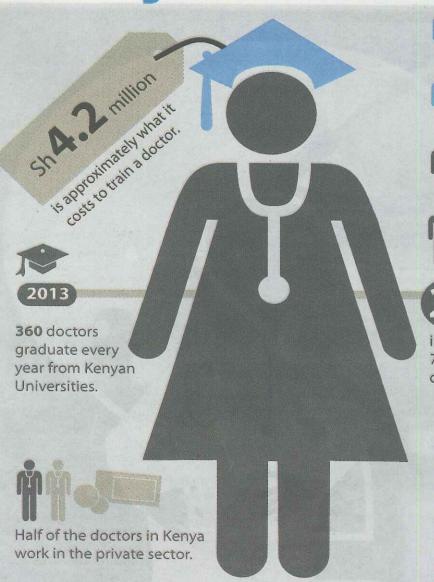
## COVERSTORY

# Kenya decades away from



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WHO recommends 36 doctors for every 100,000 residents.

**Kenya** has 17, we need **7,708** more to reach WHO's levels.

21) years

is how long it will take to train 7,708 doctors with the current capacity in local universities.

2034

the much bigger population will require even more doctors.

Sh32 billion

to train 7,708 doctors to meet WHO's recommendations,

the same amount

can run Kenyatta Nationa Hospital for five years.

Sources: Service Provision Assessment 2010, Kenya Health Workforce Report 2012, WHO and Ministry of Public Health

COURTESY

Kenya currently has 17 doctors for every 100,000 people, half the number that WHO recommends, and there is little chance that this target will be reached soon

BY GATONYE GATURA AND TURUDY MBALUKU

n the next few weeks
Kenyans will usher in a
new government that
will be charged with the
responsibility of bringing the
country's public health sector
back from the Intensive Care
Unit.

Various political players have promised Kenyans better healthcare, more and improved facilities which they say will be closer to the people. These clinics, it is presumed, will be served by a good number of well paid doctors and nurses.

The task ahead is huge. The country currently produces 360 doctors annually, at which rate it would take 21 years to reach the minimum recommended level by the World Health Organisation of 36 doctors per 100,000 people, more than double the current rate of 17 doctors per 100,000.

This does not take into account the rate of population growth and staff attrition.

There are various options for the new government; it may choose to offer a national health insurance scheme funded by contributions mainly from employees.

Such a package would be an extension of the proposed National Hospital Insurance Fund that has met opposition from trade unions, the private sector and other interest groups.

The idea of a national insurance scheme is not new in Kenya, having first been mooted by the Kanu government in 1992 then aggressively advocated by the first Narc regime in the early days of this millennium and then by the current government.

The other option on the cards is free healthcare for all Kenyans financed through accelerated national budgetary allocations. Such a scheme would be similar to the current free primary school education model, which largely depends on funding from Treasury and donors.

Among the three main healthcare financiers, the government provides the least amount of funding, meeting 29 per cent of the healthcare costs. Private households provide most the funding at 36 per cent followed by donors at 34 per cent.

When we asked several experts at the ministries of health whether the promises being made by the competing politicians were viable, they were reluctant to get involved in case they were seen to be partisan but singled out infra-

structure and personnel as being key.

The chairman Kenya
Medical Practitioners and
Dentists Union, Dr Victor
Ngani, says to that to significantly reform the health
sector, a comprehensive
programme would be required
for the development of human

"This is possible but it will require huge resources, political will and proper planning. It has been difficult to retain well-trained personnel without proper remuneration and good working tools and the right environment."

Dr Ngani says the devolved government faces the extra challenge of making sure that top health professionals are well paid so that they are attracted to work in less developed counties. "But most

## TOV/=RSID

# getting better healthcare



Mulalo Adedo and his wife at the Railway Health Clinic. He says it took him two days to see a doctor.

### FACTFILE

Kenya has 17 doctors per 100,000 people

When the idea of a national scheme mooted

### government meets 29 per cent of healthcare costs

It costs Sh2.2 million to train a nurse in Kenva

important is to ensure there is enough security across all counties."

For example, Nairobi with only about eight per cent of the population, holds more than 30 per cent of all doctors, while the Rift Valley, with almost 30 per cent of the population, has only about 20 per cent of physicians.

Data made available by the ministries of health indicate that if the incoming government is serious about fulfiling meaningful healthcare reforms, it will be required to hire about 50,000 nurses in addition to doubling health centres and dispensaries around the country.

Kenya has seven nurses for every 4,000 residents against World Health Organisation's recommendation of 14 nurses for the same group. At the current cost of training, it would cost an estimated Sh 113 billion to train that number of nurses at a cost of Sh2.2 million per nurse.

