World Health Organization

COUNTRY OFFICE IN KENYA

The Inaugural Health Sector Development partner Forum (HSDPF)

Under the theme:

"SUSTAINABLE HEALTH CARE PARTNERSHIPS IN DEVOLUTION"

The Catholic University of Eastern Africa, Nairobi 8 October 2015

By: Dr Custodia MANDLHATE, *WHO country Representative in KENYA*

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Remarks by: Dr Custodia MANDLHATE, the WHO Country representative in Kenya

Master of Ceremonies:

The Management of the Catholic University of East Africa, V.C. Dr Rutechura

Hon Governor of Kisumu and Chair of the Council of Governors Health Committee

Ministry of health Senior managers from Policy, Planning and Financing

Country Health Leadership (40 Counties are represented)

Representatives of Academia, Private Sector and Civil Society

Development partners

Distinguished members of the media

All invited Guests

Ladies and Gentlemen

Hamjambu, a very good morning!

Let me start by expressing my deep appreciation for this invitation to me, to the World health Organization I represent, to grace this occasion.

Let me join the previous speakers in welcoming you all to Nairobi. **Karibu** Nairobi.

Indeed I feel greatly honoured to be associated to this **Inaugural Health Sector Development partner Forum (HSDPF)**
Under the theme:

"SUSTAINABLE HEALTH CARE PARTNERSHIPS IN DEVOLUTION"

hosted by the Catholic University of Eastern Africa,

From the Concept Note in your folders I have understood that the **Health Sector Development partner Forum (HSDPF) being inaugurated today has its main deliverable:** "To provide a platform for the development of partnerships in health between development partners and different stakeholders at the county and service delivery levels, that augment access, quality and demand for healthcare services in all 47 counties, and improve public health outcomes." I have also noted that 3/4 main pillars of the Health System have been prioritized, namely

- ✓ Health Financing and Financing Healthcare Activities;
- ✓ Medical Technologies and Commodities; and
- ✓ Human Resources for Health
- ✓ Governance (Stewardship, Partnership and Coordination)

This approach is very much commendable.

Ladies and gentlemen

Let me use this opportunity to remind ourselves that our Continent, Africa, is confronted by a unique set of challenges. In spite of having only 15% of the world population and 20.4% of the world's land mass, our continent is associated with:

- ✓ 47% to the global under-five mortality and 56% of maternal mortality;
- ✓ 69% of the world's HIV cases;
- ✓ 26% of all TB cases globally;
- ✓ 80% of malaria cases are registered in Africa.
- ✓ Non Communicable diseases are in rise in many African countries

The continent has a extremely high burden of communicable conditions, and a rapidly rising burden of noncommunicable conditions straining its health services with a high double burden of disease – a situation not before experienced in countries that have undergone epidemiological transitions in their disease profiles. Most countries of the region did not attain the health Millennium Development Goals. With the just launched Sustainable Development Goals, the SDGs, it is clear that the African Region will have to continue to address what we can define as unfinished business.

Goal Number 3 of the SDGs summarizes the Health unfinished business, by inviting Member states to ***"ensure healthy lives and promote well-being for all ages"***, and this is the agenda for the next 15 years. The targets will address the diseases and its determinant factors. A key guiding principle is the Universal Health Coverage.

Dear audience, Ladies and gentlemen

We are in context where the access to, and the coverage of essential health services picture in our Region is indeed still a matter of concern. For example,

- ✓ only 43% of pregnant women undergo the 4 recommended antenatal care visits compared to a global figure of 55%,
- ✓ only 49% of births are attended by a skilled attendant compared to 70% globally and …… the list could go on and on.

It is true that effective well known interventions exist, however its application have not yet resulted in improved health outcomes as a result of challenges in designing appropriate systems to deliver these interventions. The three challenges leading to major impediments to attaining desired health goals in our countries are:

- ✓ how to ensure **availability** of effective interventions,
- ✓ how to increase **coverage** of available known interventions, and
- ✓ the prevailing **poor financial** access to these interventions by our communities

These three challenges are the focus of **U**niversal **H**ealth **C**overage.

And I would like to advocate for this approach as we move in building partnerships in health.

Ladies and Gentlemen, in WHO, we are placing a strong emphasis on the role of appropriate health systems to deliver on health goals.

We look at the **Health System** as consisting of **all organizations**, **people** and **actions** whose ***primary intent*** is to promote, **restore** or/and maintain **health**.

