-existing recurrent costs for services

> ***"Since the county government came in, they put up a structure for our laboratory ... and since then there was no equipment which was put at that structure, no laboratory technician employed, so it's just a structure an empty building standing there."***
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> **In-depth interview, in charge at health centre**

- **Different views on equity:** National and county level respondents typically viewed health equity in terms of improving geographic and financial access to health services but health workers more commonly emphasised the importance of quality for achieving health equity
- In keeping with their views on equity national level have introduced the **free maternal health policy** promoting financial access
- Counties studied are improving geographic access by building/upgrading infrastructure, recruiting/relocating health workers to remote areas, with some counties expanding coverage for community health services
- **Challenges to outreach:** outreach services to the most remote populations were irregular and quality of services were often undermined
- Irregular funding, drug and commodity supply threatened the ability of health workers to provide free, quality services in some counties

Figure 2 New laboratory for health centre built since devolution, which 18 months after construction does not yet have equipment or staff

- **Mixed investment in community health:** Lack of recruitment for community and public health worker positions along with reduced investment in community level demand generation for health services for selected counties. MEANWHILE other counties have seized the opportunity to expand and contextualise community health services

> ***"One of the benefits of devolution, some counties have started allocating resources for community health which is wonderful ...I think we are going to see changes. Many counties, over 50% have embraced [community health]. They have invested in [it], they have put resources in their budgets."***
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> **Key informant interview, national level respondent**

KEY MESSAGE

Counties studied have sought to increase geographic access to health services. However, in some counties an inappropriately heavy focus on infrastructure has meant that other aspects of health equity, including promoting use of services through community health volunteer driven demand generation, outreaches and quality of services have not yet been adequately addressed.

Acknowledgements: With thanks to all participants. This study was possible thanks to funding from the Liverpool School of Tropical Medicine Research Development Fund. REACHOUT has received funding from the European Union Seventh Framework Programme ([FP7/2007-2013] [FP7/2007-2011]) under grant agreement no. 306090.

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