

Tiba Tatanishi

Athari ya Ubinafsishaji wa
Huduma ya Afya Nchini Kenya

Maelezo Fupi

2021

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*Kituo cha Kiuchumi na Hakijamii na Kituo cha Haki za
Kibinadamu na Haki za Kimataifa katika Kitivo
cha Sheria-Chuo Kikuu cha New York*

Novemba 2021

Serikali ya Kenya imelenga kupanua upatikanaji wa huduma ya afya kwa kuhusisha sekta ya kibinafsi kama mhudumu na mfadhili. Wakati huo huo, mfumo wa huduma ya afya wa umma umepuuzwa na kunyimwa ufadhili, hatua ambayo imeathiri kiwango cha huduma na kufanya raia wengi kugeukia huduma ya kibinafsi.

Ripoti hii inachunguza jinsi ubinafsishaji wa huduma ya afya—na kuongeza jukumu la sekta ya kibinafsi—imeathiri wakenya wengi, kuhujumu haki ya afya, na kurudisha nyuma juhudi za kutimiza malengo ya afya kwa wote. Hii ni maelezo fupi ya ripoti kamili iliyotayarishwa kufuatia utafiti na mahojiano na wanajamii kutoka makazi ya mabanda na maeneo ya mashambani, wafanyikazi wa huduma ya afya, wafanyikazi wa kujitolea, maafisa wa serikali, wawekezaji, na washirika wengine. Matokeo yamechambuliwa kwa kina kwenye ripoti kamili.

NI VIPI HUDUMA YA AFYA NCHINI KENYA INABINAFSISHWA?

Serikali haijabinafsisha rasmi mfumo wa umma wa huduma ya afya. Hata hivyo, sera zake—ambazo mara nyingi zimehimiza kuhisishwa kwa sekta ya kibinafsi kwa huduma ya afya, kwa upande mwingine zikipuuzwa na kupunguza ufadhili wa sekta ya umma—ni sawa na ubinafsishaji. Jukumu la wahudumu wa kibinafsi katika afya limeongezeka pakubwa katika muda wa mwongo mmoja uliopita, na sasa sekta ya kibinafsi inasimamia kiwango kikubwa cha mfumo wa huduma ya afya nchini Kenya.¹

Ubinafsishaji umekita mizizi katika sera muhimu za kitaifa.² Serikali imeanzisha miradi mikubwa na sekta ya kibinafsi, ikiwemo makubaliano ya ushirikiano wa sekta za umma na kibinafsi, motisha bora za kodi, kutoa vifaa vya matibabu kwa sekta ya kibinafsi, na kupangua mipango ya kitaifa ya afya kama vile mpango wa kujifungua bure kwa akina mama wa Linda Mama kuhusisha vituo vya kibinafsi, hatua ambayo inatoa ruzuku kwa huduma ya kibinafsi.³

Sera kuu ya serikali ya kutimiza lengo la afya kwa wote, ni mpango wa kueneza huduma ya Hazina ya Kitaifa ya bima ya Afya - NHIF kote nchini. Ingawa hazina ya NHIF hutoa bima kwa umma, inapendelea sekta ya kibinafsi. NHIF hutoa kandarasi nyingi kwa vituo vya kibinafsi, viwango vya juu vya malipo kwa huduma fulani, mbali na kutoa kiwango kikubwa cha pesa zake za madai ya bima kwa washirika wa kibinafsi.⁴

Wakati huo huo, uwekezaji mdogo katika mfumo wa huduma ya afya ya umma umechangia ukosefu wa miundo ya kutosha, ukosefu wa wafanyikazi na dawa za kutosha katika vituo vya umma, hali ambayo imefanya vigumu kwa watu wengi kupata huduma ya afya. Mapungufu haya yamewafanya watu wengi kutafuta huduma kutoka kwa wahudumu wa kibinafsi.

NANI ANAHIMIZA HUDUMA YA KIBINAFSI?



