

DP support - mapping and next steps

There is strong motivation of (P4H) members to work together and coordinate their activities in view of providing coherent support to the Kenya UHC agenda. The interactions between the visiting team and the ICC-HCF and TWG UHC have been helpful in clarifying key issues around the HFS development in terms of content and process.

Some suggestions on the way forward

1. Continue support to HFS development

- **Complete UHC assessments** (3 reports): consultants to carry out key informant interviews in Dec 2013 and Jan 2014, revise current drafts taking into consideration the submitted comments as well as additional studies on fiscal space, efficiency in public and private sector, dynamic costing model and possibly NHIF data/info on cost of benefit package; submit final reports by 17 Feb 2014
- **Synthesis report:** International consultant / team (WB, WHO, possibly GIZ, JICA and others tbc) to support the TWG UHC in a synthesis paper for the HFS, compiling and broadening the UHC assessment with a focus on strategic options for UHC (Feb/Mar 2014)
- Carry out a **political analysis** to inform the HFS development process, e.g. what happened in 2003/2004? Who are the stakeholders? etc.
What can we learn from international experience, such as the failure of managed competition model in Colombia; challenges with private HI in USA: risk selection most profitable way, wasting doctors' time with different admin procedures; etc.
- **Benefit package and supply side issues.** More detailed work is needed on supply side issues and benefits in terms of BP options/scenarios, actuarial works and cost estimates.
Suggestion to set up a small secretariat reporting directly to the Cabinet Secretary, involving parliamentarians, ministries, governors, etc. It was suggested that the technical work to be carried out by an actuary, economist and systems expert, a team to be contracted by P4H members.

2. *Support to NHIF reform* in terms of legal issues, governance and composition of the board, efficiency issues and putting a cap on admin costs, regulatory framework (USAID/HPP); implementation and evaluation of HISP (WB, JICA); impact evaluation (WB, AMIE); TA for NHIF (GIZ).

3. *Capacity Development.* Consider capacity assessment for UHC (GDC); motivate leadership, e.g. expose leaders to international experience (JICA); carry out NHA more often, annually feasible (BH)

4. *Events.* **High Level Policy Forum**, which has been rescheduled due to the mall attacks will now probably take place during 1st week of February 2014. P4H members are to prepare inputs based on preliminary findings of the UHC assessments; this HLF may also be a good opportunity to broaden the stakeholder involvement beyond the health sector.

AfHEA Conference (The Post-2015 African Health Agenda and UHC) in Nairobi, 11-13 March 2014. Need to get more info about this event, in particular how this forum could be used to support the UHC agenda.

5. *ICC-HCF and TWGs.* Continue support to these MoH led coordination and exchange mechanisms. The high level of ownership is much appreciated by the DPs. Though at some stage, the groups may want to **reflect** on the modes of interactions, structure and membership, as well as the overall performance of these mechanisms. This may help to **adapt** these structures to the national UHC agenda requiring a multi-sectoral approach, as well as the changing context (devolution, interaction with county governments and stakeholders).

Map of proposed support process:

