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Universal Health Care Coverage: Healthcare Financing And Access To Health Care Services In Kenya

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Statement of the problem: A regressive system implies that rising income is matched with a falling fraction of income being paid to the health-care system. The constant utilization of out of pocket fees to finance health care is a constant barrier to health care access resulting in the impoverishment of households. Therefore allotment in financial contributions towards health care is a key component of modern day approaches to health system assessments (Murray and Evans 2003). Kenya is a low-income country on the East Coast of Africa. In Kenya, changes to health-care financing systems are being implemented to provide equitable access to health care with the aim of attaining universal healthcare coverage. Health care in Kenya is financed from three main sources: Out of pocket expenditure (households), government expenditure and donors.

Methodological and theory orientation: According to the Kakwani index-vertical measure of healthcare financing, Kenya seems regressive due to the high percentage of Out Of Pocket payments which is the most common method of accessing healthcare services (OOP). Currently, the total amount of the GDP allocated to the Ministry of health stands at 7% far from the commitment of 15% as part of the Bamako initiative. Recent health-care financing reforms have been characterized by a move away from OOP payments towards universal access to health care with financing through the National Health Insurance Fund (Chuma and Okungu 2011). NHIF is Kenya's equivalent of a social health insurance fund where all employees in formal employment as well as volunteer members (in informal employment), make contributions to the fund (National Hospital Insurance Fund 2011) which has since increased its benefit package from inpatient services to include outpatient services.

Conclusion & significance: The progress towards universal access to health care through NHIF has been met with significant challenges i.e perceived lack of good governance and lack of capacity among other reasons (Munguti 2010). Policy towards correcting this inequitable state of affairs needs to concentrate on the reduction of dependence of OOP payments and increasing the dependence on more progressive forms of health-care payments.

Biography

Phidiliah Mwaambi has a vested interest and is passionate on issues pertaining to health systems strengthening so as to achieve better health outcomes. Through the use of evidence based interventions, journals and experience she is able to raise concern on the advantages of systems strengthening to achieving universal health coverage and access to healthcare services for all.

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