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National AIDS Control Council

A POLICY BRIEF

LEVERAGING THE HIV RESPONSE TO DRIVE UNIVERSAL HEALTH CARE IN KENYA

NATIONAL AIDS CONTROL COUNCIL

MARCH 2018

Overview

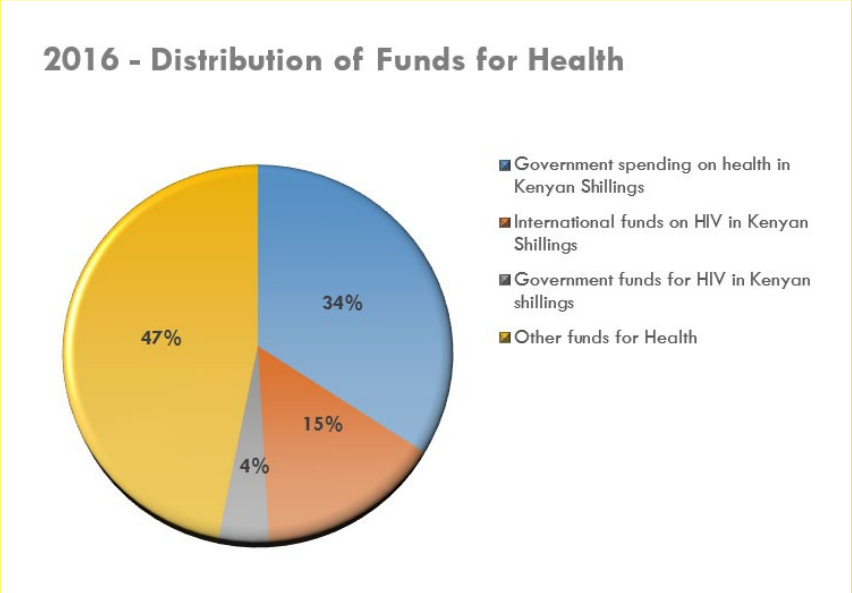
His Excellency, the President of the Republic of Kenya, has identified affordable health care for all as one of the pillars of his Big4 agenda. Subsequently the Government of Kenya has committed to achieving Universal Health Coverage (UHC) by 2022. The Kenya HIV response has lessons, experiences, expertise, resources and infrastructure that can be utilized to accelerate attainment of UHC targets within the following considerations:

- Kenya is facing an epidemiological transition with a steep increase among Non-Communicable Diseases (NCDs). While HIV contribution to the burden of disease has decreased by 61% in the period 2005-2016, the combined contribution of priority NCDs has increased by 57% in the same time period.

- Meeting UHC targets includes meeting Government of Kenya commitment to achieving Fast Track for the HIV response by 2020 (1.6 million people live with HIV and there were approximately 66,000 new infections in 2016).

- Approximately Ksh 86.37 billion is spent annually for the HIV response in Kenya, with antiretroviral therapy being allocated more than half of that amount. 63% of HIV expenditure is funded through international aid, 17% through Government budget and 10% through household contributions.

- The Ministry of Health of Kenya estimates that for covering 80% of the population with an Essential Benefits Package, Ksh 826 billion is needed for health care, an almost seven-fold increase from the projected contribution in 2017 of Ksh125 billion



The Challenges

- HIV condition is currently not included within the National Hospital Insurance Scheme due to high annual and lifetime cost liability of antiretroviral therapy and the main source of funding being off budget donor support. **By leaving 1.6 million people living with HIV out of the essential benefits package the Ministry of Health will no doubt miss its UHC coverage targets.**
- The actual total spending on health is USD 76 per capita. The projected resource needs for covering 80% of the population with an essential benefits package calls for a total health expenditure of USD 357 per capita. **The resulting funding gap will remain unmet if HIV funding (from donor and government contributions) is left outside the UHC funding pool.**
- The national health insurance scheme will in the future, possibly be bankrupt by the growing burden of NCDs. Primary prevention of NCDs is thus an urgent imperative. The most efficient and effective way forward is utilization of the existing HIV primary prevention model and infrastructure for NCDs control.

Recommendations

- It is essential to include HIV interventions into the essential benefits package for UHC as a means of reaching the universal health coverage for all Kenyans and achieving MOH UHC targets.
- It is essential to have a mechanism for channeling HIV treatment related funds towards increasing the resource pool of health insurance available to cover persons living with HIV sustainably.
- It is essential to extend the successful HIV primary prevention model and infrastructure to prevention of non-communicable diseases, as a key strategy in reducing future treatment liabilities from NCDs and thus securing the risk-pool and sustainability of the UHC scheme.

Background Considerations

Universality necessitates comprehensive health care packages to address conditions that contribute the most to the burden of disease. It calls for people to be protected from the financial burden of ill health. In addition, it requires that selected interventions are cost-effective, so as to maximize their health impact while keeping the escalating costs of health care at bay. Currently about USD 76/per capita are spent on health in Kenya and projections indicate that approximately USD 357/capita will have to be spent on health for providing access to an essential benefits package to 80% of the population. The national financing scheme can bear the financial costs through:

a. Massive enrolment of population

b. Massive pooling of all available funding streams

c. Massive reductions in future treatment liabilities and costs

In addition to the 100% commitment to health for all by 2022, the Government of Kenya has also committed to fast track the AIDS response by 2020 through achievement of aggressive targets for HIV prevention, treatment, care and support. The fulfillment

