

PRIVATE SECTOR ENGAGEMENT IN THE COVID-19 RESPONSE: KENYA COUNTRY EXPERIENCE

Context

Two weeks after a newly appointed Cabinet Secretary of Health took office, Kenya confirmed its first case of COVID-19 on 13 March 2020. With nearly 7,000 confirmed cases and 152 deaths due to COVID-19 as of early July, Kenya is one of the highly affected countries in the East Africa region.¹

Kenya's response to COVID-19 began in January 2020 with the release of the National 2019 Novel Coronavirus Contingency (Readiness and Early Response) Plan by the Ministry of Health (MoH).² The Government began raising public awareness of hygiene measures and symptom recognition in early February 2020 and on 28th February, a National Emergency Response Committee (NERC) was formed to coordinate the nation's response to COVID-19³.

Despite responding quickly to contain the pandemic, early action has not been without its challenges, or escaped criticism. Challenges have included a poorly coordinated mandatory quarantine program and a lack of clarity or implementation of population directives such as the curtailment of movement in specific counties, including Nairobi.⁴ Criticism has been directed at actions taken and those not taken - while the health secretary could "talk the talk", the government has struggled to "walk the walk."⁵

Kenya's private health sector has responded by supporting the government "walk the walk." Kenya has a vibrant private sector and established coordination mechanisms, that pre-existed the pandemic. The private sector has supported containment activities, including public awareness campaigns, testing and other rapid response measures. These efforts have been guided by the government's readiness and early response plan under the stewardship of the NERC.

More detailed examples of this work are outlined using the WHO action plan framework – [plan, systems, space, staff and stuff](#). The action plan is informed by a [draft private sector engagement roadmap](#) currently being developed by the WHO Advisory Group on the Governance of the Private Sector.

¹Worldometer. Total Coronavirus cases in Kenya. <https://www.worldometers.info/coronavirus/country/kenya/> [accessed 3 July 2020].

²<https://www.health.go.ke/wp-content/uploads/2020/06/National-2019-Novel-Coronavirus-Contingency-Readiness-and-Early-Response-Plan-February-April-2020.pdf>

³Aluga MA, Coronavirus Disease 2019 (COVID-19) in Kenya: Preparedness, response and transmissibility, Journal of Microbiology, Immunology and Infection, <https://doi.org/10.1016/j.jmii.2020.04.011>

⁴From calm to confusion: How Kenya's COVID-19 frontman lost his sheen. African Arguments. April 2020. <https://africanarguments.org/2020/04/15/calm-confusion-how-kenya-covid-19-frontman-lost-his-sheen/> accessed on 08 June 2020.

⁵Ibid.

Kenya's private sector. Kenya has a mixed health system comprised of an estimated 8,400 health facilities distributed across the country. Facility composition is largely 'pro-PHC' and includes 7% hospitals, 13% health centers, 46% dispensaries, 31% private clinics, and 4% maternity and nursing homes; of these, almost half are private, comprised of commercial for-profit providers (33%) and not-for-profit providers (16%).⁶ The private sector provides over 40% of services, mainly curative, and plays a key role in extending services to hard-to-reach areas and populations. Despite this, coverage of health facilities remains uneven.⁷ Devolution, which commenced in 2013, transferred responsibility for service delivery to Kenya's 47 counties. As part of devolution, the majority of Kenya's public health facilities and stewardship of private facilities was transferred to county departments of health while the national MoH retained the roles of health policy and standards formulation, pre-service training for health workers, and management of national referral services.⁸

Plan

The private health sector has various organizing structures established. The most prominent is the Kenya Healthcare Federation (KHF), which started with seven founding member organizations in 2004 and currently has 131 members, drawn from medical associations, professional associations, non-profit and corporate enterprises. Given the size and distribution of the small and medium sized enterprise (SME) private sector, a Rural Private Hospitals Association (RPHA) was also formed in April 2019. It was established to better represent health SME interests with government, including the National Hospital Insurance Fund (NHIF) and the MoH. The faith-based health sector is also organized and ubiquitous, particularly in more marginalized parts of the country. In urban settings, general and specialist practitioners, in group and single practice are often networked with large private hospitals, such as Aga Khan and the Nairobi hospital.

While the KHF has been part of the NERC, other structures such as the RPHA and networked practitioners have not. They stay abreast through the daily briefings that are provided to the general public by the MoH. There is no information shared on changes in transmission and response strategy including an evolved understanding of risk stratification, clinical and home-based care protocols, and patient outcomes. As one practitioner noted, the daily briefings are monotonous and do not give practitioners the information that they need.

Space and Staff

Select private facilities are involved in the treatment of COVID-19 patients. Severe cases are treated at Aga Khan (Nairobi and Mombasa locations) and Nairobi hospital, with some other private hospitals also providing treatment. Aga Khan has also acted as a regional referral site for countries in the region.⁹ Treatment in private facilities is done on a fee-for-service. Private general practitioners in Nairobi and Mombasa also have COVID-19 patients. Some of these are hospitalization cases, while less serious cases are managed at home. The United Nations has also established an isolation and treatment center near to the Nairobi hospital as part of

⁶Government of Kenya, Ministry of Health, 2014. Kenya Service Availability and Readiness Assessment Mapping (SARAM). Ministry of Health, Nairobi, Kenya.

