

COUNTY GOVERNMENT OF KISUMU



OFFICE OF THE GOVERNOR

**KEYNOTE ADDRESS DELIVERED BY HIS EXCELLENCY THE
GOVERNOR OF KISUMU COUNTY, PROF PETER NYONG'O AT THE
OPENING PLENARY OF THE 1ST AMREF INTERNATIONAL
UNIVERSITY PHC CONGRESS, NAIROBI KENYA.**

29TH NOVEMBER 2023.

Ladies and gentlemen,

Distinguished guests,

All protocols observed,

Good morning

Congratulations to all the organizers and sponsors of this outstanding event.

I am honored by the invitation to be part of this esteemed conference with the theme "Aligning Practice to Evidence in Strengthening PHC for Lasting Health Change in Africa. This theme and timing of the conference is opportune coming against the backdrop of the national agenda on Primary healthcare as the pathway to achieving UHC.

Ladies and gentlemen,

Since devolution, Kenya has made significant strides in expanding access to primary healthcare services. Increased infrastructure development, a growing cadre of skilled healthcare professionals, and improved health outcomes are indicative of the nation's commitment to the well-being of its citizens.

Initiatives such as the community health strategy have played a pivotal role in extending essential healthcare services to even the most remote areas. However, our journey is not without hurdles. Uneven distribution of healthcare resources poses a persistent challenge, with rural areas often experiencing a shortage of skilled personnel and facilities.

Financial constraints and inadequate funding hinder the optimal functioning of healthcare systems, impacting the quality and accessibility of services. Addressing these challenges requires collaborative efforts and innovative solutions.

In the face of challenges, opportunities abound. Embracing technology holds the potential to bridge geographical gaps and enhance healthcare delivery. Strengthening community health worker programs can also empower local communities and improve health literacy. Moreover, fostering public-private partnerships can mobilize resources and expertise to address systemic shortcomings.

Ladies and gentlemen,

In a bid to accelerate achievements, Kenya has adopted a primary care network model to transform from a curative to a preventive health approach. This is what we in Kisumu began 3 years ago while creating policies to strengthen primary health. We begun by creating the right policy framework including passing of the Community health services act, Facility improvement fund act, Kisumu solidarity fund regulations (MARWA) and Environmental health and sanitation act.

Implementing these acts led us to start seeing a reversal of negative indicators.. We are glad that this has since become a National Agenda with the full thoughts and resources of the Government.

Kisumu County is currently winding up the establishment of its Primary Care Networks in all the 7 sub-counties. Our process has been a rather costly one that involves participation at all levels from community to the tertiary level.

Please allow me to thank our implementing partners, most notably UNICEF, for supporting this process.

Ladies and gentlemen,

I was asked today to give my thoughts around "*Research and Evidence Needs for Strengthening Primary Health Care in Africa.*" Today is an opportunity to remind ourselves that UHC is a journey that envisions that all individuals and communities receive the quality health services they need without suffering financial hardship and not an end point. At the core of achieving this ambitious goal is the concept of Primary Health Care (PHC).

PHC is not merely a set of basic health services, it is a comprehensive and holistic approach that addresses the broader determinants of health while involving the participation of our communities in making decisions regarding their health.

For us to progressively improve on our health indicators, we need to keep learning from our previous, current and future experiences. Thus, research is a key and necessary component of health service delivery.

I will use this opportunity to share my own views on what we as a country should focus on while drawing lessons from my own experiences. There are 5 broad areas that I think the research should focus on to strengthen primary healthcare (PHC) in Africa:

1. Regarding **Digital Health innovations and Health Information Systems:**

PHC research should explore the value addition of various Digital Health Solutions and the contribution they make to the overall health of a community. Research should also look at opportunities for digital

innovations to allow the digital teams to create platforms that can make an impact. During this exploration, we should include cost as a major driver of this, for example, how much would it cost to have a digital health system that runs from the Community Level (Level 1) up to the Tertiary Level (Level 6) and how do we do this in an ethical manner that upholds the spirit of the Data Protection Act (2019) while answering the questions and needs that have been identified by the health departments? From where I stand, the future looks like this; a digitally driven health system where we have access to longitudinal data on the health of our communities to enable targeted interventions to respond to their need. This research should also cover developing robust health information systems to track and manage health data, improving planning and resource allocation and assessing the integration of technology, such as telemedicine and mobile health, to enhance access and efficiency of PHC services.

