KENYA: Primary care networks in Kenya - It's all about the Money

Country Context

UHC is a national priority for Kenya. Since 2018, it has been one of the country's four priorities for socio-economic transformation. With a population of over 55 million people, Kenya has prioritized PHC as a critical pathway for achieving UHC and allocates as much as 57% of its health budget to PHC.[1] To support Kenya's advancement towards PHC, the country launched a new PHC strategic framework in 2019 based on the existing Health Policy (2014-2030) and the country's UHC roadmap to guide PHC implementation. The framework seeks to ensure that quality PHC services are equitably available to the population and intends to achieve this by organizing PHC service delivery around a network of community and PHC facilities modeled as PCNs. Since the launch of the strategic framework, Kenya has made slow steps in implementation to bring the PCN vision to life. COVID-19 further widened existing inequities in service coverage and quality and demonstrated the imperative need to ensure quality health service was within reach to the entire populace. As a result, Kenya set out to pilot PCNs, as stipulated in the PHC framework and accompanying PCN operational guidelines. This was intended to demonstrate the effectiveness of the approach and utilize the learnings from the process to inform the scale up of PCNs in the country.

As PCN implementation launched in a few counties, the challenge of finding appropriate, sustainable, and adequate financing and resourcing solutions became more pronounced.

The Implementation Case

The initial 2021 pilot project team that operationalized the PCN reconvened as the IC team for the Learning Exchange, with expanded membership that included representatives of county governments and partners. The newly expanded team met as a virtual collaborative and created a safe space for collaborative problem-solving and lesson-sharing. The team consisted of in-country PHC actors in the public sector, civil society organizations, and NGOs.

Problem Statement

The team began by developing a problem statement to guide the learning process. The agreed statement was:

> "*Several counties in Kenya are setting up PCNs, with the support of partners. Currently, the financing arrangements for the PCN are unclear and suboptimal. The National Health Insurance Fund contracts and reimburses PHC facilities directly for services given. The benefit package does not cover health promotion and preventive services adequately; the main service provided/catered for is maternity service under the* ***Linda Mama*** *program. The PCN governance, coordination, monitoring structures, and mechanisms may therefore not fully support appropriate policies and financing arrangements. How do we ensure PCNs get supported under the current financial landscape?*"

[1] *Click here for additional data on Kenya's PHC system*

End Goals

Next, the IC team received support to conduct a causal chain analysis which defined the following expected outcomes:

1. Complete costing of PCNs at the national and subnational level.
2. Review of the PCN Financing arrangement.
3. Model the financial arrangement within the PCN.
4. Monitor, evaluate, and learn from the financing arrangements of PCNs and then document experiences.

The overall goal was "*a well-resourced PHC system supported by a clear and sustainable financial plan that allows for direct flow of funds to health facilities and responds to community needs.*"

Implementation Process

The bi-monthly Learning Exchanges facilitated by the technical facilitators and R4D provided an opportunity for candid discussions on what was unfolding as the IC team worked through the various stages of the causal chain and any challenges they were facing. Since the aim was to learn together as Kenya implemented the case, the IC team also participated in monthly Learning Checks with the facilitation team and peer learners. During these meetings, the IC team would share any questions or challenges they had and provided progress updates.

Midyear in 2022 however, it became clear that monthly virtual Learning Checks for were no longer feasible due to the team's intense schedules related to the implementation of PCNs and other day-to-day activities. The check-ins moved from monthly to once every two months and from virtual to a hybrid format, incorporating peer learners and remote participation. The desire to incorporate face-to-face meetings, which first emerged as a desire during the previous phase, could now be fulfilled, although the frequency of the meetings could not be as frequent as the original design envisioned.

The first hybrid meeting was held on July 8 and included IC team members as well as representatives from the subnational governments implementing PCNs, PHC researchers, and development partners supporting both the national government and the subnational governments. Some of the members' presentations included an update on the status of their county-level PCN and the established financing mechanisms. A presentation on making a financial case for PCNs proved to be the highlight of the meeting and a key issue for those trying to convince leadership to increase budgetary allocations. How to measure the performance of the PCNs as well as the financing mechanisms for the PCNs also emerged as key issue areas during the meeting, which coincided with outcome areas in the causal chain.