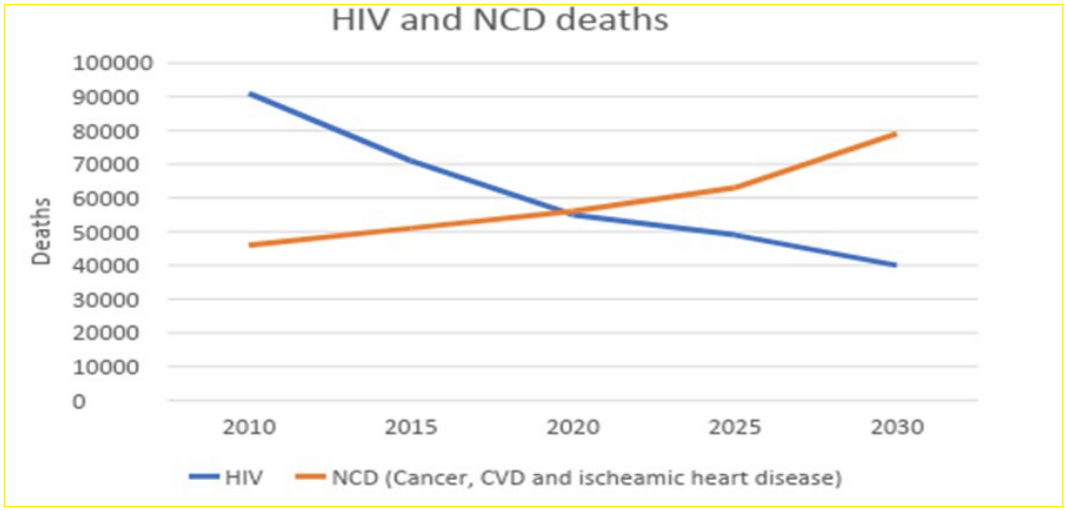
of these important aspirations will be made possible and become a success through inclusion of HIV response within the UHC agenda.

Appropriate funding modalities and mechanisms for the seamless pooling of funding coming through different sources as well as offsetting any destabilizing effects on the financial scheme and premiums will be needed. Thus, public financial management systems will need to allow for accountability mechanisms and budget flexibilities that link inputs with outcomes and allow for greater access to services through provision of differentiated health care delivery models and contracting with a wide range of providers including state, private, community and civil society actors.

Rationale for leveraging HIV for UHC

- Meeting the universal health coverage targets will not be possible if 1.6 million people living with HIV are left outside the UHC reach. Currently AIDS contributes to 15% of the burden of disease in Kenya and causes 29% of annual deaths. This translates into one in three deaths among adults; one in five deaths among mothers and one in seven deaths among children. Currently, HIV services are provided in an integrated care model with other ailments being addressed at primary health care facilities. Therefore the inclusion of HIV testing, laboratory testing, HIV prevention services and anti-retroviral therapy as part of the UHC essential benefits packages is essential. In addition, a HIV sensitive essential benefits packages will encourage People Living with HIV to enroll in national health insurance scheme, this way, increasing the contributory base.
- Meeting Universal Health Coverage requires leveraging ART (antiretroviral therapy) funding from all sources in a coherent and coordinated approach such as through the national health insurance to cover resource gaps and significantly accelerate achievement targets. There is a gap of approximately USD 280 per capita between the current total health expenditure and the projected needs for ensuring 80% of the population has access to an essential benefits package for health. Channeling available ART funding from all sources, with amounts to approximately Ksh 47.02 billion p.a. (Kenya National AIDS Spending Assessment 2017) through a mechanism that supports and contributes to the risk pool of the national insurance scheme is needed. This will bridge the funding gap, increase efficiency in money flows with reduced fragmentation and better link inputs with outcomes.
- Meeting and sustaining the Universal Health Coverage demands that the rising epidemic of non-communicable diseases is controlled, and the successful HIV prevention model and infrastructure provides an existing opportunity for NCDs control. Non-communicable diseases are increasing rapidly in Kenya contributing to 50% of all adult hospital admissions and 40% of adult deaths. Over last decade their contribution to overall mortality has increased by more than 60% while that of HIV has decreased by the same amount. The success of Kenya HIV in reducing new HIV infections, HIV related mortality and stigma and discrimination, owes a lot to its unique multi-sectoral response model. This model combines: a) Kenya's leading population-location combination prevention HIV programming with one policy framework and targets; b) utilization of annual estimates including county-specific data for routine decision-making for HIV policy and service changes;

c) accountability for basic HIV services in the public and private sector; d) a strong component of community engagement including partnerships between government and civil society. Therefore the most effective and efficient way for the MOH to invest in NCDs prevention and control is utilize the existing HIV prevention infrastructure and modalities. This will promote better health and control escalation of NCDs associated costs to the national health insurance scheme.



Conclusion

The National AIDS Control Council postulates that the HIV response an integral part of the UHC agenda. First, an incremental pathway for inclusion of HIV into the essential benefits package is critical in order to promote the universal health coverage goals, sustainability of Kenya's HIV response that is currently heavily donor dependent and second, to protect the insurance risk pools from the growing NCDs epidemic. The recommendations below are essential for the attainment of UHC targets and the HIV response offers leverage.

- It is essential to include HIV interventions into the essential benefits package for UHC as a means of reaching the UHC for all Kenyans and achieving MOH UHC targets.
- It is essential to have a mechanism for channeling HIV treatment related funds towards increasing the resource pool of health insurance available to cover persons living with HIV sustainably.
- It is essential to extend the successful HIV primary prevention model and infrastructure to prevention of NCDs, as a key strategy in reducing future treatment liabilities from NCDs and thus securing the risk-pool and sustainability of the UHC scheme.

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