2. Our research should also cover **Healthcare Infrastructure and other determinants** i.e. Assessing and improving the infrastructure to ensure accessibility and quality of primary healthcare services. Even though we are inclined to limit ourselves to the health sector only, this particular angle should also look at the influences of various determinants outside the health space. How does road accessibility especially during unpredictable weather affect PHC? How does safety and security influence PHC service provision and outcomes? How does food security intersect with PHC? All these questions answered could influence future investments to improve healthcare.

How does the design of our facilities impact on our efficiency of healthcare delivery? Whereas we in government always have clinicians rooms about 3 meters by 3 meters, I see many private facilities adopt smaller rooms almost

half of this size. Does this improve efficiency? Does it have an impact on patient safety and satisfaction? Does it reduce the overall cost of care?

3. **Disease Prevention and Control** should also be featured with research on effective strategies for preventing and controlling prevalent diseases in the region, such as malaria, HIV/AIDS, and infectious diseases. Even though we have made considerable progress in controlling the HIV epidemic, 1,056 of new infections occurred in adolescents and young people in Kisumu. How can we reduce these numbers? What are the factors influencing this and which are the best methods of combating this from a health prevention and promotive standpoint?

This arm of research should also focus on emerging and re-emerging diseases. We are barely recovering from the devastating effects of the COVID-19 pandemic and this experience has indeed taught us that we are only as good as a country and globe to the level of our preparedness. Thus we need to quantify to some extent and really in whatever manner the intersection of PHC and disease outbreaks, epidemics and pandemics.

Perhaps I will stretch this to also include other disasters such as floods - as we gather here my mind is stayed on the citizens affected by floods, what will be the eventual effect on their health status? What happens to our primary care networks in this event? And how do we scientifically document these lived experiences to inform future programming?

4. As regards **Community Engagement**: I am particularly excited because PHC recognizes the importance of involving communities in their own health through decision making processes and health promotion activities.

Hence the need to consider evaluating the effectiveness of health education programs to promote preventive care and healthy lifestyles at the community level. In Kisumu, our successes in cervical cancer screening is anchored on community engagement. From the learnings, we have combined facility and community based screening as a pillar to early diagnosis of cervical cancer; a treatable cancer when detected early. By studying methods to actively involve our communities in healthcare decision-making and implementation we will in turn ensure cultural relevance and acceptance.

5. In the pursuit of UHC through PHC, the critical role of variant **Financing Mechanisms** cannot be overstated. While commendable efforts have been made in health financing reforms and costing, the evolving landscape demands a closer examination of sustainable and inclusive financing models that draw from both governmental and non-governmental sources.

In 2021, I took a bold step toward enhancing health coverage and introduced Marwa social health insurance scheme. With its implementation, we have come to a realization that adjustments are necessary underscoring the complexity of inclusive health financing models especially when incorporating the informal sector and organized groups. Notably, the lessons learned from Marwa, Makueni Care have undoubtedly been instrumental in shaping the ongoing reforms in the social health insurance space.

The need for research during the implementation phase is apparent. The absence of a university led research component during our implementation limited the depth of insights that would have been gained.

As health reforms progress, it becomes imperative to call upon researchers to generate evidence regarding the value, sustainability and societal impact of these financing models while supporting PHC.

We in Kisumu have quickly learned that as we incorporate the informal sector into the health financing equation, we must devise strategies for collecting funds from this sector effectively as we navigate the dynamics therein while still maintaining sustainability catalyzed by empirical evidence.

While we have adopted a tax-based model for social health insurance, we must ask ourselves ;how will we be able to deliver?

Ladies and gentlemen,

As I conclude, I wish to reiterate that PHC serves as a cornerstone in the journey towards UHC. Its holistic and community-centered approach not only addresses immediate health needs but also lays the foundation for a sustainable and equitable health system. By investing in PHC, I am confident we will make significant strides in achieving the vision of health for all, leaving no one behind.

I take this opportunity to wish us all an exciting conference, one in which we will learn, create new networks and foster the existing partnerships.

Thank you.