I believe most of you will agree with me that because we know where we came from, our thrust today is indeed to promote the **strengthening** of the health

systems, indeed in many countries of the Region we are still struggling with enormous challenges. Without an effective system, we cannot provide the critical services needed to attain Universal Health Coverage goals.

We are placing more emphasis on attaining health goals, not just running health services. As such, any efforts to attain our health goals and to improve our health system need to be looked at from a health determinants perspective – whereby we focus not just on providing health services, but also stewarding actions in health related sectors towards attainment of health goals. This calls for a changing perspective of the role of our Governments and partners in health – away from just acting as manager of health services, more towards a steward of the health agenda in Countries. Universal Health Coverage agenda needs to be looked at in this perspective, for the effort to have a maximum effect on health.

Ladies and Gentleman

The WHO six "building blocks" or pillars that make up the health system, namely :

- ✓ **Health service delivery;**
- ✓ **Health workforce;**
- ✓ **Health information system;**
- ✓ **Medical products, vaccines and technologies;**
- ✓ **Health financing; and**
- ✓ **Health leadership and governance (stewardship)**

should be always considered when contextualizing the efforts for improvement of **health outcomes,** where **equity** and **quality** are fundamental ingredients. In addition this should be done in a way that is **responsive**, **financially fair,** and make the best, or most **efficient,** use of available resources.

Distinguished guests

The best measure of a health system's performance is its impact on health outcome of the population, therefore is easy to understand that without the needed improvements in the performance of health systems, we will fail to meet our County, National, Regional and International commitments, including the health-related SDGs

Ladies and gentlemen

Let me use this opportunity to commend the organizers of this Forum for selecting the powerful theme : ***"SUSTAINABLE HEALTH CARE PARTNERSHIPS IN DEVOLUTION"***

This is in recognition of the implementation of the Kenya 2010 Constitution, where devolution of Health services is fundamental component. It is gratifying that Universal Health Coverage (UHC) concept is being embraced by our Members States, including Kenya, to ensure that all people obtain the required health and related services they need with the required quality and safety, while minimising the financial implications of using these services.

To achieve Universal Health Coverage, important elements of the health system as described earlier need to be considered:

- ✓ A strong, efficient, **well-run health system** that meets priority health needs through **people-centred integrated** care (including services for HIV, tuberculosis, malaria, noncommunicable diseases, maternal and child health) by: (i) *informing and encouraging people to stay healthy and*

prevent illness; (ii) detecting health conditions early;(iii) having the capacity to treat disease; and (iv) helping patients with rehabilitation.

- ✓ **Affordability** – a system for financing health services so people do not suffer financial hardship when using them. This can be achieved in a variety of ways.
- ✓ **Access to essential medicines and technologies** to diagnose and treat medical problems.
- ✓ **A sufficient capacity of well-trained**, motivated health workers to provide the services to meet patients' needs based on the best available evidence.
- ✓ It also requires **recognition of the critical role played by all sectors** in assuring human health, including transport, education and urban planning.

Universal health coverage has a direct impact on a population's health. Access to health services enables people to be more productive and active contributors to their families and communities. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets.

You will agree with me that Universal health coverage is a **critical component of sustainable development and poverty reduction**, and a key element of any effort to reduce social inequities. Universal coverage is the hallmark of a Government's commitment to improve the wellbeing of all its citizens.

At this juncture I would like to appeal, on behalf of the World Health Organization, to all Governments and policy makers , to embrace the Universal Health Coverage principles. I strongly believe that by adhering to the principles

of UHC, countries will be able to address the priority health problems especially by scaling up priority interventions aimed at reducing the huge double burden of diseases through robust national health systems.

This also goes with the establishment of coherent health financing policies and financial risk protection arrangements for large segments of population groups to allow improved access and availability of health services to happen.

Universal health Coverage in the Countries of the African Region is possible.

There is a great momentum for UHC and countries should seize the opportunity to take concrete steps to move towards the achievement of Universal Health Coverage.

We know what should be done: we have no reason to fail.

This forum provides a critical mechanism to support this momentum towards evidence-based UHC in Kenya.

As I conclude let me once again congratulate the organizers of this meeting, the Catholic University of East Africa for bringing together different stakeholders in health, and for believing in Universal health Coverage as the way to go .

I also reiterate the commitment of the World Health Organization in making Africa a healthier Continent, and Kenya the place to be . And to this forum, I wish you successful deliberations .

Asante sana, Thank you very much, Merci beacouop, Muito obrigada