Waundaji sera nchini Kenya

Rais, mawaziri, na maafisa wengine wa ngazi za juu serikalini wameidhinisha sera na mipango inayochangia ustawi wa sekta ya kibinafsi. Mara nyingi maafisa hao husisitiza umuhimu wa sekta ya kibinafsi katika ufadhili wa huduma ya afya, na huonyesha sekta ya afya kama fursa kubwa kwa wawekezaji kupata faida.⁵



Washirika wa maendeleo

Mashirika ya kimataifa ya kifedha, mashirika ya maendeleo, na mashirika ya wahisani pia yamelenga kuongeza jukumu la sekta ya kibinafsi katika huduma ya afya. Hii ni pamoja na Benki ya Dunia, Umoja wa Mataifa, na Wakfu wa Bill na Melinda Gates. Mashirika ya maendeleo ya kitaifa kutoka nchi tajiri pia yamelenga kuimarisha sekta ya kibinafsi, na wakati mwingine yakiwa na malengo wazi ya kutoa fursa kwa kampuni zao.⁷



Sekta ya Kibinafsi

Mashirika makubwa ya kimataifa, kampuni za ufadhili za kibinafsi, na washauri wanazidi kuhusika na kunufaika kutoka sekta ya huduma ya afya nchini Kenya. Kwa mfano, wamehusika katika mipango ya muda mrefu ya ushirikiano wa sekta za umma na kibinafsi na kuwekeza katika hospitali za kibinafsi mjini Nairobi.⁸

NINI ATHARI YA KUBINAFSISHA HUDUMA?

Matokeo Muhimu

Ubinafsishaji wa huduma za afya umethibitishwa kuwa ghali, umesababisha kutelekezwa kwa vipaumbele vya afya ya umma, umechangia kuongezeka kwa viwango duni, watoaji huduma za gharama ya chini zisizotosheleza na hatari, na kusababisha matatizo makubwa ya haki za kibinadamu ikiwemo kutengwa na kunyimwa huduma. Sekta ya afya ya kibinafsi nchini Kenya imeshindwa kuonyesha thamani ya matumizi ya pesa au kuongeza upatikanaji wa huduma bora na nafuu. Matokeo yamekuwa mabaya sana kwa wengi, hasa kwa masikini pamoja na jamii zilizotengwa tangu jadi.⁹

Thamani Mbaya

Huduma ya kibinafsi ni ya gharama ya juu kwa watu wengi na serikali. Matibabu katika vituo vya kibinafsi yanaweza kugharimu mara kumi na mbili zaidi kuliko sekta ya umma, na wanajamii walieleza jinsi walivyotozwa ada za juu kwa huduma ya kibinafsi.¹⁰

Serikali huelekeza mabilioni ya pesa kwa sekta ya kibinafsi kila mwaka kutoa kandarasi kwa vituo vya kibinafsi, hutoa ruzuku huduma za kibinafsi, na kulipia mikataba ya kisiri ya ushirikiano wa sekta ya umma na kibinafsi.¹¹

Mbinu Isiyofaa

Lengo kuu la wahudumu wa kibinafsi huwa ni faida na wala sio kipaumbele kwa afya ya umma. Mara nyingi hawatoi huduma muhimu lakini zenye mapato ya chini kama vile huduma ya kupanga uzazi, huduma ya kabla ya kujifungua na huduma ya baada ya kuzaa, utambuzi na matibabu ya kifua kikuu, na chanjo muhimu.¹²

Kuna maswala muhimu kuhusu ubora na usalama wa huduma ya baadhi ya wahudumu wa kibinafsi, haswa wale wanaohudumu katika maeneo yenye mapato ya chini kama vile mitaa ya mabanda. Wafanyikazi wa huduma ya afya waliohojiwa walieleza jinsi walivyohitajika “kuhudumia idadi fulani ya wagonjwa” na mazingira duni ya kikazi ikilinganishwa na wenzao katika sekta ya umma. Na wahudumu wa kibinafsi huendesha shughuli zao bila uwazi na uwajibikaji wa kutosha.