Other than the competing demands on the IC team's time due to the government's financial year, the Kenyan general elections further complicated the team's efforts to convene due to the voting and the subsequent Supreme Court case challenging the results. Only one subsequent hybrid meeting was possible in October 2022 after the initial meeting in July. It was held as part of a national sensitization meeting of family physicians, since it is envisioned that family physicians should lead the multidisciplinary health teams for the PCNs at the subnational level.

By the end of the 2022, 13 counties were implementing PCNs, which is a significant increase from the initial 5 when the IC team first begun during the pilot phase in 2021, with growing interest from additional county governments.

Key Lessons and Insights

This learning exchange process provided valuable insights for PCN financing, with outputs such as a costing study report completed during Q4 2022 that is likely to contribute to the overall goal of "*A well-resourced PHC system supported by a clear and sustainable financial plan that allows for direct flow of funds to health facilities and responds to community needs.*"

The approach of using causal chains that make use of both quantitative and qualitative evidence to breakdown challenges into actionable components proved to be very useful to the IC team.

Four key lessons emerged from this work:

Design with the public sector calendar in mind. The IC team meetings kicked off as the public sector was in the final weeks of the financial year. This means that the team's ability to participate in monthly meetings was challenged by the need for them to execute tasks related to budgets, planning, and resource allocation in preparation for the next financial year. Soon after the start of the financial year in July 2022, the country was amid a highly contested general election that also created an atmosphere that made it difficult to convene IC team meetings. Future activity plans of the COP should factor in these types of considerations, both for their potential for advocacy and the possible challenges they may pose.

Be Adaptable. Adaptability continued to be an area for continued learning and insights. With the disruptions to the underlying processes for implementation of the PCNs, particularly the progress towards design and implementation of financing arrangements, it was necessary for the IC team to adjust. The pressure on IC team members time and difficultly of consistently having virtual meetings resulted in the move to a hybrid format and taking advantage of already-planned events to collocate the Learning Checks. This adjustment made it possible to start establishing a cadence for the COP Learning Checks and avoid the barrier of costs might have otherwise kept the hybrid meetings from happening.

Build alliances proactively. Building on previous learnings, IC team participants during the first hybrid session identified parliamentarians as key actors with whom to form alliances due to the role they play in resource allocation and oversight of the executive arm of government. Including them, in addition to other previously targeted actors such as NGOs, academia, private sector, and think tanks, could result in more sustainable and effective advocacy for better financing mechanisms for PCNs.

Proactively support subnational implementers. The involvement of county governments in the IC team was vital, as they are at the frontline in implementing PCNs. Given the county governments' mandate regarding health care service delivery, they are the ones capable of implementing desired changes in the architecture and financing of their PCNs. Their insights and experience in the journey so far continue to inspire other counties and provides important reference information for those at the start of the process. Supporting county governments also means establishing the resources—human, financial, and otherwise—necessary for advocacy activities aimed at them and development partners to catalyze wider adoption of PCNs in Kenya.

Next Steps

Implementation of PCNs in Kenya continues, with the number of implementing counties expected to grow significantly into the first half of 2023. As more implementers begin the journey of actualizing PCNs, the need for information and insights gleaned by others further along the implementation continuum is becoming more pronounced. The Kenya IC team is exploring how to extend its life beyond 2022 and to proactively include the focal points for PCNs in each county who are likely to be the family physicians.

Outreach to and sensitization of both the national Parliament's relevant committees and the county legislative assemblies was identified during the Learning Checks as a missed opportunity. Outreach to and sensitization of the leadership in the National Treasury and the county government Finance and Planning ministries was also a missed opportunity area for the IC team to focus on in the future. As the implementors generate evidence on the economic benefits of the PCNs, possible financing arrangements and data on the functionality of existing financing mechanisms, products, and events that target these two main categories of public sector actors could be produced to support progress in implementation of appropriate financing arrangements.

The Council of Governors is a non-partisan body made up of the 47 county Governors and is established under the Intergovernmental Relations Act 2012. Establishing engagement with the Council of Governors, whose mandate includes to support peer learning between county governments through sharing of best practices, will be key for them to host and disseminate the lessons and other products of the PCN implementation to the subnational governments on a consistent basis.