However, it is the training of doctors that poses a challenge both in terms of cost and time. Currently the country has about 6,800 doctors in the private and public sectors, and to meet the WHO recommendations, the new government would have to train and hire about 7,708 doctors immedi-

To train this number of doctors would require about Sh 32 billion at Sh4.2 million per individual. But even with this money at hand, the capacity to train that number of doctors within a resonable timeframe could pose a problem In fact, with the

CONTINUED ON PAGE 4

### **Deficit:** Number of health facilities still way below WHO recommended targets

### BY STANDARD REPORTER

nly about half of Kenyans seek medical care when they fall sick and this is among the health issues the next government has to deal with. One of the most daunting tasks will be to increase the number of health facilities to meet the World Health Organisation's recommendations; the WHO recommends that the nearest hospital should be not more than five kilometres from where people live. The distance from health centres is attributed to thousands of avoidable deaths every year. "We have seen even

non-emergency patients die because they cannot reach the appropriate medical facility in time or cannot afford to travel," says Mr Joseph Omach, a

programme officer with the Childhood Cancer Initiative. The programme has been running a half-house in Nairobi where cancer children referred to Kenvatta National Hospital from far flung areas get free accommodation as they attend to treatment

Kenya has 16 overworked cancer doctors, all who operate from Nairobi, and a handful of cancer nurses many who work using obsolete facilities.

Dr James Njoroge, who runs several alternative medicine clinics in Nairobi, says those running for political office must address these issues. Kenya has 6,700 health facilities about half of which are run by the Government with the rest under private and faith-based organisations. Considering that only a half of Kenyans have physical access to a medical facility

within the recommended five kilometre radius, the country will need to double its medical facilities to more than 13,000 at a cost many times the country's total annual budget. The construction and equipping of the modest Mama Lucy Hospital in Nairobi cost an estimated Sh1 billion. Comparatively the suggested establishment of referral hospital in the 47 counties with specialised cancer diagnostic and treatment facilities would require a massive investment.

Last year, the Aga Khan University Hospital in Nairobi established a cancer and heart disease centre at a cost of Sh4.6 billion with the capacity to treat 30,000 cases in the coming 20 years.

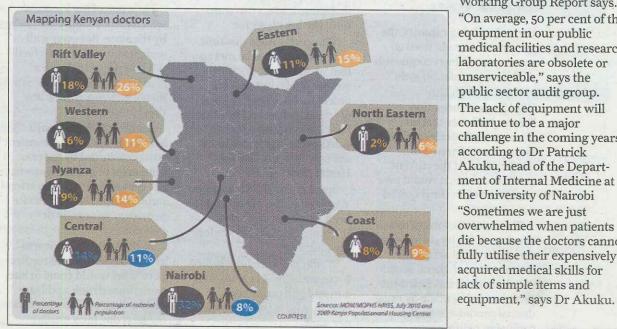
It is estimated that 82,000 Kenyans are diagnosed with cancer annually. These estimates do not take into account the cost of consumables, maintenance and human

But even before the next government thinks about new medical facilities, current amenities are old and dilapidated and do not meet modern medical infrastructure standards, the 2012 Health Sector Working Group Report says. "On average, 50 per cent of the equipment in our public medical facilities and research laboratories are obsolete or unserviceable," says the public sector audit group. The lack of equipment will continue to be a major challenge in the coming years, according to Dr Patrick Akuku, head of the Department of Internal Medicine at the University of Nairobi "Sometimes we are just overwhelmed when patients die because the doctors cannot fully utilise their expensively acquired medical skills for



We have seen even non-emergency patients die because they cannot reach the appropriate medical facility in time or cannot afford to travel

- Joseph Omach



### Prognosis: Kenya decades away from getting better healthcare

### **CONTINUED ON PAGE 4**

current training capacity, the government would need 20 years to meet the recommended doctor/population ratio.

The Kenya Health Workforce Information System indicates that an average of 360 doctors graduate each year from local universities. At the current graduation rate, it would take 21 years to train the required 7,708 doctors.

The repercussions of this shortage is felt by patients and their guardians across the country. One of them, Mulalo Adedo, says he has heard the promises being made by presidential candidates on the campaign platform and hopes

that these leaders can transform the health sector.

"I sincerely hope this time that promises can be met so that we get more doctors in our hospitals. But unfortunately we have heard these promises before and nothing has changed," says Mulalo Adedo, who had brought his ailing wife to the Railway Health Centre in Nairobi.

Speaking to *The Standard* on Wednesday, the Adedos had been waiting to see a doctor at the centre for two days before the interview.

"Today we were here before 8 a.m and now it is going to 10 a.m and still no doctor,"
Adedo, who is the breadwinner, said.

He is one of the Kenyans who feel thoroughly let down by the state. But even with sufficient investment in facilities and personnel, still a significant number of Kenyans do not go to hospital when they are sick.

According to the Kenya Service Provision Assessment 2010, conducted by the two ministries of health, almost 40 per cent of patients who attend public hospitals said service providers were rude to patients.

In the same report it was also documented that medical personnel would come in late, sometimes drunk and leave early telling patients to report the next day for a similar



experience.

"During group discussions with patients, 36 per cent talked about how doctors treated patients rudely, ignored them, came to work drunk, or failed to respect the hours of service," says the assessment report.

### **FACTFILE**

The international donor community accounts for more than 80 per cent of all HIV spending in Kenya, amounting to about 40 billion annually