Athari Kubwa Kwa Haki za Kibinadamu

Ubinafsishaji una athari kubwa kwa haki za kibinadamu. Sekta ya kibinafsi hubagua na kuwanyima huduma watu ambao hawawezi kumudu gharama za huduma za kibinafsi na kuwawekea wengi katika umasikini na madeni kwa sababu ya gharama za juu za huduma. Watu wengi tuliowahoji walieleza kukabiliana na matatizo makubwa kulipia huduma za kibinafsi, ikiwemo kuuza ardhi na kusitisha masomo ya watoto na fursa nyingine za riziki.

Wengine walieleza kukabiliana na matatizo makubwa kwa sababu ya huduma duni au utambuzi mbaya wa magonjwa katika vituo vya kibinafsi, ikiwemo vifo na ulemavu ambao ungeepukika. Kubinafsisha huduma husababisha matatizo makubwa kwa watu maskini na wenye mapato ya chini, wanaoishi mashambani, walemavu, na wanawake.

HUDUMA YA AFYA YA KIBINAFSI: AHADI DHIDI YA UHALISIA

Ufananisho wa mawazo ya kawaida juu ya huduma ya kibinafsi na ushahidi uliopo.

Ahadi

Uhalisia

Sekta ya kibinafsi ina thamani kubwa ya pesa.

Wahudumu wa kibinafsi hupata faida, hukabiliwa na gharama za juu za ufadhili kuliko sekta ya kibinafsi, na mara nyingi hulipisha wagonjwa ada za juu kuliko wahudumu wa umma bila kutoa huduma bora.¹⁴

Kubinafsisha huduma huhifadhi rasli mali haba za umma.

Ustawi wa sekta ya kibinafsi hutegemea zaidi uwekezaji wa rasli mali nyingi kutoka kwa serikali ya Kenya, ikiwemo ruzuku kwa huduma ya kibinafsi. Watu wengi hawawezi kumudu kulipia huduma ya afya kwa bei iliyoko, na wahudumu wa kibinafsi hutegemea pakubwa pesa za umma.¹⁶

Sekta ya kibinafsi hutoa huduma ya kiwango cha juu.

Sekta ya kibinafsi hutoa huduma ya viwango mbali mbali kwa “matajiri” na “maskini.” Maeneo yenye mapato ya chini yametapakaa huduma za gharama na viwango vya chini ambayo ni hatari, haitoshelezi, au kinyume na sheria.¹⁷

Washirika wa kibinafsi hutekeleza majukumu yaliyopuuza na mfumo wa umma.

Sekta ya kibinafsi nchini Kenya huzingatia zaidi huduma zenye faida za juu na kupuuza huduma nyingine, wagonjwa, na huduma services—ikiwemo huduma muhimu za kinga kama vile chanjo, mpango wa uzazi, na afya ya mama na mtoto.¹⁸

Sekta ya kibinafsi huimarisha upatikanaji wa huduma ya afya kwa wote.

Gharama ni kizuizi kikubwa kwa upatikanaji wa huduma, na watu wengi hawawezi kupata huduma ya kibinafsi kwa sababu ya gharama ya juu huku wengine wakisukumwa katika umaskini.¹⁹

JINSI UBINAFSISHAJI WA HUDUMA UNAATHIRI HAKI YA AFYA NA MPANGO WA AFYA KWA WOTE?

Haki ya afya²⁰

Afya ni haki ya kimsingi ya kibinadamu, ambayo imehakikishiwa chini ya katiba ya Kenya na sheria ya kimataifa ya haki za kibinadamu. Inahitaji kuwepo kwa vituo, vifaa, na huduma ambazo ni muhimu kwa upatikanaji wa kiwango cha juu cha afya kwa viwango vya kutosheleza, rahisi kupatikana kwa kila mtu bila ubaguzi, kukubalika kitamaduni, na kiwango bora. Kupatikana kwa urahisi kunamaanisha rahisi kufikiwa—ikiwemo na watu wenye ulemavu na wale wanaoishi sehemu za mashambani—lakini pia rahisi kupatikana kiuchumi na kwa gharama nafuu kwa wote.

