



JOINT COMMUNIQUÉ

**HEALTH SECTOR INTERGOVERNMENTAL FORUM ON UNIVERSAL HEALTH
COVERAGE (UHC)**

HELD ON 30TH OCTOBER 2020

SAROVA WHITESANDS HOTEL

MOMBASA COUNTY

Preamble

WE, the Cabinet Secretary for Health and the Governors meeting at the Health Sector Intergovernmental Summit on 30th October 2020 at the Sarova Whitesands Hotel in Mombasa County,

ACKNOWLEDGING the pivotal role that we have as leaders in ensuring that quality health services are availed when needed and at an affordable cost;

RECOGNIZING that Kenya has identified Health as one of the “Big Four” Agenda towards economic development;

APPRECIATING that Universal Health Coverage (UHC) is based on the principle that all individuals and communities should have access to quality essential health care services without suffering financial hardship. Universal Health Coverage will be achieved in a progressive manner through ensuring that no one is left behind particularly the poor and the vulnerable populations;

NOTING that the National roll-out of UHC will require investment in the following priority areas:

- Increased investments towards Human Resource for Health (HRH) through deployment of more healthcare workers and a particular focus on the distribution of specialized health workers.

- Resourcing of dispensaries and health centers with basic equipment with the aim of increasing access to health services.
- Reorientation of healthcare service towards Primary Health Care Services approach and the use of a robust human capital resource of **97,000** community health volunteers for the setting up community Units
- Enrollment and provision of health subsidies for **5.3 Million poor households** under the National Hospital Insurance Fund.

NOW THEREFORE COMMIT TO;

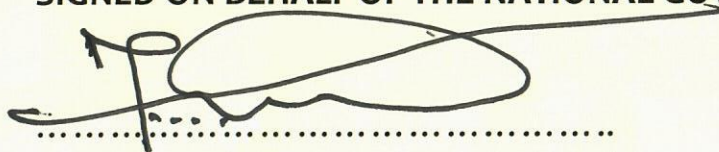
1. Adopt and implement the recommendations of the Intergovernmental Sector Forum on Health held on the 30th October 2020, as stipulated in **Annex 1**

ANNEX 1: CONSENSUS ON THE KEY ISSUES

KEY ISSUE	CONSENSUS
1. UHC Policy	MOH to finalize the process in consultations with stakeholders including County Government
2. Financing of UHC Implementation	Establishment of UHC Fund is ongoing with involvement of County Governments for Social Health Insurance
3. Insurance Model	<ul style="list-style-type: none"> • Get a mechanism that guarantees financing for Primary Health Care and preventive and promotive health to achieve UHC • Finalize NHIF Reforms • Review of NHIF Act to allow County representation in the Board
4. Doctors on postgraduate Training	<ul style="list-style-type: none"> • Training should be based on Country needs • Resolve the issues on Doctors post graduate training within 60 days • Fast track Collegiate Training at Level 5 and 6 facilities
5. Recruitment of UHC Health workers	<ul style="list-style-type: none"> • MOH to transfer payroll once the Country Public Service Boards have completed the recruitment processes and made returns by 1st January 2021 • Future recruitments to be undertaken by the respective County Public Service Boards
6. Community Health Volunteers training and payment	<ul style="list-style-type: none"> ▪ Enhance communication with COG and Counties on future engagements • MOH to avail resources where possible for training of CHVs to be undertaken by the respective county Governments

7. Purchase of Medical Equipment for level 3 & 2 health facilities	<ul style="list-style-type: none"> Ministry of Health to give conditional grants to the counties to purchase the equipment
8. Strengthening Primary Health Care	<ul style="list-style-type: none"> Get a mechanism that guarantees financing for PHC and preventive and promotive health to achieve UHC An Investment case for PHC comprising the cost of offering preventive & promotive health care per County should be developed Ring fence the funds for PHC facilities to offer quality services Invest the funds raised by health facilities back into the facility to motivate the facility teams -a deliberate effort that will ensure funds collected at PHC facilities returns to facility 100% Start the gate keeping mechanism through the Primary Care Networks. Setting up County and sub-county level surveillance structures and financing for timely epidemic preparedness and response
9. Intergovernmental Participatory Agreement	<p>Development of new IPA for a period of 3 years between MOH and CECs Health Caucus is to be finalised within a month then escalate to the Governors.</p>

SIGNED ON BEHALF OF THE NATIONAL GOVERNMENT AND THE MINISTRY OF HEALTH



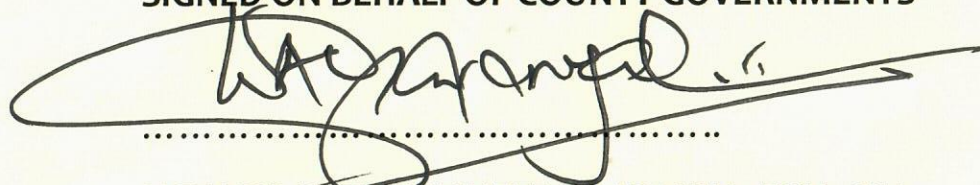
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Sen. MUTAHI KAGWE, EGH

CABINET SECRETARY

DATE

SIGNED ON BEHALF OF COUNTY GOVERNMENTS



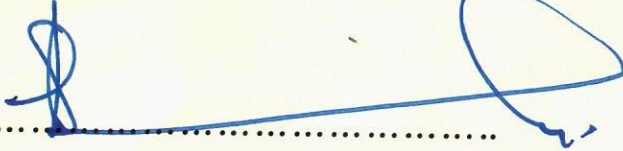
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H.E HON. FCPA WYCLIFFE OPARANYA, EGH, CGJ

CHAIRPERSON, COUNCIL OF GOVERNORS

DATE

SIGNED ON BEHALF OF THE ENABLER MINISTRIES



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HON.EUGENE LUDOVIC WAMALWA, EGH

CABINET SECRETARY MINISTRY OF DEVOLUTION AND ASALS

DATE 30th - 10 - 2020