

### COUNTRY CONTEXT AT-A-GLANCE

#### GDP per capita

(PPP int'l dollars)  
WDI (2017)

\$3,286

#### Living in poverty

(Under \$1.90 int'l  
dollars / day)  
WDI (2015)

37%

#### Government health spending as % of GDP<sup>1</sup>

WHO GHED (2013)

2%

#### Life expectancy at birth

(Years)  
WHO (2016)

67

#### Maternal mortality

(Per 100,000 live  
births)

--

#### Neonatal mortality

(Per 1,000 live births)  
WHO est. (2016)

23

#### Premature NCD mortality<sup>2</sup>

(Probability)  
WHO est. (2016)

13%

#### Causes of death

WHO est. (2016)



### \$ FINANCING

WHO est. (2015 data)

#### PHC spending:



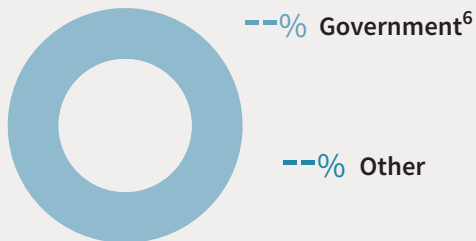
#### Prioritization of PHC:

Overall health spending<sup>4</sup>

57% on PHC

Government health spending<sup>5</sup>

#### Sources of PHC spending:



### CAPACITY

Primary Health Care Progression Model<sup>7</sup>

#### Governance



#### Inputs



#### Population Health & Facility Management



### PERFORMANCE

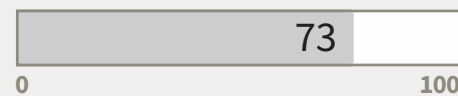
#### Access Index<sup>8</sup>

DHS STATcompiler (2014 survey)



#### Quality Index<sup>8</sup>

SDI (2012 survey)



#### Service Coverage Index

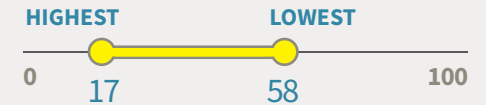
2017 UHC Global Monitoring Report



### EQUITY

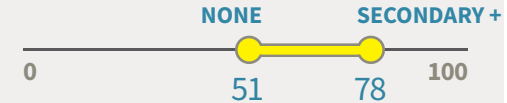
#### Access: % with perceived barriers due to cost, by wealth quintile

DHS STATcompiler (2014 survey)



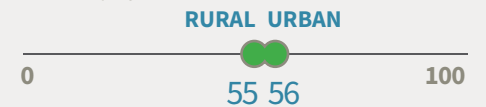
#### Coverage of RMNCH<sup>9</sup> services, by mother's education

Health Equity Monitor (2014 data)



#### Outcomes: Under-five mortality<sup>10</sup>, by residence

Health Equity Monitor (2014 data)



Note: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See Indicator Description Sheet for details.

1. Domestic general government health expenditure as % of gross domestic product (GDP)

2. Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease

3. Communicable, maternal, perinatal, and nutritional conditions

4. Current PHC expenditure as % of Current Health Expenditure (CHE)

5. Domestic general government PHC expenditure as % of domestic general government health expenditure






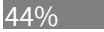


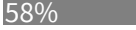



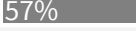



6. Domestic general government PHC expenditure as % of current PHC expenditure

7. The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high)

8. Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this VSP.

9. The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care ([http://www.who.int/gho/health\\_equity/report\\_2015/en/](http://www.who.int/gho/health_equity/report_2015/en/))

10. Deaths of children before age 5, per 1,000 live births

<b>KENYA</b>	<b>SCORE</b>	<b>PERCENTAGE</b>	<b>SOURCE</b>	<b>YEAR</b>
<b>ACCESS</b>	<b>70</b>			
<b>Financial</b>				
Perceived access barriers due to treatment costs*		 37%	DHS STATcompiler	2014
<b>Geographic</b>				
Perceived access barriers due to distance*		 23%	DHS STATcompiler	2014
<b>QUALITY</b>	<b>73</b>			
<b>Comprehensiveness</b>				
<i>No recent indicator available from international sources; national data not reviewed</i>				
<b>Continuity</b>				
DTP3 dropout rate*		 12%	WHO/UNICEF	2017
Treatment success rate for new TB cases		 87%	WHO TB Programme	2015
<b>Person-Centeredness</b>				
<i>No recent indicator available from international sources; national data not reviewed</i>				
<b>Provider availability</b>				
Provider absence rate*		 28%	SDI	2012
<b>Provider Competence</b>				
Adherence to clinical guidelines		 44%	SDI	2012
Diagnostic accuracy		 72%	SDI	2012
<b>Safety</b>				
<i>No recent indicator available from international sources; national data not reviewed</i>				
<b>SERVICE COVERAGE</b>	<b>58</b>			
<b>Reproductive, Maternal, Newborn and Child Health</b>				
Demand for family planning satisfied with modern methods <sup>§</sup>		 76%	UHC Global Monitoring Report	2017
Antenatal care coverage (4+ visits)		 58%	UHC Global Monitoring Report	2017
Coverage of DTP3 immunization		 89%	UHC Global Monitoring Report	2017
Care-seeking for suspected child pneumonia		 66%	UHC Global Monitoring Report	2017
<b>Infectious diseases</b>				
Tuberculosis cases detected and treated with success <sup>§</sup>		 66%	UHC Global Monitoring Report	2017
People living with HIV receiving anti-retroviral treatment <sup>§</sup>		 57%	UHC Global Monitoring Report	2017
Use of insecticide-treated nets (ITN) for malaria prevention <sup>§</sup>		 62%	UHC Global Monitoring Report	2017
Children under 5 with diarrhea receiving ORS <sup>§</sup>		 54%	DHS STATcompiler	2014
<b>Non-Communicable Diseases (NCDs)</b>				
% of population with normal blood pressure <sup>***, §</sup>		 71%	UHC Global Monitoring Report	2017

Note: Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the average of indicator values within each subdomain, and then taking the average across subdomain scores. \*These variables must be transformed by subtracting the value from 100 when calculating summary scores. \*\*Country-specific (proxy) indicator, used in absence of globally comparable survey data. \*\*\*Age-standardized and rescaled when included in the Service Coverage index (see detailed indicator descriptions). § Government of Kenya estimates are as follows: Demand for family planning: 58 (DHS, 2014); TB cases detected and treated: 85 (routine reporting); ART coverage: 78.4 (routine reporting); ITN coverage: 76 (distribution survey, 2017); ORS coverage : 49.6 (KNBS, 2016); normal blood pressure: 76.2 (STEPS, 2015).