Kubinafsisha huduma huhujumu haki ya afya. Mapendeleo ya sekta ya kibinafsi kwa huduma zenye faida kubwa huathiri upatikanaji wa huduma nyingi muhimu zenye faida duni. Na kuzingatia kwa sekta ya kibinafsi kwa maeneo na wagonjwa wenye utajiri mkubwa hufanya vigumu kwa watu wengi kupata au kumudu gharama ya huduma za afya za kiwango cha juu—na ambao hatimaye hugeukia wahudumu wa kibinafsi wanaotoa huduma za kiwango cha chini ambazo ni hatari na kinyume cha sheria.

Afya kwa wote²⁵

Afya kwa wote imetajwa katika Malengo ya Maendeleo Endelevu kama “kinga ya hatari ya kifedha, upatikanaji wa huduma muhimu za afya na upatikanaji wa dawa na chanjo muhimu zilizo salama na zenye gharama nafuu kwa wote.” Mnamo mwaka elfu mbili kumi na saba (2017), Rais Kenyatta alitangaza kwamba utawala wake utazingatia kutimiza mpango wa afya kwa wote, mojawepo wa Vipaumbele kwenye ajenda yake ya maendeleo ya “Big Four”. Hata hivyo sio hatua zote zilizochukuliwa kutimiza mpango huo ambazo zinawiana na lengo hilo. Kwa njia nyingi, kubinafsisha huduma kumedhihirika kuwa hatua moja nyuma, ikiwemo kuelekeza rasli mali kutoka sekta ya umma. Licha ya mapungufu makubwa, mfumo wa afya wa umma nchini Kenya ni mahiri na wa kuvutia. Ukifadhiliwa ipasavyo, una uwezo mkubwa wa kuwa mfumo pana wa huduma ya afya, unaotoa huduma bora ya kiwango cha juu, gharama nafuu, na iliyo rahisi kupatikana.

MAPENDEKEZO²⁹

1

Kipaumbele na uwekezaji katika sekta ya afya ya umma ili kutimiza mpango wa afya kwa wote: Sekta ya afya ya umma inahitaji rasli mali zaidi na kuimarishwa pakubwa. Pesa za matumizi kwa afya ya jamii zinafaa kuongezwa, na kuwekezwa kwanza katika sekta ya afya ya umma. Hii ni pamoja na kupanua na kuimarisha vituo na miundomsingi ya sekta ya umma, kuhakikisha mazingira na masharti bora ya kazi kwa wafanyikazi, na kuhakikisha dawa zinapatikana kwa urahisi katika vituo vya umma.

2

Tathmini upya msaada kwa sekta ya kibinafsi: Kutokana na mapungufu yake, serikali na washirika wa maendeleo wanapaswa kutathmini upya msimamo wao kuunga mkono ubinafsishaji wa huduma ya afya nchini Kenya.

3

Imarisha udhibiti wa wahudumu wa kibinafsi wa afya: Mfumo wa udhibiti unaotumiwa kwa wahudumu wa kibinafsi unapaswa kuimarishwa zaidi na kutekelezwa ipasavyo.

4

Uwajibikaji zaidi na kupatikana kwa habari: Habari kuhusu jukumu la sekta ya kibinafsi katika huduma ya afya nchini Kenya inafaa kufanywa wazi na kupatikana kwenye mtandao. Usiri wa sasa unatoa nafasi kueneza ufidadi na maslahi ya kibinafsi.

UTAFITI HUU ULIFANYWA KWA NJIA GANI?