⁷Ibid.

⁸Tsofa, B, Goodman, C, Gilson, L and S. Molyneux, 2017. International Journal for Equity in Health (2017) 16:169 DOI 10.1186/s12939-017-0663-2

⁹The wife of the late President of Burundi was treated for COVID-19 at Aga Khan hospital, Nairobi.

surge capacity.

In more rural counties SME providers have not been engaged in treatment nor do they have the personal protective equipment (PPE) and other materials to do so. They are however intended to refer suspected COVID-19 cases through the MoH hotline. This has presented some challenges as there is no ambulance dispatch to testing and treatment sites linked with the hotline; rather, suspected cases are advised to use public transport. Given this, some suspected cases do not seek confirmation through testing or further care.

Private laboratories are also involved in the COVID-19 response and comprise some of the 20 designated laboratories in the country. The Lancet and Nairobi hospital are providing testing on a fee-for-service basis. The Lancet facility provides COVID-19 testing for passengers on repatriation flights out of Kenya, a pre-departure requirement of several airlines, including Kenya Airways. It is also providing regular testing of restaurant staff as part of the partial reopening of the hospitality sector. This service is provided from the laboratory or on site (i.e. home or work premise). The costs of tests is \$40-130¹⁰, which is paid by the individual or enterprise. Cost therefore creates a barrier for wider engagement of private laboratories.

Stuff

The private non-health commercial sector is also playing a role in the COVID-19 response. A group of private companies ranging from start-ups to established manufacturers from different industries have formed a supply chain coalition called 'Safe Hands Kenya'.¹¹ This is a mission-driven alliance of Kenyan organizations deploying free soap, hand-washing stations, and masks to the public, and disinfecting public spaces, as a first line of defense against COVID-19. Membership is based upon three key principles: (1) zero margin: this is for impact, not profit; (2) speed is critical: every day counts; and (3) last-mile saturation: we leave no-one behind.

The National Business Compact on COVID-19, (NBCC) is another coalition, launched in March 2020, through the efforts of The Ministry of Health to mobilize support from corporates and private firms in countering the COVID-19 pandemic.¹² So far, the coalition has been involved in initiatives such as the donation of KES 3 million (US \$ 27,900) to support Government quarantine facilities and KES 2 million (US \$18,600) to support doctors in call centers, funds that have been raised by corporates within the coalition. The NBCC has partnered with local media houses to sensitize and educate the public on handwashing, sanitizing, and social distancing as a way of helping the government drive awareness and consumer education towards adopting pro-social behavior.

System

The KHF established a KHF-COVID-19 Response Team that is comprised of its membership. The response team works with government and the Kenya Private Sector Alliance (KEPSA) to support a coordinated response to COVID-19. The response team has carried out a survey to map the capacity of private facilities in Kenya's 47 counties. The response team continues to disseminate government directives and updated information to private health facilities. They are supporting health worker training in COVID-19 management and are brokering discussions between the MoH, private insurance and the NHIF to consider parameters for inclusion of

¹⁰The Lancet's costs are approximately \$40 for business staff, \$80 for individuals while the Nairobi and Aga Khan hospitals charge \$130 per test.

¹¹<https://www.safehandskenya.com/>

¹²National Business Compact mobilizes corporates to fight Covid-19

COVID-19 testing and treatment services within health benefits packages. This is an on-going discussion, however, both the NHIF and private insurance have expressed concern about the high cost of these services in the private sector.

Wheels for Life has been set up to support pregnant women to access medical care during the curfew period through the provision of free medical advice and transport to health facilities in Nairobi county. This has been done through the ride hailing app, Bolt along with the KHF. Other partners include AMREF, University of Nairobi, the Telesky Kenya toll-free call center, Rescue.co, which has a wide network of ambulance and security dispatches across Kenya, and Nairobi Metropolitan Services, which support taxi fumigation and linkage to ambulance services.¹³



M-Tiba, a health financing technology platform in Kenya, has developed a SMS based service to identify health workers and facilitate their safe movement during curfew. Security agencies can send a free SMS with an ID number of the healthcare worker and they will receive a confirmation message from M-TIBA authenticating the ID – and vehicle registration details.

About this case study

The WHO's Private Sector Engagement COVID-19 Initiative (WHO-PCI) case study series is for Member States seeking to engage the private health sector in their COVID-19 response. The series seeks to promote a culture of "learning by doing", recognizing that necessity and urgency are producing examples of private sector engagement. As the COVID-19 context is dynamic, this series will be periodically updated with emergent practice. A [draft private sector engagement strategy](#) has been developed and provides further guidance on governance of mixed health systems.

This blog is a product of the World Health Organization's Private Health Sector Engagement for COVID-19 Initiative (WHO-PCI).

¹³Wheels For Life Initiative By KHF. NCDK. April 2020 <https://ncdak.org/wheels-for-life-initiative-by-khf/> accessed on 08 June 2020.