

## Background

As a signatory to the Alma Ata Declaration of 1978, Kenya's government recognizes the importance of primary health care (PHC) and has realized noteworthy progress in strengthening its PHC systems, which deliver the vast majority of services in a person's lifetime. Notably, in 2019, the Ministry of Health established the Division of Primary Health Services and Family Medicine to develop policies and guidelines, set quality standards, provide technical assistance and capacity-building support to counties, and coordinate partners and mobilize resources in support of PHC.

The government has chosen to implement PHC using the "hub and spoke" model, through the establishment of primary care networks (PCNs).<sup>1</sup> The hub is a PHC referral facility that supports PHC facilities (the spokes) and community health units. The PCNs are intended to improve the efficiency and effectiveness of essential PHC services through coordination of care and integration of service delivery, ultimately ensuring uninterrupted access to quality essential health services.

This effort to advance PHC is guided by a robust policy and legislative framework, namely the Kenya Primary Health Care Strategic Framework (2019–2024), developed to enhance efforts by the government to improve access to PHC services, and the *Primary Health Care Network Guidelines*, adopted in 2021 to further elaborate the need for a people-centered approach to health through the linkage and strengthening of health care services.

---

**The hub is a PHC referral facility that supports PHC facilities (the spokes) and community health units.**

---

Building on this strong momentum, more effort is needed to sustain political will for financing and implementation of PHC policies and guidelines at the county level, as well as proper reorientation of a health system that is still recovering from a global pandemic.

## Recent and current work

### Policy advocacy for adoption and implementation

Drawing on PATH's global expertise working in PHC for more than 40 years, as well as deep engagement in Kenya, where PATH has supported the government for more than 30 years, PATH regularly serves as a technical partner to the Kenyan government on PHC policy adoption and implementation at both the national and subnational levels. Examples include:

- **Providing technical leadership** for the development of the Advocacy, Communication, and Community Engagement Framework for Primary Health Care in Kenya, 2021–2024, a key tool for enhancing political buy-in for the establishment of PCNs and prioritization of PHC.
- **Supporting dissemination of key PHC policies and guidelines** to counties through innovative approaches, such as pairing policy dissemination with knowledge exchange and learning. These approaches have created spaces for counties further ahead in the policy implementation process to share lessons learned with those counties just beginning.
- **Using a cluster approach to scale up successful interventions**, documenting lessons from three counties where PATH works directly with government (Vihiga, Kakamega, and Kisumu), and expanding out to 14 other counties in the Lake Region and South Eastern Economic Blocs.
- **In partnership with the Ministry of Health, documenting lessons from counties already implementing PCNs** to provide learnings for other counties—to initiate and accelerate PCN scale-up across the country.
- **Establishing a recurring forum** for county health leaders in the Lake Region Economic Bloc to share experiences in PCN and PHC implementation and financing.
- **Advocating for inclusion of PHC** in key policies from the national to the subnational level, ranging from national political party manifestos to county development plans.
- **Advocating for inclusion of coverage for preventive and promotive services** in reforms to the National Health Insurance Fund to reduce out-of-pocket expenses and protect citizens from catastrophic medical expenditures.

---

<sup>1</sup> With support from the Bill & Melinda Gates Foundation, Global Financing Facility, Italian Agency for Cooperative Development, United Nations Children's Fund, World Bank, and others, PCNs have been initiated in several counties, including Elgeyo Marakwet, Garissa, Kakamega, Kilifi, Kisumu, Makueni, Marsabit, Migori, Mombasa, Nairobi, Nakuru, Samburu, Turkana, and West Pokot.

## Budget advocacy

Alongside our many partners, PATH regularly conducts budget advocacy at the national and subnational levels to ensure the continued prioritization of PHC and implementation of related policies. Examples include:

- **Engaging parliamentarians** to elevate investment in PHC as a priority and build national PHC champions. These efforts have resulted in the establishment of a parliamentary caucus for PHC, and the inclusion of PHC as a sub-program in the national Ministry of Health budget.
- **Conducting budget analyses** to elevate national PHC prioritization at health sector working groups and in annual work plans.
- **Submitting budget memos** to county technical teams to create budget lines for PHC, resulting in counties such as Kisumu creating a dedicated line for PHC (in fiscal year 2022/23).
- **Advocating for and providing technical assistance** at the subnational level on ring-fencing of county resources for maternal, newborn, and child health (MNCH), an approach PATH pioneered in Kakamega County and was later adapted in Vihiga County.

## Coalition and alliance building

PATH supports the creation of alliances and coalitions that enhance citizen and community influence on PHC financing. Examples include:

- **Supported establishment of the county-level Kakamega MNCH Civil Society Organization Alliance** and helped to strengthen the capacity of members for engaging county leadership in prioritization and investments for MNCH. The Alliance works at both the county and community levels, independently conducting budget advocacy, holding the government accountable, and supporting the dissemination of PHC policy documents to subcounties.
- **Supported establishment of the Primary Health Care for Universal Health Coverage (PHC4UHC) Collaborative** with partners implementing PHC—financing experts, service delivery providers, academia, strong community health services presences, advocates, etc.—to advance joint and coordinated PHC advocacy and implementation support.

## Areas for future growth

The progress Kenya has made in turning its commitments to PHC into action is laudable. Additional steps the government and partners should prioritize include:

- **Documenting innovative adaptations** counties are making to the novel PCN model so it is fit for context, and sharing these for scale-up.
- **Reconfiguring health financing** to ensure sustainable financing of PHC.
- **Updating and disseminating policies and guidelines** to focus more on preventive and promotive health.
- **Providing technical assistance** to counties to set up and finance the implementation of PCNs.
- **Aligning PHC and National Health Insurance Fund reforms** for successful implementation.
- **Updating PHC performance monitoring systems** (like the Vital Signs Profile) to enhance data use for decision-making and coordination, and to promote advocacy and accountability.

## Partners

PATH's work in Kenya would not be possible without the close collaboration of many partners, especially:

- Ministry of Health, Division of Primary Health Services and Family Medicine
- Partners in the PHC4UHC Collaborative and the Community Health Units for Universal Health Coverage (CHU4UHC) Collaborative