Ripoti hii fupi ni mukhtasari wa utafiti uliofanywa na Kituo cha Uchumi na Hakijamii na Kituo cha Haki za Kibinadamu na Haki za Kimataifa katika kitivo cha Sheria, Chuo Kikuu cha New York (CHRGJ). Utafiti huu unazingatia stakabadhi za umma, mahojiano na wanajamii hamsini na tano (55 Community members) katika kaunti za Isiolo, Mombasa, na Nairobi, na wafanyikazi zaidi ya mia moja thelathini (130 workers) wa vituo vya afya vya kibinafsi na umma, wafanyikazi wa kijamii wa kujitolea, maafisa wa serikali, wataalam na wanaharakati. Ripoti kamili kwa Kiingereza na Kiswahili—na vile vile mawasiliano na maafisa, washirika wa maendeleo, na sekta ya kibinafsi—inapatikana kwa wavuti <https://chrgj.org/kenya-health>.

VIPENGE VYA KUHITIMISHA

¹ Health Policy Plus, *Kenya Health Financing System Assessment: Time to Pick the Best Path*, 2018, 83-84, <http://www.healthpolicyplus.com/pubs.cfm?get=11323>.

² Ingawa chini ya katiba ya mwaka 2010, serikali za kaunti zina jukumu la moja kwa moja kusimamia vituo vya afya vya kaunti na maduka ya dawa, serikali ya kitaifa ina mamlaka muhimu juu ya sera huduma ya afya, taasisi, na uendeshaji huduma. Angalia: Ministry of Health, *Kenya Health Policy 2014-2030*, 2014, 35, 49-50, 52-53, http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf; Ministry of Health, *Kenya Health Sector Strategic Plan*, 2018, 53, 70, 71, 77, <https://www.health.go.ke/wp-content/uploads/2020/11/Kenya-Health-Sector-Strategic-Plan-2018-231.pdf>. Kwa habari zaidi, angalia sehemu 1.1 ya ripoti kamili. Economic and Social Rights Centre-Hakijamii and the Center for Human Rights and Global Justice at New York University School of Law, *Tiba Tatanishi Athari za Ubinafishaji wa Huduma ya Afya Nchini Kenya*, Novemba 2021, <https://chrjg.org/kenya-health>.

³ GlobeNewswire, "Gruppo San Donato, Kampuni kubwa ya Hospitali za kibinafsi nchini Italia, na Kenya zatia saina makubaliano ya kuimarisha huduma ya afya katika kanda ya Afrika Mashariki," toleo la habari, Julai 19, 2021, <https://www.globenewswire.com/en/news-release/2021/07/19/2264986/0/en/Gruppo-San-Donato-Italy-s-leading-private-hospital-group-and-Kenya-sign-an-agreement-to-strengthen-the-East-African-s-local-health-care.html>; Monish Patolawala, "Transforming Kenya's Healthcare System: A PPP Success Story," *World Bank Blogs*, May 24, 2017, <https://blogs.worldbank.org/ppps/transforming-kenya-s-healthcare-system-ppp-success-story>; Task Force Health Care and Kenya Healthcare Federation, *Kenyan Healthcare Sector: Opportunities for the Dutch Life Sciences and Health Sector*, 2016, 56, <https://www.tfhc.nl/publication/kenyan-healthcare-sector-report-2016>; Stacey Orangi et al., "Examining the Implementation of the Linda Mama Free Maternity Program in Kenya," *International Journal of Health Planning and Management* (2021): 5 <https://onlinelibrary.wiley.com/doi/epdf/10.1002/hpm.3298>.

⁴ Kati ya mwaka wa kifedha wa 2016/17 na mwaka 2019/20, vituo vya kibinafsi vilipokea asli mia themanini na mbili (82%) ya madai ya bima ya NHIF ya wagonjwa wasiolazwa, na asli mia sitini na nne (64%) ya madai ya wagonjwa wanaolazwa. Maureen Kinyanjui, "NMS yahimiza sera ya inayohitaji NHIF kutumika tu kwa hospitali za umma," *Gazeti la The Star*, Septemba 5, 2021, <https://www.the-star.co.ke/counties/nairobi/2021-09-05-nms-pushes-for-policy-to-make-nhif-only-useable-in-public-hospitals/>; Gabriella Appleford and Edward Owino, *National Hospital Insurance Fund Tariffs: What are the Effects on Amua Franchisee Businesses?* (London: Marie Stopes International, 2018), 5, <https://hanshep.org/our-programmes/AHMEresources/case-study-national-hospital-insurance-fund-tariffs>. For further information, see sections 2.2 and 5.1 of the full report.

⁵ John Muchangi, "Hospitali za kibinafsi kupewa pesa za UHC," *Gazeti la The Star*, Septemba 6, 2019, <https://www.the-star.co.ke/news/2019-09-06-private-hospitals-to-get-uhc-cash/>; "Kenya yahimiza sekta ya kibinafsi kuwekeza katika sekta ya afya," *Wizara ya Afya*, Oktoba 31, 2019, <https://www.health.go.ke/kenya-encourages-private-sector-investment-in-the-health-sector/>; State Department for Planning, *A Summary of Key Investment Opportunities in Kenya*, undated, 24-25, <http://newdemo.planning.go.ke/wp-content/uploads/2021/02/A-SUMMARY-OF-KEY-INVESTMENT-OPPORTUNITIES-PRESENTATION-revised-2-22-01-2021.pdf>.

⁶ See World Bank, *Kenya: Enabling Private-Sector Participation in Infrastructure and Social Services*, April 2018, <https://www.worldbank.org/en/about/partners/brief/kenya-enabling-private-sector-participation-in-infrastructure-and-social-services>; International Finance Corporation, "IFC and Development Partners Make Landmark Health Care Investment in East and Southern Africa," toleo la habari, Novemba 23, 2019, <https://pressroom.ifc.org/all/pages/PressDetail.aspx?ID=24868>; "Kenya SDG Partnership Platform MPTF," UN Development Programme, accessed June 9, 2021, mptf.undp.org/factsheet/fund/KEN00?fund_status_month_to=&fund_status_year_to=2020; International Finance Corporation, *The Business of Health in Africa: Partnering with the Private Sector to Improve People's Lives*, January 2008, v, <https://documents.worldbank.org/pt/publication/documents-reports/documentdetail/878891468002994639/the-business-of-health-in-africa-partnering-with-the-private-sector-to-improve-peoples-lives>; Gabrielle Appleford, Isaac Theuri, and Edward Owino, *Brokering Accreditation in Kenya's National Hospital Insurance Fund: Lessons Learned from Marie Stopes Kenya's AMUA Social Franchise Network* (London: Marie Stopes International, 2018), <http://www.hanshep.org/our-programmes/AHMEresources/brokering-accreditation-in-kenya2019s-national-hospital-insurance-fund-lessons-learned-from-marie-stopes-kenya2019s-amua-social-franchise-network>. Kwa habari zaidi, angalia sehemu ya 1.3 ya ripoti kamili.

⁷ See USAID, *Sustainable Strategies for Accessible, Quality Health Care: Public-Private Sector Engagement in Kenya*, undated, 1-2, [https://www.shopsplusproject.org/sites/default/files/resources/Kenya Program Brochures_0.pdf](https://www.shopsplusproject.org/sites/default/files/resources/Kenya%20Program%20Brochures_0.pdf); USAID, *Private-Sector Engagement Policy*, 2018, 4, 9, https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf; Wemos, *In the Interest of Health for All? The Dutch 'Aid and Trade' Agenda as Pursued in the African Healthcare Context*, 2020, 34, https://www.wemos.nl/wp-content/uploads/2020/10/Dutch-AT-in-Health-Kenya_Wemos-discussion-paper_Oct-2020.pdf. Kwa habari zaidi, angalia sehemu ya 1.3 ya ripoti kamili.

⁸ See Philips, *Edited Transcript: Q1 2015, Koninklijke Philips NV Earnings, April 28, 2015*, 2015, <https://www.results.philips.com/publications/q115/downloads/files/en/philips-first-quarter-results-2015-transcript.pdf?v=20210726183841>; "2017 Annual Results," Philips, February 20, 2018, <https://www.results.philips.com/publications/ar17>; Evercare, *The Evercare Group Annual Impact Report 2020-2021*, 2021, 8, <https://evercaregroup.com/wp-content/uploads/2021/06/evercare-group-annual-impact-report-2020-2021.pdf>; "Kenya," Evercare, accessed October 4, 2021, <https://evercaregroup.com/kenya/>; McKinsey & Company and USAID, *Private-Sector Investment Opportunities in Primary Healthcare in Kenya: Implementation Roadmap*, 2018, https://pdf.usaid.gov/pdf_docs/PA00TGSC.pdf. Kwa habari zaidi, angalia sehemu ya 1.3 ya ripoti kamili.

⁹ Kwa habari zaidi, angalia sehemu ya 2-4 ya ripoti kamili.

¹⁰ Sujha Subramanian et al., "Cost and Affordability of Non-Communicable Disease Screening, Diagnosis and Treatment in Kenya: Patient Payments in the Private and Public Sectors," *PLOS One* 13, no. 1 (January 2018): 7-8, <https://doi.org/10.1371/journal.pone.0190113>.

¹¹ Serikali haichapishi takwimu juu ya jumla ya pesa za matumizi ya afya ya umma zinazoelekezwa kwa sekta ya kibinafsi na haikujibu maswali yetu kutafuta habari hiyo. Hata hivyo, habari kuhusu mipango maalum zinaonyesha kuwa mabilioni ya pesa za umma huelekezwa kwa sekta ya kibinafsi kila mwaka. Kwa mfano, kwenye bajeti ya 2021/22, serikali ya kitaifa ilitoa asli mia sita (6%) ya fedha za matumizi ya afya shilingi bilioni saba nukta mbili moja (Kshs. 7.21B) kwa mpango wa usimamizi wa vifaa (MES), ambao ni ushirikiano wa sekta za umma na kibinafsi kutoa vifaa vya matibabu, na mnamo mwaka 2021,

iliripotiwa kwamba shilingi bilioni kumi na moja (Kshs. 11b) kati ya shilingi bilioni kumi na nne (Kshs. 14b) ambazo hazina ya NHIF hulipa kama bima ya huduma ya afya mjini Nairobi kila mwaka huendea vituo vya kibinafsi. Parliamentary Budget Office, *Unpacking the Estimates of Revenue and Expenditure for 2021/2022 and the Medium Term*, May 2021, 11-12, [http://www.parliament.go.ke/sites/default/files/2021-05/Unpacking of the FY 2021-22 budget.pdf](http://www.parliament.go.ke/sites/default/files/2021-05/Unpacking_of_the_FY_2021-22_budget.pdf); Kinyanjui, "NMS Pushes for Policy."

¹² Ministry of Health, *Kenya Harmonized Health Facility Assessment 2018/2019 Main Report*, 2020, 58, 61, 82, 78, 90, <https://khro.health.go.ke/files/Kenya-Harmonized-Health-Facility-Assessment-2018-2019.pdf>; Ministry of Health, *Kenya Harmonized Health Facility Assessment 2018/2019 Annex Tables, Questionnaires, and Footnotes*, 2020, 71, 78, 97, 101, 103, 161, <https://www.health.go.ke/wp-content/uploads/2020/01/KHFA-2018-19-ANNEX-TABLES-FINAL.pdf>; World Bank and Government of Kenya, *Kenya Health Service Delivery Indicator Survey 2018 Report*, May 2019, 50-51, <https://ncpd.digispurenterprises.com/wp-content/uploads/2021/02/Final-KESDI-Health-Technical-Report-1.pdf>.

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Ripoti hii ilichapishwa kwa mara ya kwanza kwa Kiingereza na kutafsiriwa kwa Kiswahili. Nakala ya Kiingereza ndiyo rasmi.